



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila



TWENTIETH CONGRESS

First Regular Session

House Bill No. **6777**

Introduced by **Representative GIRLIE E. VELOSO**

EXPLANATORY NOTE

The 1987 Philippine Constitution mandates the State to protect and promote the right to health, uphold the dignity of every person, and adopt an integrated and comprehensive approach to health development, ensuring access to essential health services for all Filipinos.¹ These constitutional duties are reinforced by the Universal Health Care Act, which guarantees equitable access to quality and affordable health services and financial-risk protection², as well as by the country's anti-trafficking laws, which explicitly prohibit the removal or sale of organs and require a coordinated national response through the Inter-Agency Council Against Trafficking³. Internationally, the Philippines is bound by the World Health Organization's Guiding Principles on Human Cell, Tissue and Organ Transplantation and World Health Assembly Resolution WHA63.22, which call for ethical, transparent, voluntary, and equitable organ donation and transplantation systems⁴. Yet the country's primary statute in this field, Republic Act No. 7170, enacted in 1991, is now outdated and limited to post-mortem legacy donation frameworks that no longer reflect global standards or present medical realities⁵.

The Philippines faces a severe and escalating burden of organ-failure diseases. Studies from the National Kidney and Transplant Institute and the Philippine Society of Nephrology indicate that one Filipino develops chronic renal failure every hour, while millions are estimated to be living with chronic kidney disease.^{6,7} Dialysis cases have risen sharply, with at least 64,845 Filipinos on dialysis by 2024,⁸ while only a very small portion receive kidney transplants because 94% of end-

¹ 1987 Philippine Constitution, Article II, Sections 11 and 15; Article XIII, Section 11

² Republic Act No. 11223, "Universal Health Care Act," and its Implementing Rules and Regulations

³ Republic Act No. 9208, as amended by RA 10364 and RA 11862 (Anti-Trafficking in Persons Acts)

⁴ World Health Organization, "WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation," and World Health Assembly Resolution WHA63.22 on human organ and tissue transplantation.

⁵ Republic Act No. 7170, "Organ Donation Act of 1991"

⁶ National Kidney and Transplant Institute (NKTII) – *Renal Disease Registry of the Philippines (REDCOP)* and official Kidney Month data, reporting that one Filipino develops chronic renal failure every hour and that CKD affects millions of Filipinos; also documenting the very low level of deceased-donor transplantation.

⁷ Philippine Society of Nephrology (PSN) – CKD burden statistics

⁸ National Kidney and Transplant Institute. (2025). *Number of dialysis patients in the Philippines 2024: 64,845*. (as reported by PNA / NKTII).

stage renal disease (ESRD) patients rely on hemodialysis, 4% on peritoneal dialysis, and only 2% undergo transplantation.⁹ Over 7,000 are reportedly on waiting lists at NKTi alone.¹⁰ Despite this need, the Philippines recorded only 26 deceased organ donors between 2017 and 2019, far below international norms, and global research consistently classifies the country as having “dismally low” deceased-donor transplantation capacity.¹¹ The Philippines is among Asian countries linked to commercial transplant tourism, where economic vulnerability heightens risks of exploitation of potential living donors.¹² Local studies likewise show that while healthcare workers in emergency departments are generally supportive of organ donation, efforts to translate willingness into actual practice remain low, and broader systemic obstacles continue to hinder donation and transplantation rates.^{13,14}

These realities expose the inadequacy of RA 7170 and the urgent need for a contemporary national transplantation law. Fragmented and outdated provisions continue to govern critical aspects of the system, including consent, death determination, hospital obligations, ethical safeguards, allocation procedures, and integration with Universal Health Care financing. Deceased donation remains severely underdeveloped, as no statute requires systematic donor identification, uniform referral protocols, dedicated coordination units, or harmonized neurological standards for brain and circulatory death. Living donors likewise face heightened medical and financial vulnerability because current law provides no clear framework for donor evaluation, psychosocial assessment, long-term follow-up, or cost protection aligned with PhilHealth and UHC. Anti-trafficking protections are not yet fully embedded within transplant governance, hospital accreditation, or allocation rules, limiting preventive safeguards despite explicit legal prohibitions on organ trafficking. Without a unified law establishing a national program, registry, ethics system, and transparent allocation mechanisms, the Philippines cannot meet constitutional obligations or international standards.

This bill responds to these systemic gaps by establishing a modern, rights-based National Organ and Tissue Donation and Transplantation System that repeals RA 7170 and builds a coherent, transparent, and ethical national framework. It creates a national program and coordinating council; institutionalizes Philippine Network for Organ Sharing and a comprehensive national registry; strengthens hospital duties, workforce standards, and retrieval organizations; modernizes consent, donor identification, and death-determination processes; embeds anti-trafficking safeguards into operational protocols; mandates ethics review structures; and aligns financing and

⁹ Pajimna, K., et al. (2021). *Gaps and challenges in the provision of treatment modalities for end-stage renal disease: perspectives from the Philippines*. Philippine Society of Nephrology.

¹⁰ Dionisio, L. A., et al. (2023). *Knowledge and attitudes towards kidney donation and transplantation among ESRD patients in the Philippines*. Clinical Transplantation Research, citing NKTi data that “over 7,000 ESRD patients are on the renal transplant waiting lists.”

¹¹ Cowie, S., Choy, S.-H., Shah, D. M., Gomez, M. P., Yoong, B.-K., & Koong, J.-K. (2023). Healthcare system impact on deceased organ donation and transplantation: A comparison between the top 10 organ donor countries with 4 countries in Southeast Asia. *Transplant International*, 36, 11233

¹² Turner, L. (2009). Commercial Organ Transplantation in the Philippines. *Cambridge Quarterly of Healthcare Ethics*, 18(2)

¹³ Santos, R. H. S., Puyot, M. B., Convocar, P. F., Bautista, K., Mesa-Gaerlan, F. J., Cruz, M., ... & de Jesus, S. (2023). Attitude and Perception Among Emergency Department Healthcare Workers on Organ Donation: A Multicenter Before-and-After Study. *Journal of Medicine, UST*, 7(1), 1169–1180.

¹⁴ Chan-On, C., & Sarwal, M. M. (2017). A comprehensive analysis of the current status and unmet needs in kidney transplantation in Southeast Asia. *Frontiers in Medicine (Southeast Asia / global health)*, published 2017.

long-term protection for donors and recipients with the Universal Health Care Act. It also requires sustained public education and data transparency to cultivate national trust. Through these reforms, the measure is expected to increase deceased-donor and living-donor transplantation, reduce dialysis dependence, protect donors from exploitation and financial harm, ensure fair and auditable allocation, improve long-term patient outcomes, and build public trust in a system anchored on dignity, compassion, and equity.

This bill is not merely an administrative reform but a moral and constitutional imperative. Every Filipino whose life depends on a transplant deserves a system that is fair, ethical, transparent, and worthy of public trust. By enacting this law, Congress affirms that the State will no longer allow preventable deaths, inequitable access, or the exploitation of vulnerable donors to define our transplant landscape. Instead, we commit to building a system where generosity is honored, where science and compassion work together, and where every organ offered in hope becomes a genuine chance at life.

In view of the foregoing, support for the enactment of this measure is earnestly sought.


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TWENTIETH CONGRESS
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House Bill No. **6777**

Introduced by **Representative GIRLIE E. VELOSO**

**AN ACT ESTABLISHING A NATIONAL SYSTEM FOR ORGAN AND TISSUE
DONATION AND TRANSPLANTATION, REPEALING REPUBLIC ACT NO. 7170,
AND FOR OTHER PURPOSES**

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

1 **ARTICLE I – TITLE & POLICY FRAMEWORK**

2 **SECTION 1. Short Title.** — This Act shall be known as the "National Organ and Tissue
3 Donation and Transplantation System Act."

4 **SECTION 2. Declaration of Policy and Principles.** — It is the policy of the State to
5 protect and promote the right to health of all Filipinos and to foster health consciousness. Toward
6 this end, the State shall establish, strengthen, and sustain a nationally coordinated, ethical, equitable,
7 and transparent system for organ and tissue donation and transplantation that:

- 8 (a) Prioritizes medical need, clinical appropriateness, and urgency, in accordance with
9 national allocation criteria grounded on fairness, non-discrimination, and the principles
10 of the World Health Organization;
- 11 (b) Increases the availability of organs and tissues through a coordinated system of
12 voluntary donation, including legacy and culturally grounded donations, while ensuring
13 that all donations are made with free, prior, informed, and voluntary consent, and with
14 full respect for donor autonomy within ethical limits;
- 15 (c) Upholds and protects the rights, dignity, and welfare of donors and recipients, through
16 independent donor evaluation, appropriate counselling, long-term medical follow-up,
17 and protection against exploitation, coercion, abuse of vulnerability, or undue
18 influence;

- 1 (d) Strictly prohibits any form of commercialization, trafficking in persons for organ
2 removal, organ trade, or transplant tourism, and reinforces national self-sufficiency
3 consistent with WHO Guiding Principles and internationally recognized ethical
4 standards;
5 (e) Ensures accountability, traceability, transparency, and public trust through mandatory
6 reporting, quality assurance, and auditable national registries, while upholding
7 confidentiality and data protection;
8 (f) Strengthens health system capacity by institutionalizing coordinated roles for health
9 facilities, organ procurement and transplant organizations, professional societies, and
10 government agencies, with adequate training, oversight, and resource support for organ
11 donation and transplantation;
12 (g) Promotes public awareness and education to cultivate a culture of donation rooted in
13 compassion, solidarity, and respect for Filipino values, while ensuring that families are
14 engaged ethically and sensitively in donation decision-making.

15 The State shall pursue these commitments as part of its duty to avert life-threatening
16 diseases, ensure equitable access to transplantation, and enable every Filipino with end-stage organ
17 failure to attain longer, healthier, and more dignified lives.

18 **SECTION 3. Coverage.** — This Act shall apply to:

- 19 (a) All government and private hospitals, health facilities, and Referring Hospitals (RHs)
20 involved in the identification, referral, management, retrieval, allocation, or transplantation
21 of human organs and/or tissues;
22 (b) Accredited Organ and Tissue Retrieval Organizations (OTROs), Organ and Tissue
23 Donation Units (OTDUs), and Transplant Centers/Facilities;
24 (c) Tissue Banks, histocompatibility or immunogenetics laboratories, and other facilities or
25 providers engaged in the screening, testing, processing, preservation, storage, or
26 distribution of human organs and/or tissues;
27 (d) Relevant government agencies and instrumentalities, as well as foundations, non-
28 government organizations, and private entities engaged in organ and tissue donation,
29 retrieval, allocation, or transplantation activities within the Philippines; and
30 (e) All organ and tissue donations for transplantation purposes, whether from Deceased
31 Donation (Donation after Brain Death and Donation after Cardio-Respiratory Death) or
32 from Living Donors.

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

- 34 (a) Human Organ - refers to the kidney, liver, heart, lung, pancreas, and vascularized
35 composite allografts (VCAs) such as hand and face, and any other transplantable part
36 of a human body;
37 (b) Tissue - refers to all constituent parts of the human body consisting of cells and the
38 extracellular matrix, including cornea, sclera, bone, tendon, cartilage, skin, heart valves,
39 blood vessels, and membrane, as may be allowed under applicable regulations.

- 1 (c) Tissue Bank – a facility, unit, or organization that performs one or more of the
2 following: processing, preservation, storage, quality assurance, and distribution of
3 human tissues for transplantation, research, or education, in accordance with
4 Department of Health (DOH) standards.
- 5 (d) Human Organ and Tissue Bank Storage - a facility licensed or accredited by the DOH
6 for the storage, preservation, and custody of human organs or tissues prior to
7 distribution or transplantation.
- 8 (e) Transplantation - refers to the transfer (engraftment) of human cells, tissues, or organs
9 from a donor to a recipient with the aim of restoring or establishing physiologic
10 function of the body;
- 11 (f) Death (R.A. 7170 definition) - is the irreversible cessation of circulatory and respiratory
12 functions or the irreversible cessation of all functions of the entire brain, including the
13 brain stem, which is determined in accordance with accepted medical practice and
14 diagnosed separately by the attending physician and another consulting physician, both
15 of whom must be qualified and suitably experienced in the determination of death and
16 in the care of such patients.
- 17 (g) Brain Death - refers to the irreversible cessation of all functions of the entire brain
18 including the brainstem.
- 19 (h) Brain Death Criteria – refers to a set of standards, guidelines, or rules for brain-death
20 determination, using the latest neurological criteria as determined by the Philippine
21 Neurological Association (PNA) and Child Neurology Society of the Philippines
22 (CNSP).
- 23 (i) Decedent - is a deceased individual and includes a stillborn infant or fetus.
- 24 (j) Deceased Donation - is the act of giving organs or tissues from an individual who has
25 been declared dead by established criteria.
- 26 1. Donation after Brain Death (DBD) - is donation of organs or tissues from an
27 individual who has been declared dead based on the irreversible cessation of all
28 brain activity, including the brain stem, in accordance with accepted medical
29 standards and legal definitions of death.
- 30 2. Donation after Cardio-Respiratory Death (DCD) – refers to organ donation after
31 irreversible cessation of circulatory and respiratory function in a patient who does
32 not meet brain-death criteria, in accordance with DOH standards.
- 33 (k) Immediate Family - refers to the spouse, children, parents, siblings, grandchildren,
34 grandparents, whether whole blood or half-blood within the 4th degree of
35 consanguinity.
- 36 (l) Philippine Organ and Tissue Donation and Transplantation Program (POTDTP) –
37 this program provides the overall direction and system of implementation of organ and
38 tissue donation and transplantation. This Department of Health (DOH) program
39 provides and formulates standards, accreditation, monitoring, and evaluation of the
40 national system for organ and tissue donation and transplantation, in coordination with
41 relevant government agencies, professional societies, and stakeholders.
- 42 (m) Philippine Network for Organ Sharing (PHILNOS) - is the central coordinating body
43 for the allocation and coordination of all organ and tissue donation and transplantation
44 from deceased donors.

- 1 (n) Philippine Organ Donor and Recipient Registry System (PODRRS) – is the system
2 that shall contain the national database of all organ and tissue transplant candidates,
3 recipients, donors and all transplants performed in the country.
- 4 (o) Organ and Tissue Donation Unit (OTDU) - is a unit in a hospital tasked to develop an
5 organ and tissue donation program, including donor detection, brain-death/death
6 certification, donor management, family counseling, securing consent, and
7 coordination with the Organ and Tissue Retrieval Organization (OTRO). The team
8 shall be composed of OTDU Coordinator, specialist in donor management, and may
9 include other specialists like intensivists, neurologists, and palliative care practitioners.
- 10 (p) Organ and Tissue Retrieval Organization (OTRO) - is a PHILNOS recognized
11 government or private organization that will support the OTDUs within their
12 designated area.
- 13 (q) Organ Transplant Candidate (OTC) – is a patient with end-stage organ disease, such
14 as but not limited to kidney, liver, heart, lung, and pancreas, who is qualified to receive
15 organs.
- 16 (r) Recipient refers to a patient on whom human organs and/or tissues are transplanted;
- 17 (s) Potential Multiple Organ and Tissue Donor (PMOTD) - any patient who meets clinical
18 triggers suggestive of catastrophic brain injury and who is suspected to fulfill brain-
19 death criteria, or who may be considered for donation after cardio-respiratory death
20 (DCD).
- 21 (t) Referring Hospital (RH) - any hospital that identifies and promptly refers potential
22 organ or tissue donors to the OTRO, initiates and maintains donor management
23 consistent with DOH standards, and documents and reports referrals and outcomes as
24 required.
- 25 (u) Transplant Center/Facility - refers to a hospital with facilities accredited by the DOH
26 to perform organ and/or tissue transplantation.
- 27 (v) Transplant Coordinator (TC) - is the trained health care professional primarily
28 responsible for coordinating PMOTD referrals to OTDUs and OTROs.
- 29 1. Clinical Transplant Coordinator (CTC) refers to healthcare professional of a
30 transplant center trained to coordinate with its transplant team, patient enlistment,
31 transplantation, discharge planning, and post-transplant follow-up.
- 32 2. OTDU Coordinator - is a trained healthcare professional assigned in the OTDU
33 of the referring hospital responsible for donor detection, facilitating brain death
34 certification, ensuring donor management, providing family counseling, securing
35 consent, and coordinating with OTRO.
- 36 3. OTRO Transplant Coordinator – also known as retrieval transplant coordinator is
37 the trained healthcare professional in OTRO responsible for the support and
38 coordination with OTDU, PHILNOS, and the retrieval team.
- 39 4. PHILNOS Transplant Coordinator - is a trained healthcare professional in the
40 allocation of organs and tissue donation and transplantation according to a set
41 criteria.
- 42 (w) Allocation - refers to the assignment of organs and tissues to an OTC, based on a
43 system that prioritizes candidates according to transparent, objective, organ-specific
44 criteria aligned with the principles of beneficence, justice, and equity. Such criteria shall
45 include, among others, medical urgency, histocompatibility (e.g., blood type, HLA,

tissue typing, PRA status), waiting time, pediatric or other priority categories defined by policy, and logistical/geographic considerations, with mandatory documentation and auditability.

- (x) Living Donor -an individual who, of their own free will and with informed consent, donates an organ, part of an organ, or tissue without receiving any valuable consideration, except for allowable reimbursement. A living donor must meet medical and psychosocial suitability standards.
- (y) Directed Donation refers to a voluntary and informed donation of an organ or tissue by a living or deceased donor in which a specific, individually identified recipient is designated by the donor. The validity of a directed donation shall be subject to medical compatibility, ethical review, non-commercialization safeguards, and all other standards established under this Act.
- (z) Non-Directed Donation refers to a voluntary and informed donation of an organ or tissue by a living or deceased donor in which no specific intended recipient is designated, and the donated organ or tissue is allocated through the PhilNOS national allocation system in accordance with national allocation criteria, medical urgency, ethical principles, and equity standards established under this Act.
- (aa) Allowable reimbursement – refers to the reasonable costs incurred during organ and tissue donation which shall not constitute valuable consideration.
- (bb) Commercial Dealings - refers to:
 - 1. The sale, barter, or supply of human organ, tissue, or part thereof.
 - 2. Acts involving trafficking of a human organ, tissue, or part thereof through whatever means; and
 - 3. The brokering for the sale, barter or supply of a human organ, tissue, or part thereof, whether for money or any other consideration in violation of this Act;

ARTICLE II – GOVERNANCE ARCHITECTURE

SECTION 5. Establishment of the Philippine Organ and Tissue Donation and Transplant Program (POTDTP). — There is hereby established the Philippine Organ and Tissue Donation and Transplant Program (POTDTP) under the Department of Health (DOH). The Program shall serve as the national implementing office responsible for policy execution, regulation, standard-setting, capacity-building, system operations, and nationwide coordination for organ and tissue donation and transplantation. The Program shall have its own separate budget, adequate plantilla positions, operating funds, and a dedicated Secretariat housed in the DOH.

The POTDTP shall implement the policies, standards, and directives issued by the National Transplant Coordinating Council (NTCC) and shall supervise PHILNOS and other components of the national donation and transplantation system.

SECTION 6. National Transplant Coordinating Council (NTCC). — There is hereby created a National Transplant Coordinating Council, hereinafter referred to as the Council, which shall act as the governing, policy-setting, and expert oversight body of the Philippine Organ and Tissue Donation and Transplantation Program (POTDTP). The Council shall be under the

1 Department of Health (DOH) for policy coordination and administrative support. It shall be
2 composed of the following:

- 3 1. The Secretary of Health – Chairperson
- 4 2. The DOH Undersecretary for Health Regulations and Facility Development – Vice-
5 Chairperson
- 6 3. The PhilHealth President – Member
- 7 4. The Chairperson of the National Transplant Ethics Committee – Member
- 8 5. The Director of the Health Facilities and Services Regulatory Bureau (HFSRB) –
9 Member
- 10 6. The Program Manager of PHILNOS – Member
- 11 7. One Representative from Government Transplant Centers, appointed by the
12 Secretary of Health – Member
- 13 8. One Representative from Private Transplant Centers, appointed by the Secretary of
14 Health – Member
- 15 9. The Chairperson of the Professional Regulation Commission (PRC) – Member
- 16 10. One Representative from Accredited Organ and Tissue Retrieval Organizations
17 (OTROs) – Member
- 18 11. One Representative from Tissue Banks (public or private) – Member
- 19 12. One Representative from Non-Government Organizations engaged in organ
20 donation advocacy – Member
- 21 13. One Representative from the Philippine Society of Transplant Surgeons (PSTS) –
22 Member
- 23 14. One Representative from the Transplantation Society of the Philippines (TSP) –
24 Member
- 25 15. One Representative each from the major organ-specific specialty, such as: Philippine
26 Society of Nephrology (PSN); Philippine Association of Thoracic & Cardiovascular
27 Surgeons, Inc. (PATACSI); Philippine Association of Hepato-Pancreato-Biliary
28 Surgeons (PAHPBS); Hepatology Society of the Philippines (HSP); Philippine
29 College of Chest Physicians; Philippine Heart Association (PHA); Philippine
30 Urological Association (PUA); and other societies relevant to organ-specific donation
31 and transplantation, as may be designated through an organ-specific Technical
32 Working Group – Member

33 The Secretary of Health may expand, reorganize, or designate additional members, technical
34 advisers or technical committees as necessary, consistent with national system needs.

35 **SECTION 7. Powers and Functions of the Council.** — The Council shall have the
36 following powers and functions:

37 Policy, Regulation, and Standards:

- 38 (a) Formulate, approve, and oversee the implementation of policies, standards, and clinical
39 and operational guidelines on organ and tissue donation and transplantation, consistent
40 with WHO Guiding Principles, and applicable Philippine laws.
- 41 (b) Approve national strategies designed to ensure a rational, ethical, equitable,
42 transparent, and self-sufficient organ donation and transplantation system.

43 Accreditation and Oversight:

1 (c) Accredite and monitor Transplant Centers/Facilities, Organ and Tissue Retrieval
2 Organizations (OTROs), and Organ and Tissue Donation Units (OTDUs), in
3 coordination with HFSRB and relevant specialty societies.

4 (d) Exercise oversight of PHILNOS in the implementation of deceased-donor allocation,
5 waiting-list management, and national coordination.

6 (e) Ensure the establishment, security, interoperability, and maintenance of the Philippine
7 Organ Donor and Recipient Registry System (PODRRS), including data standards,
8 transparency rules, and periodic external audits.

9 Public Education and Prevention:

10 (f) Develop national programs for public information, education, community
11 engagement, and professional training to increase organ and tissue donation,
12 strengthen deceased-donor systems, support national self-sufficiency, and strengthen
13 public trust. Such programs shall also include integrated messaging on the prevention
14 of diseases leading to organ failure.

15 Financing and Social Protection:

16 (g) Collaborate with PhilHealth, DSWD, and other relevant agencies in developing
17 financing mechanisms and benefit packages that cover donor evaluation, donor
18 management, retrieval/procurement, transplantation, and long-term follow-up care for
19 both donors and recipients.

20 Monitoring, Evaluation, and Accountability:

21 (h) Conduct monitoring and evaluation, including:

- 22 1. Adverse event and reaction reporting,
- 23 2. Clinical outcome monitoring,
- 24 3. Performance benchmarking across hospitals, OTDUs, OTROs, and Transplant
25 Centers,
- 26 4. Donation potential studies and audits of missed donors, and
- 27 5. Annual reporting to Congress and the public;

28 Ethics and Anti-Trafficking:

29 (i) Establish mechanisms for grievance handling, whistleblower protection, and the
30 referral of suspected organ trafficking cases to the Inter-Agency Council Against
31 Trafficking (IACAT), the Department of Justice (DOJ), the Department of Migrant
32 Workers (DMW), the Department of Foreign Affairs (DFA), the Philippine National
33 Police (PNP), the National Bureau of Investigation (NBI), and other law-enforcement
34 agencies as may be appropriate.

35 Residual Authority:

36 (j) Perform such other functions as may be necessary to fulfill its mandate or as may be
37 assigned by the Secretary of Health, consistent with the objectives of this Act.

38 **SECTION 8. Philippine Network for Organ Sharing (PhilNOS): Mandate &**
39 **Functions.** — There is hereby established PhilNOS, under the Philippine Organ and Tissue
40 Donation and Transplant Program (POTDTP), to serve as the central coordinating office for
41 donor organ and tissue allocation and national operations. PhilNOS shall perform the following
42 functions:

- (a) Oversee and facilitate the donation and transplantation of organs and tissues from Deceased Donation, through a national operations center, coordinating among Referring Hospitals (RHs), Organ and Tissue Donation Units (OTDUs), Organ and Tissue Retrieval Organizations (OTROs), and Transplant Centers/Facilities.
- (b) Act as the central coordinating body to ensure that all organs and tissues from deceased donors are allocated in accordance with national allocation criteria, with full traceability, transparency, documentation, and audit trails, consistent with established ethical and clinical standards.
- (c) Maintain and operate the national waiting list/registry for candidates for transplantation from deceased donors, as an integral component of the Philippine Organ Donor and Recipient Registry System (PODRRS), including:
 1. updating candidate status (e.g., ACTIVE/INACTIVE);
 2. validating medical, immunologic, and demographic data;
 3. performing regular data quality control and auditability checks.
- (d) Promote organ and tissue donation from deceased donors through the following means:
 1. public information and education campaigns;
 2. information and capacity-building programs for health and allied professionals;
 3. advocacy campaigns to increase registration in the donor registry;
 4. monitoring and technical support to the deceased-donor advocacy programs of all Transplant Centers/Facilities and OTROs.
- (e) Assist in the development, recognition, and accreditation of government and non-government OTROs, in coordination with the Department of Health (DOH), the Health Facilities and Services Regulatory Bureau (HFSRB), and relevant professional societies.
- (f) Periodically review, revise, and recommend organ-specific allocation policies for deceased-donor organs and tissues, with approval of POTDTP and consistent with ethical frameworks, medical standards, and international best practices.
- (g) Perform such other functions as may be necessary to fulfill its mandate or as may be assigned by the Program Head of the POTDTP, particularly those related to allocation oversight, system strengthening, and ethical compliance.
- (h) Secretariat. PhilNOS shall be supported by a Secretariat composed of personnel with the necessary technical expertise, designated and funded by the DOH, and headed by a PhilNOS Program Manager. Staffing patterns and operational budgets shall be provided under the POTDTP, subject to existing budgeting, personnel, and auditing rules.

ARTICLE III – FACILITIES, PERSONNEL, AND SYSTEM INFRASTRUCTURE

SECTION 9. Accreditation of Transplant Centers/Facilities. — The Program, through the DOH Health Facilities and Services Regulatory Bureau (HFSRB), shall establish minimum national standards and accreditation criteria for DOH-licensed hospitals to perform organ and tissue transplant operations. These standards shall include clinical capability, multidisciplinary staffing, transplant coordinator capacity, ICU readiness, ethical safeguards, audit compliance, and reporting systems consistent with the Program's national policies.

1 The Program and the HFSRB may designate or limit a Transplant Center/Facility to
2 specific organs or tissues based on its demonstrated capability, RSF tier, and specialty accreditation.

3 Only hospitals that meet and maintain such standards shall be accredited as Transplant
4 Centers/Facilities, subject to continuing reporting obligations, performance audits, reaccreditation,
5 and sanctions under DOH and Program rules.

6 **SECTION 10. Establishment of Organ and Tissue Donation Units (OTDUs):**
7 **Structure and Functions.** — Each accredited Transplant Center/Facility shall establish an Organ
8 and Tissue Donation and Transplant Unit (OTDU), which shall be composed of at least:

- 9 (a) One (1) PSTS-accredited transplant surgeon appropriate to the organ to be
10 transplanted;
- 11 (b) A transplant support team, including at least one (1) trained clinical transplant
12 coordinator;
- 13 (c) Medical specialists accredited by their respective societies, including but not limited to:
14 Nephrologist (kidney), Hepatologist (liver), Pulmonologist (lung), Cardiologist (heart),
15 Endocrinologist (pancreas); and Transplant anesthesiologist accredited by the
16 Transplant Anesthesia Society of the Philippines;
- 17 (d) Certified nurses trained in transplantation procedures; and
- 18 (e) An administrative assistant.

19 In addition to center-specific functions, the OTDU shall:

- 20 1. Record all transplant procedures performed in the facility, ensuring complete and
21 accurate information as required by the Program, and submit monthly reports to
22 PhilNOS;
- 23 2. Monitor and collect follow-up clinical data on transplanted patients and living
24 donors;
- 25 3. Document graft and patient survival, complications, and donor outcomes, and
26 submit an annual summary to PhilNOS; and
- 27 4. Compliance and Review. — Operate in accordance with DOH/Program standards
28 and PhilNOS protocols, and undergo periodic monitoring, audit, and reaccreditation.
29 Non-compliance may result in sanctions under this Act and applicable DOH
30 regulations.

31 **SECTION 11. Training and Accreditation of Transplant Coordinators.** — Transplant
32 Coordinators are trained specialists in organ and tissue donation and transplantation and shall be
33 recognized as essential personnel in all accredited Transplant Centers/Facilities.

34 Transplant Coordinators shall be trained through DOH-recognized training programs
35 accredited by the Philippine National Organ Sharing (PhilNOS), in collaboration with the National
36 Kidney and Transplant Institute (NKT), the Philippine Heart Center (PHC), the Lung Center of
37 the Philippines (LCP), and relevant specialty societies.

1 All transplant centers shall employ at least one full-time transplant coordinator.
2 Government hospitals shall create dedicated plantilla positions for this role, while private hospitals
3 shall create an equivalent regular position within their HR structure.

4 Transplant Coordinators shall be provided with additional risk-appropriate insurance and
5 benefits, without prejudice to existing coverage under GSIS, SSS, PhilHealth, or HMO plans.

6 PhilNOS shall develop standards for training, certification, continuing professional
7 development, and national credentialing of Transplant Coordinators, which shall be required for
8 hospital accreditation and periodic reaccreditation under this Act.

9 **SECTION 12. Organ and Tissue Retrieval Organizations (OTROs).** – An OTRO
10 refers to a non-profit organization, whether government or non-government, independent or
11 hospital-based, accredited by the Department of Health (DOH) to retrieve organs and tissues for
12 transplantation. It shall:

- 13 (a) Be responsible for the identification, evaluation, and retrieval of organs and tissues
14 from deceased donors, including preservation, packaging, chain of custody, and
15 transport;
- 16 (b) Employ licensed and board-certified surgical and medical professionals qualified to
17 perform organ and tissue retrieval;
- 18 (c) Interface with OTDUs, Transplant Centers, and PhilNOS for matching and organ
19 offers, retrieval scheduling, and transport; and report referral, recovery, and outcome
20 data to the PODRRS as required by the Program;
- 21 (d) Comply with this Act's prohibitions on commercial dealings; observe conflict-of-
22 interest safeguards and data-privacy requirements; and implement adverse-event
23 reporting and quality-assurance systems consistent with DOH standards.

24 The DOH, through the Program, shall issue standards and guidelines for the designation
25 and regional distribution of OTROs, including referral coverage, service catchment areas, and
26 criteria based on regional need and trends in transplant activity.

27 Violation of licensing or accreditation standards, or of Program policies, shall constitute
28 grounds for suspension or revocation of accreditation, and for the imposition of administrative or
29 other penalties under this Act and applicable DOH regulations.

30 **SECTION 13. National Transplant Ethics Committee (NTEC).** – There is hereby
31 established a National Transplant Ethics Committee (NTEC) under the Council, which shall serve
32 as the primary advisory and oversight body on ethical matters in organ and tissue donation and
33 transplantation. The NTEC shall have the following functions:

- 34 (a) Formulate national ethical standards and guidelines on organ and tissue donation and
35 transplantation for approval by the Program;

- (b) Provide ethical advisory support to the Program, PhilNOS, OTROs, and Transplant Centers in the resolution of complex or disputed ethical cases;
- (c) Assist in monitoring transplant facilities, OTDUs, and OTROs to ensure compliance with ethical standards and guidelines;
- (d) Oversee the ethical dimensions of the national allocation system, ensuring that allocation policies implemented by PhilNOS are fair, transparent, equitable, and consistent with this Act;
- (e) Issue ethical opinions, guidance, and case reviews as may be necessary to prevent commercial dealings, coercion, conflicts of interest, or other unethical practices; and
- (f) Perform such other functions as may be assigned by the Program, consistent with its mandate under this Act.

SECTION 14. Hospital Transplant Ethics Committees (HTECs). – All accredited Transplant Centers/Facilities shall establish a Hospital Transplant Ethics Committee (HTEC) to review and resolve ethical issues relating to organ and tissue donation and transplantation, including the assessment of potential donor–recipient pairs.

The HTEC shall:

- (a) Recommend to the National Transplant Ethics Committee (NTEC) ethical principles, policies, and safeguards on organ and tissue donation and transplantation, including measures to prevent direct or indirect participation in commercial dealings;
- (b) Identify, review, and resolve ethical issues arising from donation and transplantation within the hospital, and elevate complex or unresolved cases to the NTEC;
- (c) Submit reports of its regular meetings, decisions, and proceedings to the NTEC, in accordance with reporting rules issued by the Council and the Program;
- (d) Perform such other functions as may be required by the NTEC or the Council on matters related to ethics, compliance, and institutional integrity.

All hospitals, medical institutions, and organ or tissue banks shall maintain complete records of transactions and documents involving donations, which shall be made available for review subject to data privacy requirements and applicable DOH and Program regulations.

SECTION 15. Duty of Hospitals. – A DOH-licensed hospital authorized to receive organ or tissue donations or to conduct transplantation shall:

- (a) Ensure that physicians, nurses, social workers, transplant coordinators, and other relevant personnel are properly trained to introduce organ and tissue donation to families in a sensitive, humane, and ethically appropriate manner, consistent with Program standards;
- (b) Implement protocols for referral of all Potential Multiple Organ and Tissue Donors (PMOTDs) to the designated OTRO, and ensure timely coordination with the OTDU and PhilNOS;

- (c) Ensure that discussions with families are conducted by personnel who are trained in donor counselling and culturally appropriate communication, and who are not members of the transplant team that will perform the transplantation;
- (d) Maintain documentation of all PMOTD referrals, family approaches, decisions, and outcomes, and submit such reports to PhilNOS and the Program in accordance with reporting requirements;
- (e) Ensure that all activities related to donor identification, counselling, consent, and referral comply with ethical standards, conflict-of-interest rules, and the prohibitions on commercialization under this Act;
- (f) Provide its OTDU and HTEC with necessary support to perform their mandated functions, including compliance with PhilNOS protocols and DOH/Program standards.

ARTICLE IV – DONATION FRAMEWORK, CONSENT, AND SAFEGUARDS

SECTION 16. Categories of Donation. – Donation under this Act shall be classified as follows:

- (a) Living Donation — the donation of an organ, part of an organ, or tissue by a living person who meets all medical, psychosocial, and ethical standards for living donation, whether directed or non-directed.
- (b) Deceased Donation — the donation of organs or tissues from an individual who has been declared dead under accepted medical standards, including Donation after Brain Death (DBD) and Donation after Circulatory Death (DCD), whether directed or non-directed in accordance with this Act.
- (c) Directed Donation — a form of donation, whether living or deceased, in which the donor voluntarily, knowingly, and in writing designates one specific, identified individual as the intended recipient, subject to the ethical and medical safeguards under this Act.
- (d) Non-Directed Donation — a form of donation, whether living or deceased, in which the donor does not designate any recipient, and the donated organ or tissue shall be allocated exclusively through the PhilNOS national allocation system in accordance with national priority rules.

SECTION 17. Consent and Fundamental Standards Governing Organ and Tissue Donation. – Organ and tissue donation, whether living or deceased, shall at all times be voluntary, informed, non-commercial, medically appropriate, and free from coercion or undue influence.

Any person at least eighteen (18) years of age and of sound mind may authorize the donation of all or any organ or tissue upon death (“deceased donation”) or may consent to donate an organ or tissue as a living donor (“living donation”), in accordance with this Act and the requirements of the Philippine Organ Donor and Recipient Registry System (PODRRS).

1 Valid consent must be given knowingly, freely, and voluntarily, and must comply with all
2 medical, ethical, and data-governance standards issued by the Program, the National Transplant
3 Coordinating Council (NTCC), and PhilNOS.

4 The Program, through the Council and PhilNOS, shall establish and enforce standards that
5 ensure donor safety, uphold donor autonomy, and safeguard national equity and allocation
6 principles.

7 **SECTION 18. Standards for Directed Donation.** – A directed donation, whether from
8 a living or deceased donor, shall be permitted only when all of the following conditions are strictly
9 met:

- 10 (a) The donor personally executes a voluntary, informed, written, dated, and witnessed
11 Directed Donation Directive, in accordance with the requirements of this Act.
- 12 (b) Class-based, group-based, or category-based directed donation (such as donations to
13 “any OFW,” “any police officer,” “any member of a sector,” or any other non-specific
14 group or class of persons) is strictly prohibited. Directed donation shall only be valid
15 when made to one specifically identified intended recipient.
- 16 (c) A directed donation may also be made to a specifically identified hospital, physician,
17 surgeon, accredited medical or dental school, university, or accredited organ or tissue
18 bank, solely for legitimate purposes of medical or dental education, scientific research,
19 advancement of medical or dental science, therapy, or transplantation, as permitted
20 under this Act. Donations to such institutions shall not be construed as class-based or
21 category-based donations.
- 22 (d) Directed living donations to non-resident foreign nationals are prohibited, in order to
23 uphold national self-sufficiency and prevent transplant tourism, except in life-saving
24 humanitarian circumstances reviewed and approved by the National Transplant Ethics
25 Committee (NTEC).
- 26 (e) Medical compatibility and clinical suitability between the donor and the intended
27 recipient must be certified by the transplant team and verified by PhilNOS in
28 accordance with national allocation and transplant standards.
- 29 (f) The donation shall not expose either the donor or the intended recipient to
30 disproportionate or unacceptable clinical risk, as determined under Program standards
31 and applicable medical guidelines.
- 32 (g) The donation shall not violate principles of equity, medical appropriateness, non-
33 commercialization, non-discrimination, or the national allocation framework.
- 34 (h) There must be no evidence of coercion, manipulation, undue inducement, organ trade,
35 trafficking in persons for organ removal, or any other prohibited conduct under this
36 Act.

37 The Hospital Transplant Ethics Committee (HTEC) shall verify voluntariness,
38 comprehension, and full counselling of the donor. If the HTEC encounters disagreement,
39 uncertainty, or contestation regarding voluntariness, coercion, conflict of interest, or suitability,

1 the matter shall be escalated to the National Transplant Ethics Committee (NTEC), whose
2 determination shall be final.

3 In all cases where a directed living donation cannot proceed due to medical unsuitability,
4 ethical concerns, coercion, documentation deficiencies, or override by PhilNOS, the organ shall
5 immediately revert to the PhilNOS national allocation system and be allocated strictly according
6 to national priority rules.

7 **SECTION 19. Standards for Non-Directed Donation.** – A non-directed donation,
8 whether living or deceased, shall mean a donation made without designating a specific recipient.
9 All non-directed donations shall be allocated through the PhilNOS national allocation system in
10 accordance with the allocation criteria set under this Act, including medical urgency,
11 histocompatibility, waiting time, pediatric priority rules, and other organ-specific standards
12 promulgated by PhilNOS.

13 (a) Deceased Non-Directed Donation. A non-directed deceased donation shall be
14 permitted only when:

- 15 1. The donor has not executed a contrary directive;
16 2. The family consent or authorized surrogate consent under this Act is validly
17 obtained; and
18 3. The OTRO and PhilNOS certify that all medical suitability criteria for deceased
19 donation have been met.

20 (b) Living Non-Directed Donation. A living non-directed donation shall be permitted only
21 when:

- 22 1. The donor undergoes full medical, psychosocial, and socio-economic evaluation;
23 2. The HTEC confirms voluntariness and absence of coercion or inducement; and
24 3. The donation meets all medical and ethical standards under this Act.

25 If a non-directed living donation cannot proceed for medical, ethical, or legal reasons,
26 the donation shall be cancelled.

27 **SECTION 20. Rule Against Commercial Influence and Undue Pressure.** – A living
28 donation, whether directed or non-directed, is void and prohibited if tainted by:

- 29 (a) Financial gain, valuable consideration, or material inducement;
30 (b) Coercion, undue influence, or abuse of vulnerability; or
31 (c) Any arrangement amounting to organ trade, trafficking in persons for organ removal,
32 or transplant tourism.

33 Such cases shall be referred to the Inter-Agency Council Against Trafficking (IACAT), the
34 Department of Justice (DOJ), the Department of Migrant Workers (DMW), the Department of
35 Foreign Affairs (DFA), and the appropriate law-enforcement agencies, including the Philippine
36 National Police (PNP) and the National Bureau of Investigation (NBI).

37 **SECTION 21. Documentation and Verification.** – All living donations shall require:

- 1
2 (a) Written, dated, personally signed donor consent witnessed by two persons;
3 (b) Certification by the HTEC that the donor is competent, consenting, and free from
4 coercion; and by the NTEC only when elevated;
5 (c) Completion of medical, psychosocial, and socio-economic evaluation required by
6 Program standards; and
7 (d) Mandatory registration in the PODRRS.

8 **SECTION 22. Donor Safety and Aftercare.** – Living donors shall be entitled to:

- 9 (a) Long-term clinical follow-up care;
10 (b) Psychosocial support;
11 (c) Protection from discrimination in employment and insurance; and
12 (d) All other benefits provided under this Act and relevant regulations.

13 **SECTION 23. Determination and Declaration of Death.** – Death shall be determined
14 in accordance with accepted medical standards and the clinical criteria for brain death and
15 circulatory death as issued by the Department of Health (DOH), upon the recommendation of the
16 Philippine Neurological Association (PNA), the Child Neurology Society of the Philippines
17 (CNSP), and other relevant specialty societies.

18 For purposes of organ and tissue donation:

- 19 (a) Brain Death shall be established only upon completion of the required clinical
20 examinations and ancillary tests under DOH-approved brain-death protocols.
21 (b) Circulatory Death shall be established only upon irreversible cessation of cardio-
22 respiratory function, following DOH-approved standards for donation after
23 circulatory death (DCD).

24 The attending physician, who must be independent from the transplant team and the
25 OTRO, shall certify the death of the patient and sign the death certificate. The time of death shall
26 be the time when brain death or circulatory death is formally declared in accordance with these
27 standards.

28 No member of the transplant team, the OTRO, or any person directly involved in retrieval
29 or transplantation shall participate in the determination or declaration of death.

30 **SECTION 24. Persons Who May Become Recipients, Legatees, or Donees.** –
31 Human organs, tissues, or parts thereof may be allocated, donated, or assigned to the following:

- 32 (a) Individuals clinically eligible for transplantation, in accordance with the national
33 allocation criteria, prioritization rules, and organ-specific standards established by
34 PhilNOS;

- (b) A specifically identified individual designated as a directed donee, whether in living or deceased donation, Provided, That the directed donation complies with all medical, ethical, and legal standards set forth in this Act, including medical compatibility, voluntariness, non-commercialization, and approval by the relevant ethics committees;
- (c) A living donor who previously donated an organ or tissue and subsequently develops organ failure requiring transplantation, subject to medical compatibility and PhilNOS criteria;
- (d) Immediate family members of a deceased donor, within the fourth (4th) civil degree of consanguinity, who require transplantation, whether or not already on the national waiting list, provided that allocation to such family members is medically appropriate and consistent with PhilNOS allocation and ethical standards;
- (e) Hospitals, physicians, or surgeons for legitimate medical or dental education, scientific research, advancement of medical or dental science, therapy, or transplantation;
- (f) Accredited medical or dental schools, colleges, or universities for purposes of education, research, advancement of medical or dental science, or therapy; and
- (g) Accredited organ or tissue banks and storage facilities for lawful purposes of education, research, therapy, or transplantation.

SECTION 25. Exemptions. – The provisions of this Act shall not apply to the procurement, donation, testing, processing, storage, distribution, and clinical use of:

- (a) Blood and blood components, including whole blood, red cell concentrates, plasma, platelets, cryoprecipitates, and other derivatives collected through licensed blood service facilities, which shall remain governed by the National Blood Services Act and other applicable DOH regulations;
- (b) Human milk and human milk products, collected and distributed by DOH-accredited Human Milk Banks, subject to separate standards on safety, screening, and quality control;
- (c) Reproductive cells and tissues, including spermatozoa, oocytes, embryos, and gametes, which shall be governed by separate laws, DOH regulations, and professional ethical standards;
- (d) Hair, nails, and other renewable tissues commonly donated for reconstructive or cosmetic purposes and not used for vascularized transplantation;
- (e) Autologous tissues, meaning cells, tissues, or parts removed from and re-implanted into the same individual (e.g., skin grafts, bone grafts, tendon repairs, stem-cell procedures), Provided, That such procedures do not involve organ trade, cross-donor transplantation, or the risks contemplated in this Act; and
- (f) Minimally manipulated human cells, tissues, or cellular products used for therapeutic, research, or diagnostic purposes but not intended for transplantation into another individual, as defined by DOH and consistent with international standards.

All such donations shall remain subject to their respective special laws, DOH regulatory frameworks, ethical guidelines, and quality and safety standards, and shall not be construed as organ or tissue transplantation under this Act.

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ARTICLE V – OPERATIONAL PROCESSES AND LOGISTICS

SECTION 26. Manner of Executing a Deceased Donation. – A deceased donation of organs, tissues, or any part of the human body shall be valid only if executed in accordance with the following:

- (a) Legacy Through a Will — A deceased donation may be made through a duly executed will. The donation shall take effect upon the death of the testator notwithstanding the pendency or absence of probate, Provided, That the donation was voluntarily and validly executed in accordance with this Act. Any defect affecting the will for testamentary purposes shall not invalidate the deceased donation if executed in good faith and with full legal capacity.
- (b) Legacy Through a Document Other Than a Will — A deceased donation may likewise be made through a separate written document, personally signed by the donor and witnessed by two (2) competent witnesses. The donation shall take effect upon the donor’s death, and shall be binding if the document clearly expresses the donor’s voluntary and informed intent to donate, and complies with the formal requirements prescribed under this Act.

SECTION 27. Substitute Consent for Deceased Donation. – In the absence of an express written directive by the decedent to donate or to refuse donation, any of the following persons, in the order of priority stated, may authorize the donation of all or any part of the decedent’s body:

- 1. Spouse;
- 2. Son or daughter of legal age;
- 3. Either parent;
- 4. Brother or sister of legal age;
- 5. Grandparent;
- 6. Grandchildren of legal age; and
- 7. The legal guardian of the decedent at the time of death.

Authorization may be given before or immediately after death. A donation made by any person listed in this Section shall be valid and sufficient, Provided, That no member of the same or higher priority category has registered a refusal; Provided Further, That substitute consent shall not override an objection clearly expressed by the decedent during his or her lifetime.

SECTION 28. Designation of Legatee. – A legacy may designate:

- (a) a specific, identified legatee, or
- (b) an unspecified legatee, in which case the organ shall be allocated through PhilNOS in accordance with national allocation criteria.

1 If a specific legatee is not available, medically unsuitable, or cannot receive the organ at the
2 appropriate time, the organ shall automatically revert to the national allocation system under
3 PhilNOS.

4 **SECTION 29. Designation of Physician.** – The donor may designate in the will or
5 document the physician or surgeon who shall perform the retrieval or transplantation. If the
6 designated physician is unavailable, incapacitated, or disqualified, the authorized legatee or the
7 OTRO may designate another qualified surgeon. A physician designated as legatee shall be
8 prohibited from participating in the retrieval or transplantation.

9 **SECTION 30. Standards Governing Legacy Donations.** – All legacy donations shall
10 be subject to the following safeguards:

- 11 (a) The legacy must be voluntary, informed, and executed without coercion or inducement.
- 12 (b) Class-based, group-based, or category-based legacy designations shall be void.
- 13 (c) The legacy shall not violate this Act's principles of equity, medical suitability, non-
14 commercialization, and allocation fairness.
- 15 (d) PhilNOS shall verify medical compatibility and ensure that allocation follows national
16 clinical and ethical standards.
- 17 (e) If the legacy donation cannot proceed due to medical unsuitability, ethical issues,
18 voluntariness concerns, documentation deficiencies, or evidence of undue influence,
19 the organ shall revert to the national allocation system.
- 20 (f) All legacy donations must be entered into the Philippine Organ Donor and Recipient
21 Registry System (PODRRS) immediately upon verification.

22 **SECTION 31. Expression of Intent Through Government-Issued Identification.** –
23 A donor may express willingness to donate organs or tissues through a notation on government-
24 issued identification cards or licenses. Such expression shall constitute a declaration of intent only
25 and shall not be treated as formal consent for either living or deceased donation.

26 The DOH, PhilNOS, in coordination with the LTO, PhilHealth, GSIS, SSS, PRC, BIR,
27 DFA, and PSA, shall incorporate an optional donor-intent field in their application systems. The
28 agencies shall transmit the donor's indicated preference to PhilNOS for registry purposes.

29 A notation of intent or refusal on an ID shall not supersede a subsequently executed
30 Written Directive complying with this Act. In all cases, retrieval of organs or tissues shall proceed
31 only after confirmation of consent through the procedures and safeguards prescribed herein,
32 including verification by the appropriate ethics committees.

33 **SECTION 32. Persons Authorized to Remove and Transplant Organs and Tissues.**
34 – Only authorized medical practitioners licensed in the Philippines and accredited under this Act
35 shall remove or transplant any organ or tissue.

- 1 (a) Solid organs (kidney, liver, heart, lung, pancreas, etc.) shall be removed and transplanted
2 only by PSTS-certified transplant surgeons or other DOH-recognized specialty
3 surgeons accredited for the specific organ program.
4 (b) Corneal and ocular tissue retrieval shall be performed only by ophthalmic surgeons or
5 ophthalmic technicians who are duly trained and certified by the accredited national
6 ophthalmology society.
7 (c) Skin, bone, tendon, cartilage, vascular grafts, and other tissues shall be retrieved only
8 by licensed physicians or allied health professionals trained and certified by DOH-
9 accredited tissue banks in accordance with national and international standards.
10 (d) All retrieval and transplantation procedures shall comply with DOH accreditation
11 standards, PhilNOS protocols, and applicable specialty-society guidelines.

12 **SECTION 33. Transport of Donated Organs and Tissues.** – All organs and tissues
13 intended for transplantation shall be transported with priority and without delay. All air, land, and
14 sea carriers operating in the Philippines shall extend reasonable and immediate transport assistance
15 for such organs and tissues, consistent with safety and operational requirements.

- 16 (a) Priority Transport. — Common carriers shall provide the earliest possible transport
17 opportunity for organs or tissues assigned for transplantation, subject to DOH and
18 PhilNOS guidelines.
19 (b) Accredited Custody. — Transport of organs or tissues shall be undertaken only by an
20 accredited Organ and Tissue Retrieval Organization (OTRO) or Transplant Center
21 personnel trained in organ preservation and chain-of-custody procedures.
22 (c) Standards and Protocols. — DOH, through the Program and PhilNOS, shall issue
23 technical standards for packaging, labeling, chain-of-custody, security, and emergency
24 rerouting of organs and tissues during transport. Carriers shall comply with such
25 standards.
26 (d) Costs. — Reasonable and necessary transport costs shall be chargeable as allowable
27 reimbursement under this Act and PhilHealth rules, consistent with DOH-issued
28 guidelines.

29 Nothing in this Section shall be interpreted as limiting DOH or PhilNOS from issuing
30 more detailed transport protocols or entering into agreements with carriers for the efficient
31 movement of organs and tissues.

32 **ARTICLE VI – COST COVERAGE, REIMBURSEMENT, AND FINANCIAL** 33 **PROTECTION**

34 **SECTION 34. Cost Coverage, Reimbursement, and Financial Protection.** – Organ
35 and tissue donation and transplantation shall be financed in a manner that protects donors and
36 recipients from undue financial burden, ensures sustainability of the national transplant system,
37 and prevents any form of commercialization or inducement.
38

- 1 (a) Allowable Reimbursements for Non-Directed Donations. For non-directed living or
2 legacy (deceased) donations, the following reasonable and necessary costs may be
3 reimbursed by the government or PhilHealth:
4 1. Donor evaluation and medical assessment;
5 2. Donor management in deceased donation;
6 3. Retrieval operations, organ preservation, packaging, and transport;
7 4. Hospitalization, perioperative care, and follow-up care for living donors;
8 5. OTRO operational activities required to retrieve the donated organ or tissue.
9 These reimbursements shall not constitute valuable consideration and shall comply
10 with standards set by the DOH and the Program.
11 (b) Directed Donations Not Chargeable to Government. Costs arising from directed living
12 or legacy donations, including compatibility testing, medical evaluation, psychosocial
13 assessment, and any recipient-specific diagnostic procedures, shall not be charged to
14 the government, PhilHealth, or the Program, unless coverage is expressly authorized
15 under standards jointly issued by the Department of Health (DOH) and the Philippine
16 Health Insurance Corporation (PhilHealth), Provided, That such coverage does not
17 create financial or material inducement, does not advantage directed donors over non-
18 directed donors, and does not violate the principles of voluntariness, equity, and non-
19 commercialization under this Act.

20 When a directed donation is converted into a non-directed donation under this Act, the
21 corresponding compatibility and evaluation costs shall be absorbed by the national program,
22 subject to audit and government accounting rules.

23 **SECTION 35. Living Donor Protection.** – Regardless of donation type, living donors
24 shall be entitled to reimbursement of reasonable expenses directly related to the donation process,
25 including:

- 26 (a) evaluation and necessary diagnostics,
27 (b) hospitalization and perioperative care,
28 (c) reasonable lost wages,
29 (d) travel and logistics, and
30 (e) long-term follow-up care.

31 Such reimbursements shall never constitute valuable consideration, inducement, or
32 financial reward.

33 Living donors shall be protected from coercion, trafficking, or undue influence; shall have
34 access to counselling and independent ethical review; and shall be accorded priority listing under
35 PhilNOS should they later require transplantation, subject to medical suitability.

36 **SECTION 36. PhilHealth Benefit Coverage.** – PhilHealth shall develop benefit
37 packages covering:

- 1 (a) medical assessment, including diagnostic and compatibility testing;
- 2 (b) donor management, including ICU care and stabilization;
- 3 (c) retrieval operations and operating room service;
- 4 (d) organ preservation;
- 5 (e) transplant surgery;
- 6 (f) required medicines and immunosuppressants; and
- 7 (g) inpatient or postoperative care for donors and recipients.

8 PhilHealth benefit packages shall observe the No Balance Billing (NBB) policy for indigent and
9 financially vulnerable members in accordance with the Universal Health Care Act.

10 **SECTION 37. Other Government Assistance.** – Expenses that are non-medical in
11 nature and not reimbursable under PhilHealth, such as transportation, lodging, nutrition support,
12 psychosocial support, lost income, and other logistical expenses, may be supported through other
13 government assistance programs, including but not limited to the Department of Social Welfare
14 and Development (DSWD), Department of Labor and Employment (DOLE), Local Government
15 Units (LGUs), and the Philippine Charity Sweepstakes Office (PCSO), subject to their respective
16 mandates.

17 The Department of Health (DOH), through the Program, may establish additional
18 authorized financing mechanisms, based on standardized costing issued by the Program, to
19 complement PhilHealth coverage.

20 **ARTICLE VII – PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT**

21 **SECTION 38. Information, Education, and Public Engagement.** – The Program
22 shall develop, fund, and implement national information, education, and public engagement
23 initiatives on organ and tissue donation, in coordination with the National Kidney and Transplant
24 Institute (NKTI), Philippine Heart Center (PHC), Lung Center of the Philippines (LCP), relevant
25 professional health associations, accredited Organ and Tissue Retrieval Organizations (OTROs),
26 civic and non-government organizations, and other health-related agencies, as well as the
27 Department of Education (DepEd), the Technical Education and Skills Development Authority
28 (TESDA), and the Commission on Higher Education (CHED).

29 The Secretary of Health shall ensure that all health professionals in both government and
30 private sectors, as well as media organizations across print, broadcast, and digital platforms, are
31 encouraged to undertake sustained public information campaigns to increase awareness, promote
32 donation, and strengthen public trust in the national transplant system.

33 The importance of organ and tissue donation shall be incorporated into the Health and
34 Science curricula in the elementary, secondary, and tertiary levels, consistent with standards jointly
35 issued by the Department of Health and the Department of Education. The Secretary of Health
36 shall coordinate with the Secretary of Education and the Chairperson of CHED for the effective
37 implementation of this mandate.

1 The Program shall also undertake public engagement through community outreach,
2 partnerships with local government units, digital and social media platforms, and other evidence-
3 based strategies to promote voluntary donation, and advance national self-sufficiency in organs
4 and tissues.

5 **SECTION 39. National Organ Donation Awareness Month.** – The month of April of
6 every year is hereby declared as the National Organ and Tissue Donation Awareness Month. The
7 Department of Health (DOH), through the Program and PhilNOS, and in coordination with
8 relevant government agencies, local government units, professional societies, Organ and Tissue
9 Retrieval Organizations (OTROs), transplant centers, civil society groups, and other stakeholders,
10 shall lead nationwide activities that promote awareness on organ and tissue donation, encourage
11 public participation, strengthen trust in the donation system, and highlight the life-saving
12 importance of transplantation.

13 **ARTICLE VIII – PROHIBITED ACTS AND PENALTIES**

14 **SECTION 40. Prohibited Acts.** – It shall be unlawful for any person, natural or juridical,
15 to commit, directly or indirectly, any of the following acts:

16 (a) **Commercial Dealings and Organ Trade.**

- 17 1. Sell, buy, barter, broker, negotiate, advertise, or offer any human organ or tissue for
18 valuable consideration, whether monetary or in any form of material benefit.
- 19 2. Request, receive, or offer any payment, reward, gift, or material inducement in
20 exchange for the supply, retrieval, allocation, or receipt of any organ or tissue.
- 21 3. Store, handle, transport, transfer, or distribute organs or tissues knowing that these
22 were acquired through sale, barter, or any prohibited commercial transaction.
- 23 4. Solicit or recruit donors for commercial transactions or for the purpose of organ
24 trade.

25 (b) **Trafficking in Persons for Organ Removal.**

- 26 1. Recruit, harbor, transport, transfer, or receive any person for the purpose of the
27 removal or sale of an organ or tissue, whether or not the trafficking is
28 consummated.
- 29 2. Coerce, intimidate, manipulate, deceive, or exploit a person to obtain consent for
30 organ or tissue removal.
- 31 3. Participate in any activity constituting transplant tourism, including facilitating
32 travel of donors or recipients for commercial transplantation.
- 33 4. Any attempt to conceal, falsify, alter, or destroy documentation related to donor
34 identity, consent, or allocation, to enable trafficking or commercial dealings.

35 (c) **Prohibited Clinical and Surgical Acts.**

- 36 1. Remove or transplant any organ or tissue with knowledge that it was obtained
37 through sale, coercion, trafficking, or any prohibited act.
- 38 2. Proceed with removal or transplantation without valid consent, or in violation of
39 the declared intentions of the donor.

3. Remove or transplant organs in a facility not accredited under this Act.
- (d) Coercion, Undue Influence, and Exploitation.
 1. Exert pressure, intimidation, threat, manipulation, or abuse of vulnerability to induce a person to donate.
 2. Offer preferential medical treatment, employment, financial benefits, or social benefits in exchange for organ or tissue donation.
 3. Engage in any form of class-based directed donation for living or deceased donation.
- (e) Misuse of Allocation System.
 1. Manipulate, interfere with, falsify, or circumvent the national allocation process administered by PhilNOS.
 2. Withhold or delay reporting of potential donors or manipulate donor information to favor certain recipients.
 3. Offer or solicit payment, favor, or consideration in exchange for priority in the allocation system.
- (f) Discrimination Against Donors and Recipients.
 1. Discriminate against a living organ donor or organ recipient in hiring, promotion, work assignment, or continued employment, despite medical certification of fitness. (Uniformed services exempt only for pre-employment fitness standards.)
 2. Deny, restrict, or reduce health or life insurance coverage solely on the basis of being a donor or recipient, or increase premiums or reduce benefits by reason thereof.
- (g) Refusal to Transport Human Organs.
 1. Refuse, without justifiable reason, to transport or ship an organ or tissue for transplantation, whether accompanied or unaccompanied, in accordance with transport standards issued under this Act.
- (h) Obstruction or Interference.
 1. Obstruct or interfere with legally authorized organ retrieval, transport, allocation, or transplantation.
 2. Harass or retaliate against any person who reports a violation of this Act.
- (i) Attempts and Conspiracy.
 1. Attempting, conspiring, or assisting in the commission of any prohibited act under this Section shall likewise constitute an offense and shall be penalized accordingly.

SECTION 41. Penalties. – The following penalties and sanctions shall be imposed accordingly:

- (a) General Penalty for Prohibited Acts. Any person who commits any of the prohibited acts under Section 41 of this Act shall suffer the penalty of imprisonment of twenty (20) years to life imprisonment, 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), without prejudice to higher penalties under the Anti-Trafficking in Persons Act, where applicable.

- 1 (b) Trafficking and Organ Trade as Qualified Offenses. If the act constitutes trafficking in
2 persons for organ removal, as defined under R.A. 9208, as amended by R.A. 10364, the
3 offender shall instead suffer life imprisonment and a fine of not less than Two Million
4 Pesos (P2,000,000.00) but not more than Five Million Pesos (P5,000,000.00).
- 5 (c) Liability of Juridical Persons. If the offender is a corporation, partnership, association,
6 club, establishment, or any juridical person, the penalty shall be imposed upon the
7 owner, president, partner, director, manager, or officer who knowingly participated in
8 or allowed the commission of the offense. The entity's SEC registration and business
9 permit shall be permanently cancelled, and it shall be barred from operating similar
10 establishments.
- 11 (d) Liability of Hospitals and Health Facilities. If the offender is a hospital, clinic, or
12 licensed medical institution, the penalty shall be imposed upon the responsible officers,
13 directors, and medical staff who participated in or knowingly permitted the violation.
14 The institution's DOH license to operate shall be suspended or revoked after due
15 process.
- 16 (e) Liability of DOH or Government-Affiliated Facilities. If the offender is a DOH facility
17 or institution regulated by another government body, its license shall be cancelled, and
18 the professional licenses of personnel involved shall be revoked by the Professional
19 Regulation Commission (PRC).
- 20 (f) Liability of Foreign Nationals. If the offender is a foreign national, he or she shall be
21 immediately deported after serving sentence, barred permanently from entering the
22 Philippines, and placed on the BI blacklist.
- 23 (g) Liability of Public Officers. If the offender is a government official or employee, he or
24 she shall, upon conviction:
25 1. Be dismissed from the service;
26 2. Be perpetually disqualified from holding public office;
27 3. Have all retirement and other benefits forfeited; and
28 4. Be administratively liable without prejudice to criminal liability.
- 29 (h) Specific Penalties. The following specific acts shall be punished as follows:
30 1. Any person who commits discriminatory acts under Section 30 shall suffer
31 imprisonment of six (6) months to four (4) years, and a fine not exceeding Ten
32 Thousand Pesos (P10,000.00), in addition to administrative sanctions such as
33 cancellation or suspension of business or professional license
34 2. Any carrier that refuses to transport or ship an organ, tissue, or body part in
35 accordance with this Act shall be liable for a fine of Fifty Thousand Pesos
36 (P50,000.00) for each violation, without prejudice to higher penalties in cases of
37 obstruction of lawful retrieval.
38 3. Any person who falsifies, alters, destroys, or unlawfully accesses donor or recipient
39 records, including those stored in PODRRS, shall suffer the penalty of
40 imprisonment of six (6) years and one (1) day to twelve (12) years, and a fine of not
41 less than Two Hundred Thousand Pesos (P200,000.00), without prejudice to
42 penalties under the Data Privacy Act.
43 4. Any person who knowingly obstructs, delays, or interferes with lawful retrieval,
44 transport, allocation, or transplantation shall be penalized with imprisonment of

four (4) years to eight (8) years, and a fine of not less than One Hundred Thousand Pesos (₱100,000.00).

5. Any person who coerces, threatens, or unduly influences a donor shall suffer imprisonment of eight (8) years to twelve (12) years, and a fine of at least Five Hundred Thousand Pesos (₱500,000.00).

(i) Good Faith Clause. No person who, in good faith and without negligence, performs acts in accordance with this Act, including physicians declaring death, transplant coordinators, ethics committees, and OTRO personnel, shall be civilly or criminally liable.

(j) Cumulative Liability. Penalties under this Act are without prejudice to R.A. 9208/R.A. 10364 (Anti-Trafficking), R.A. 3815 (Revised Penal Code), R.A. 10175 (Cybercrime Law), R.A. 10173 (Data Privacy Act), R.A. 2382 (Medical Act), and any other applicable law.

ARTICLE IX – MISCELLANEOUS AND FINAL PROVISIONS

SECTION 42. Joint Congressional Oversight Committee. – There is hereby created a Joint Congressional Oversight Committee (JCOC) to oversee, monitor, and evaluate the effective implementation of this Act.

The JCOC shall be jointly chaired by the Chairperson of the House Committee on Health; and the Chairperson of the Senate Committee on Health and Demography. It shall be composed of the following Members from each House:

- (a) The Chairperson of the Committee on Trade and Industry;
- (b) The Chairperson of the Committee on Civil Service and Professional Regulation;
- (c) The Chairperson of the Committee on Justice; and
- (d) Two (2) Members from the Minority of each House, to be designated by the Speaker of the House of Representatives and the Senate President, respectively.

The JCOC shall, upon its organization, formulate its internal rules of procedure and may require the submission of periodic reports, performance audits, and system reviews from the Department of Health, PhilNOS, PhilHealth, and all relevant agencies to ensure the proper implementation of this Act.

SECTION 43. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the Department of Health (DOH), through the Philippine Organ and Tissue Donation and Transplant Program (POTDTP) and in coordination with the National Transplant Coordinating Council (NTCC), and in consultation with concerned government agencies, professional societies, private and non-government health organizations, and relevant stakeholders, shall promulgate the rules and regulations necessary for the effective implementation of this Act.

1 Until the NTCC is fully constituted, the DOH shall exercise interim authority to issue
2 necessary administrative orders to avoid disruption of donation and transplantation services. Once
3 constituted, the NTCC shall assume its mandate and participate in the amendment and
4 implementation of the IRR.

5 **SECTION 44. Appropriations.** — The amount necessary for the immediate
6 implementation of this Act shall be included in the annual General Appropriations Act.

7 **SECTION 45. Repealing Clause.** — Republic Act No. 7170, as amended, otherwise
8 known as the “Organ Donation Act of 1991,” is hereby repealed. All rules, regulations, orders, and
9 other issuances issued pursuant thereto, as well as all other laws or parts of laws inconsistent with
10 this Act, are hereby repealed or modified accordingly.

11 **SECTION 46. Separability Clause.** — If, for any reason, any section of this Act shall
12 be deemed unconstitutional or invalid, the other sections or provisions shall not be affected and
13 shall remain in force and in effect.

14 **SECTION 47. Effectivity Clause.** — This Act shall take effect after fifteen (15) days
15 from its publication in the Official Gazette or in at least two (2) national newspapers of general
16 circulation, whichever comes earlier.

17 Approved.