

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 7293



**Introduced by: Hon. Keith Micah "Atty. Mike" D.L. Tan and
Hon. Iris Marie D. Montes**

AN ACT
PROVIDING A COMPREHENSIVE FRAMEWORK FOR THE HUMAN ORGAN AND
TISSUE DONATION AND TRANSPLANTATION PROGRAM

EXPLANATORY NOTE

Organ transplantation is widely recognized as an essential and life-saving medical intervention for patients suffering from end-stage organ failure. Modern medical advancements have demonstrated that the successful transplantation of healthy organs not only prolongs life but also significantly improves the quality of life of recipients. The capacity to save lives through organ donation remains one of the most profound expressions of human compassion and solidarity. As such, the promotion and proper regulation of organ donation constitute a critical public health concern.

In the Philippines, Republic Act No. 7170 or the "Organ Donation Act of 1991," marked an important legislative milestone by authorizing the posthumous donation of any part of the human body. The law sought to encourage organ donation and help address the increasing demand for transplantable organs. However, the country continues to face a severe shortage of deceased organ donors, thereby limiting the broader application and success of organ transplantation programs.

In an article published in the Philippine News Agency website¹, it was reported that as of June 19, 2025, the country has 456 candidates waiting for transplant, 437 of them are for kidney, 15 for liver, and 4 for lungs. "Through the years the number of kidney transplant candidates has been growing and there are only four utilized donors for this year," said Doctor Ronaldo R. Quintana, medical officer and program manager of the Philippine Organ Donation and Transplantation Program – Philippine Network for Organ Sharing (PODTP-PHILNOS) during the recent stakeholders' convergence

¹ Celedaña, M. F. (2025, June 23) *DOH encourages more organ donors* <https://pia.gov.ph/news/doh-encourages-more-organ-donors/> accessed on December 9, 2025

spearheaded by the Department of Health – Center for Health Development (DOH-CHD) Caraga.

Every day, many people wait for the lifesaving call that an organ donor has been found. For many, that call comes too late. Living organ donation offers hope – to those whose lives depend on a transplant. Though living organ donation has saved numerous lives, it has also given rise to complex ethical concerns. In low-income countries such as the Philippines, vulnerable individuals are often targeted by traffickers and unethical brokers who exploit their economic hardship, encouraging or coercing them into selling their organs. Such practices violate human rights, endanger public health, and undermine the integrity of the medical profession.

It is in this context that the Organ Donation Act needs to be strengthened. It is imperative to establish a comprehensive national system that promotes both deceased and living organ donation while ensuring the protection of living donors from exploitation, abuse, and coercion.

This proposed measure seeks to secure the availability of organs and tissues for patients in need, while simultaneously implementing stricter regulations and oversight mechanisms in the field of organ donation.

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



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IRIS MARIE D. MONTES
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Kaunlaran ng Bayan (4K) Party-list

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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 "Human Organ and Tissue Donation Act."

ARTICLE I
GENERAL PROVISIONS

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of all Filipinos and to foster health consciousness. In line with this, the State shall establish and sustain an ethical, equitable, and transparent system for organ and tissue donation and transplantation that ensures timely access to care, prioritizes medical need, and improves quality of life for patients with end-stage organ failure.

Towards this end, the State shall exert all efforts to avert life-threatening diseases by ensuring availability and access to organ donation and transplantation to prolong and improve the quality of their lives. The State shall likewise safeguard the rights and welfare of donors and recipients through informed consent, independent evaluation, long-term follow-up, and strict prohibition of any form of commercialization.

Concurrently, the State reaffirms its obligation to protect living donors, especially those from the vulnerable sectors of society, from exploitation, abuse and human trafficking. The State shall pursue the institutionalization of a national coordinated system to increase organ donation.

SEC. 3. *Coverage.* — This Act shall apply to:

- a) all government and private hospitals and health facilities;
- b) accredited organ and tissue retrieval organizations and transplant centers;

c) tissue banks, histocompatibility or immunogenetics laboratories, and providers involved in the screening and processing of human organs or tissues;

d) relevant government agencies and instrumentalities, foundations and non-government organizations engaged in any of the foregoing activities within the Philippines.

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

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

(a) **Allocation** - refers to the assignment of organs and tissues to an organ transplant candidate, based on a system that prioritizes candidates according to organ specific criteria aligned with the principles of beneficence, justice, and equity. Such criteria shall 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 transparent documentation and auditability.

(b) **Allowable reimbursement** – refers to the reasonable costs incurred by the donor associated with the legal removal, transportation, implantation, processing, preservation, quality control, and storage of a human organ, tissue, or part 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) **Brain Death** - refers to the irreversible cessation of all functions of the entire brain including the brainstem; and considering the absence of such functions, further attempts at resuscitation or continued supportive maintenance would not be successful in restoring such natural functions.

(d) **Brain Death Criteria** – refers to a set of standards, guidelines, or rules that determine brain death diagnosis by latest neurological criteria as determined by a duly organized medical association with expertise in the field of neurology that is recognized by the Department of Health (DOH).

(e) **Circulatory Death** – refers to the irreversible cessation of cardio-respiratory functions.

(f) **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 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) **Decedent** – refers to a deceased individual, and includes a stillborn infant or fetus.

(h) **Deceased Donation** - refers to the act of giving organs or tissues from an individual who has been declared dead by established criteria.

(i) **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.

(j) **Graft** - refers to an organ or tissue that has been removed from the body of an organ or tissue donor for transplantation into a recipient.

(k) **Human Organ** - refers to the kidney, liver, heart, lung, pancreas, and any other transplantable part of a human body.

(l) **Human Organ and Tissue Bank Storage** – refers to a facility licensed or accredited by the DOH for the storage, preservation, and custody of human organs or tissues prior to distribution or transplantation.

(m) **Immediate Family** - refers to the decedent's legitimate spouse, children, parents, grandchildren, grandparents or siblings, whether whole blood or half-blood, in the order of priority.

(n) **Indigent** – refers to an individual who has for no visible means of income or whose income is insufficient for the subsistence of his family, and identified, listed or certified by the Department of Social Welfare and Development (DSWD) as poor pursuant to the National Household Targeting System for Poverty Reduction.

(o) **Living Donor** - refers to 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.

(p) **Organ Transplant Candidate** – refers to a patient with end-stage organ disease, such as but not limited to kidney, liver, heart, lung, and pancreas, who is qualified to receive organs and undergo an organ transplant procedure.

(q) **Part** - refers to a portion of transplantable organ, tissue, eye, bone, artery, blood, fluid, and other portions of the human body.

(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) **Potential Multiple Organ and Tissue Donor** – refers to any patient who meets clinical triggers suggestive of catastrophic brain injury and is suspected to fulfill brain-death criteria or who may be considered for donation after cardio-respiratory death, as the case maybe.

(t) **Recipient** - refers to a patient on whom human organs and/or tissues are transplanted.

(u) **Referring Hospital** - refers to any hospital that identifies and promptly refers potential organ or tissue donors to the organ and tissue retrieval organization, initiates and maintains donor management consistent with DOH standards, and documents and reports referrals and outcomes as required.

(v) **Tissue** - refers to all constituent parts of the human body consisting of cells and the extracellular matrix, including cornea, sclera, bone, tendon, cartilage, skin, heart valves, blood vessels, and membrane, vascularized composite allografts (e.g., hand, face), as may be allowed under applicable regulations.

(w) **Tissue Bank** – refers to a facility, unit, or organization that performs one or more of the following: processing, preservation, storage, quality assurance, and distribution of human tissues for transplantation, research, or education, in accordance with DOH standards.

(x) **Transplantation** - refers to the transfer and/or engraftment of human cells, tissues, or organs from a donor to a recipient with the aim of restoring or establishing physiologic function of the body.

(y) **Transplant Center** - refers to a hospital with facilities accredited by the DOH to perform organ and/or tissue transplantation.

(z) **Transplant Coordinator** – refers to a trained health care professional primarily responsible for coordinating potential multiple organ and tissue donor referrals to Organ and Tissue Donation Units and Organ and Tissue Retrieval Organizations. Transplant coordinators may be classified as follows:

1. **Clinical Transplant Coordinator** - a healthcare professional of a transplant center trained to coordinate with its transplant team, patient enlistment, transplantation, discharge planning, and post-transplant follow-up.

2. **Organ and Tissue Donation Unit (OTDU) Coordinator** - a trained healthcare professional assigned in the OTDU of the referring hospital responsible for donor detection, facilitating brain death certification, ensuring donor management, providing family counseling, securing consent, and coordinating with Organ and Tissue Retrieval Organization.

3. **Organ and Tissue Retrieval Organization (OTRO) Transplant Coordinator** – a trained healthcare professional in OTRO responsible for the support and coordination with Organ and Tissue Donation Unit, Philippine Network for Organ Sharing, and the retrieval team. The OTRO Transplant Coordinator is also referred to as Retrieval Transplant Coordinator,

4. **Philippine Network for Organ Sharing (PhilNOS) Transplant Coordinator** - a trained healthcare professional in the allocation of organs and tissue donation and transplantation according to a set criteria.

(aa) **Valuable consideration** - refers to any financial gain or benefit but does not include allowable reimbursement as defined in this Act.

SEC. 5. *Philippine Organ and Tissue Donation and Transplantation Program (POTDTP).* – The Philippine Organ and Tissue Donation and Transplantation Program (POTDTP) 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 DOH created under this Act.

SEC. 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 and Chief Executive Officer 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) Chairperson of the Professional Regulation Commission (PRC);
- h) Representative of non-government organizations and foundations involved in organ donation and transplantation advocacy, to be appointed by the Secretary of Health;
- i) Representative of the Health Facilities and Services Regulatory Bureau (HFSRB);
- j) Program Manager of Philippine Network for Organ Sharing (PhilNOS);
- k) Representative of a medical association involved in organ transplantation that is duly recognized by the DOH. Such representative shall be a licensed physician in good standing with the association and shall possess demonstrated expertise or experience relevant to medical transplantation. For this purpose, the DOH shall establish recognition standards subject to periodic review.

Provided, That any member of the Board shall have a continuing obligation to make a full disclosure of financial, business or pecuniary interest that may be directly or indirectly affected in connection with the performance of their duty mandated under this Act. In the event that conflict of interest should arise, such member shall recuse himself from any official function in connection thereto.

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 Secretariat of the Board, and for any other functions related to organ and tissue donation and transplantation.

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

SEC. 7. *Functions of POTDTB.* – The Board shall exercise the following functions:

(a) Serve as the overall implementing body of the organ and tissue donation and transplantation program in the country;

(b) Formulate and enforce policies, standards, and clinical/operational guidelines on organ donation and transplantation within the framework of Philippine laws;

(c) Review and approve programs in support of a rational, ethical, accessible, and equitable organ donation and transplantation program in the country;

(d) Accredite and monitor transplant centers and OTROs;

(e) Supervise and coordinate with PHILNOS on donor allocation, waiting-list management, and national 24/7 coordination;

(f) Ensure the establishment and maintenance of the Philippine Organ Donor and Recipient Registry System, and promulgate data governance rules consistent with the Data Privacy Act;

(g) Develop and implement public information and education programs on donation and transplantation;

(h) Work with PhilHealth and other agencies on benefit packages and financing for donor management, retrieval/procurement, transplantation, and follow-up care;

(i) Conduct monitoring, evaluation, and audit, including adverse-event reporting and performance benchmarking;

(j) Monitor mandatory reporting of Potential Multiple Organ and Tissue Donor (PMOTD) of all government and private hospitals to the designated OTRO in the area;

(k) 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.

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

a) Act as the central coordinating body to ensure that all organs and tissues from deceased and living donors are allocated according to established criteria; with full traceability and audit trails.

b) Oversee and facilitate donation and transplantation of organs and tissues involving deceased and living donors in the country through a 24/7 national operations center, coordinating among Referring Hospitals, OTDUs, OTROs, and Transplant Centers.

c) Maintain and operate the national waiting list/registry for candidates for transplantation from deceased and living donors, as part of the Philippine Organ Donor and Recipient Registry System (PODRRS), including status management (e.g., ACTIVE/INACTIVE), data quality control and auditability.

d) Promote organ and tissue donation from the 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 transplant coordinators; and
- iv. Advocacy Campaign to increase the enlistment of registered organ donors.

e) Assist in the development and accreditation of OTRO.

f) Develop and update policies on organ specific allocation system from deceased and living donors.

g) Perform other functions as may be ordered by the Board.

SEC. 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 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.

SEC. 10. Transplant Center. – The Board, through the DOH Health Facilities and Services Regulatory Bureau (HFSRB) shall establish the accreditation criteria for DOH-licensed hospitals to perform transplant operations. The Board and the HFSRB may limit a transplant center to the performance of transplants to specific organs or tissues. These licensed hospitals shall be accredited as a Transplant Center. Only hospitals that meet and maintain such standards shall be accredited as Transplant Centers, subject to reporting, audit, and sanctions under DOH and Board rules.

SEC. 11. Transplantation Unit. – Each transplant center shall establish an Organ and Tissue Donation Unit (OTDU). The OTDU must be composed of at least: (a) one qualified transplant surgeon according to the organ for transplant; (b) a transplant support team which includes a clinical transplant coordinator; (c) medical specialists

accredited by their respective societies; (d) nurses knowledgeable and trained in transplantation procedures; and (e) administrative assistant.

The OTDU shall comply with the DOH and Board standards, and PhilNOS protocols, and shall be subject to periodic monitoring, audit, and reaccreditation. Failure to comply may result in sanctions under this Act and applicable DOH regulations.

SEC. 12. Functions of OTDU. - The OTDU shall have the following functions, aside from specific functions as determined by the transplant center:

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

SEC. 13. Organ and Tissue Retrieval Organization (OTRO) – For the PhilNOS to effectively carry out its functions, organ special service units, to be called Organ and Tissue Retrieval Organizations (OTRO) shall be allowed. An OTRO is a nonprofit organization, which may be independent or hospital-based and accredited by the DOH to retrieve organs and tissues for transplantation.

An OTRO shall be responsible for identification, evaluation, and obtaining organs and tissues from deceased donors, including the preservation, packaging, chain-of-custody, and transport of such organs and tissues, *Provided*, That an OTRO 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 OTRO is designated for each region and its coverage of referral hospitals in the country, as well as in areas where there is an uptrend in transplant activity.

The OTRO operations shall comply with the provision on prohibition on commercial dealings as provided in this Act, observe conflict-of-interest safeguards and data privacy requirements, and implement adverse-event reporting and quality assurance per DOH standards. Any violation of DOH accreditation standards or Board policies may result in suspension or revocation of accreditation, and other penalties under this Act and DOH rules.

SEC. 14. National Transplant Ethics Committee. – There is established a National Transplant Ethics Committee under the DOH. It shall perform the following functions:

- a) Formulate national ethical standards or guidelines on organ and tissue donation and transplantation for approval by the Board;
- 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;
- d) Oversee and regulate the allocation process ensuring fairness, transparency and equitable distribution of organs and tissues by PhilNOS; and
- e) Perform such other functions as may be ordered by the Board on organ donation and transplant ethical-related issues.

Provided, That members of the Committee shall have an obligation to make a full disclosure of any financial, business or pecuniary interest that may be directly or indirectly affected in connection with the performance of their duty. In the event that conflict of interest should arise, such member shall recuse himself from any official function in connection thereto.

SEC. 15. Hospital Transplant Ethics Committee (HTEC). – All transplant centers shall create an HTEC to approve or disapprove potential donor and transplant candidate pairs, and resolve ethical dilemmas as they emerge through consultation, education, and policy development related to organ and tissue donation and transplantation.

The Hospital Transplant 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 and tissue 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.

Provided, That members of the Committee shall have an obligation to make a full disclosure of any financial, business or pecuniary interest that may be directly or indirectly affected in connection with the performance of their duty. In the event that conflict of interest should arise, such member shall recuse himself from any official function in connection thereto.

All hospitals, medical institutions, and organ or tissue banks shall record all transactions and vital information or documents involving organ donations, which shall be made available and transparent to the public, as deemed practicable and necessary, with adherence and subject to the provisions of the Data Privacy Act.

ARTICLE II ORGAN AND TISSUE DONATION FROM DONORS

SEC. 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.

SEC. 17. *Person 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.

SEC. 18. *Manner of Executing a Donation Legacy.* – The donor may execute the intended organ or tissue 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 not probated, or if it is declared invalid for testamentary purposes, the legacy, to the extent that it was executed in good faith, is nevertheless valid and effective.

b) A legacy 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 and shall be respected and binding. The document may be a card or any paper signed by the testator in the presence of two (2) witnesses, who must either be relatives within the fourth degree of consanguinity of the testator, or legal guardians or both, and who must have signed the document in the presence of the testator.

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.

SEC. 19. *Organ Donor Cards.* - A donor may also indicate the willingness to donate an organ, tissue, or part thereof either through a donor card, or 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;
- g) Department of Foreign Affairs (DFA)-issued Philippine passport; or
- h) Philippine Statistic Authority - issued Philippine System (PhilSys) ID

For this purpose, the LTO, Philhealth, GSIS, SSS, PRC, BIR, DFA and PSA 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 negative response and positive response, which will be recorded in the PhilNOS registry of potential organ donors.

SEC. 20. *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:

- (1) Spouse;
- (2) Legitimate or illegitimate children of legal age;
- (3) Either parent;
- (4) Grandchild of legal age;
- (5) Grandparent;
- (6) Brother or sister of legal age; and
- (7) 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 if it complies with the formalities of a donation under existing law.

SEC. 21. *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 according to the revised allocation criteria for specific organs and tissues.
- b) A living donor who develops kidney or liver failure, and will need an organ in the future.
- c) The immediate family, up to 4th degree of consanguinity, of the deceased donor needing an organ, regardless of whether the family member is on the waiting list or not.

d) Any hospital, physician or surgeon – for medical or dental education, research, advancement of medical or dental science, therapy or transplantation;

e) Any accredited medical or dental school, college or university – for education, research, and advancement of medical or dental science, or therapy; and

f) Any organ or tissue bank storage – for medical or dental education, research, therapy or transplantation.

SEC. 22. *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, 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 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 as provided by the Department of Health in consultation with competent certified medical practitioners, 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.

SEC. 23. *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.

SEC. 24. *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 ophthalmic surgeons and ophthalmic technicians duly licensed and trained in the methodology of such procedure.

SEC. 25. *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-accredited OTRO represented by any of its coordinators who must carry the official PhilNOS-issued identification card;
- b) The receiving party must be the clinical transplant coordinator of the accredited Transplant Centers.
- c) The packaging must comply with required medical standards and contain a seal issued by the PhilNOS. The required packaging shall be standardized. The required packaging standards shall be provided by the PhilNOS to all local airlines.

ARTICLE III ASSISTANCE AND PROTECTION TO DONORS

SEC. 26. *Assistance and Protection to Donors and Donors' Family.* – The human organ, tissue, or part thereof, shall be donated for free or without any financial consideration. *Provided, That* a donor of a human organ, tissue, or part thereof, and the immediate family shall, be entitled to the following assistance and protection:

- a) Inclusion in the priority list of the PhilNOS, if the living donor should need an organ in the future.
- b) Allowable reimbursement from the Philhealth for the costs directly related or associated with the legal removal, retrieval, implantation, processing, preservation, quality control, transportation and storage of a human organ, tissue, or parts thereof, including cost of medicines in the case of living donors.
- c) Allowable reimbursement for reasonable cost relating to 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, may be collected from the legatee or donee.
- d) Additional support provided by a nonprofit organization or government agencies, which include the DSWD, the Technical Education and Skills Development Authority (TESDA), the Commission on Higher Education (CHED), and other agencies for educational or livelihood assistance coursed through the DOH.
- d) Paid leave for thirty (30) days during the time of full recovery if the living donor is employed, either in the government or private sector;
- e) Priority in employment either in the government or private sector. *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; and

g) Disability pay from the SSS or GSIS in case of post-operation disability.

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.

SEC. 27. *PhilHealth Assistance.* –The PhilHealth shall:

a) Develop a benefit package for expenses incurred during donor management, organ retrieval, organ preservation, organ transport and the OTRO's administrative and other operational costs;

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.

**ARTICLE IV
PUBLIC AWARENESS PROGRAM**

SEC. 28. *Information and Education Drive.* – To ensure public awareness of the program under this Act, the DOH, in cooperation with institutions such as the National Kidney and Transplantation Institute, Philippine Heart Center, Lung Center of the Philippines, professional health associations, other civic and nongovernment health organizations, and other health-related agencies involved in organ donation and transplantation of human organs, as well as the Department of Education, TESDA, CHED and Philippine Red Cross, 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 campaigns 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 as well as in the general education curriculum in the collegiate level. The Secretary of Health shall coordinate with the Secretary of Education and the Chairperson of the CHED for the effective implementation of this provision.

The Secretary of Health shall also endeavor to disseminate information on human organ and tissue donation through other means, including social media platforms.

SEC. 29. National Organ Donation Awareness Month. – The month of April of every year is hereby 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, OTROs or associations related to human organ donation and transplantation, shall spearhead programs and activities that highlight the importance of organ donation in saving lives.

ARTICLE V PROHIBITED ACTS AND PENALTIES

SEC. 30. 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 on the basis of 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 be subject to criminal prosecution.

SEC. 31. 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, offer, sell, or trade human organs, tissues, or parts thereof;

e) Offer to supply human organs, tissues, or parts thereof 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 other 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 or transferred or sold for consideration in whatever form;

h) Remove or transplant human organs, tissues, or parts thereof even after he/she has been informed or has knowledge of that the same has been acquired or transferred or sold for consideration in whatever form;

i) 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 or transferred or sold for consideration in whatever form;

j) Recruit or invite persons to supply human organs, tissues, or parts thereof for consideration in whatever form; and

k) 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.

SEC. 32. *Penalties.* – The following penalties and sanctions are imposed for the offenses enumerated in Section 31 of this Act:

a) Any person found guilty of committing any of the acts enumerated in Section 31 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 permanently from 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 permanently from holding public office. The retirement and other benefits of erring government officials or employees shall likewise be forfeited.

ARTICLE VI FINAL PROVISIONS

SEC. 33. *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.

SEC. 34. Appropriations. - The amount necessary for the implementation of this Act shall be included in the General Appropriations Act (GAA).

SEC. 35. 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.

SEC. 36. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 37. Repealing Clause. - Republic Act No. 7170, as amended, otherwise known as the "Organ Donation Act of 1991", is hereby repealed, and all orders or directives issued pursuant to said Act. All 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.

SEC. 38. Effectivity. - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,