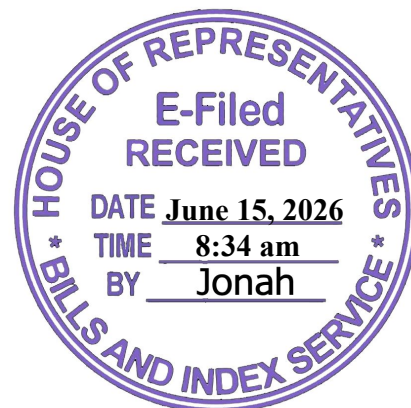


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 9867



Introduced by Representative Roman T. Romulo

EXPLANATORY NOTE

The increasing burden of end-stage organ failure and chronic diseases requiring transplantation continues to pose a major public health challenge in the Philippines. Thousands of Filipinos suffer annually from kidney failure, end-stage liver disease, serious lung and heart disease, and other life-threatening illnesses for which organ transplantation remains the most effective and often the only definitive treatment.

Despite advances in transplantation medicine and surgery, the country continues to face significant challenges in organ donation and transplantation, including very low organ donation rates, inadequate registration systems, fragmented coordination among hospitals and transplant centers, inequitable access to transplantation services, limited public awareness, and insufficient regulatory oversight.

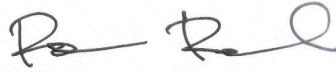
While Republic Act No. 7170 or the “Organ Donation Act of 1991” provides the legal basis for organ donation after death, there remains a need to institutionalize a comprehensive, cohesive, integrated, ethical, and sustainable national organ donation and transplantation system, as in several countries that have had successful national organ donation programs.

The World Health Assembly, the World Health Organization and the Declaration of Istanbul have repeatedly called upon member states to strengthen governance mechanisms for organ donation and transplantation by promoting voluntary and unpaid donation, equitable allocation systems, transparency, traceability, patient safety, and safeguards against organ trafficking and transplant commercialism.

This proposed measure seeks to institutionalize organ donation and transplantation activities nationwide through the establishment of the National Organ Donation and Transplantation Commission (NODTC), which shall serve as the primary policy-making, coordinating, regulatory, and oversight body for organ donation and transplantation in the Philippines. For brevity, the word organ shall refer to tissues as well.

The proposed NODTC shall develop and implement a unified national transplantation system, promote and strengthen organ donation from the deceased, establish a national registry and allocation network, promote ethical donation and transplantation practices, increase and support public education and research, and ensure equitable access to transplantation services for all Filipinos.

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

A handwritten signature in dark ink, appearing to read 'Roman T. Romulo', with a stylized flourish at the end.

ROMAN T. ROMULO

Lone District, Pasig City

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

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 9867

Introduced by Representative Roman T. Romulo

AN ACT
INSTITUTIONALIZING ORGAN DONATION AND TRANSPLANTATION
ACTIVITIES IN THE PHILIPPINES, CREATING FOR THE PURPOSE THE
NATIONAL ORGAN DONATION AND TRANSPLANTATION COMMISSION,
DEFINING ITS POWERS, FUNCTIONS, AND ORGANIZATIONAL
STRUCTURE, APPROPRIATING FUNDS THEREOF, AND FOR OTHER
PURPOSES

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

1 **SECTION 1. Title.** – This Act shall be known as the “ORGAN DONATION AND
2 TRANSPLANTATION ACT of 2026.”

3 **SEC. 2. Declaration of Policy.** – The State shall protect and promote the right to
4 health of all Filipinos and to foster health consciousness. Toward this end, the State shall
5 establish and sustain a nationally coordinated, ethical, equitable, and transparent system for
6 organ and tissue donation that shall:

- 7 (a) Promote, uphold, and protect the dignity of organ donation and to achieve
8 excellence in organ transplantation through accreditation, transparency and
9 accountability;
- 10 (b) Increase the availability of organs and tissues through a coordinated system of
11 voluntary donation, including legacy and culturally grounded donations, while
12 ensuring that all donations, both from deceased and living donors, are made with
13 free, prior, informed, and voluntary consent, and with full respect for donor
14 autonomy within ethical limits;
- 15 (c) Prioritize medical need, clinical appropriateness, and urgency, in accordance with
16 organ-specific allocation criteria grounded on fairness, and non-discrimination.
- 17 (d) Uphold and protect the rights, dignity, and welfare of donors and recipients,
18 through independent donor evaluation, appropriate counselling, long-term medical

1 follow-up, and protection against exploitation, coercion, abuse of vulnerability, or
2 undue influence;

3 (e) Reinforce national self-sufficiency in organ donation and transplantation consistent
4 with WHO Guiding Principles, the Declaration of Istanbul and internationally
5 recognized ethical standards;

6 (f) Ensure accountability, traceability, transparency, win public trust through
7 mandatory reporting, quality assurance, and auditable national registries and
8 allocation processes, while upholding confidentiality and data protection;

9 (g) Strengthen health system capacity by institutionalizing coordination among health
10 facilities, organ procurement and transplant organizations, professional societies,
11 and government agencies, with adequate training, oversight, and resource support
12 for organ donation and transplantation;

13 (h) Promote public and health personnel awareness and education to cultivate a culture
14 of donation rooted in compassion, solidarity, and respect for Filipino values, while
15 ensuring that families are engaged ethically and sensitively in donation decision-
16 making.

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

21 **SEC. 3. Coverage.** – This Act shall apply to:

22 1. All forms of human organ and tissue donation, retrieval, preservation, allocation,
23 and transplantation.

24 2. All government and private hospitals, health facilities, and Referring Hospitals
25 (RHs) involved in the identification, referral, management, retrieval, and/or
26 transplantation of human organs and/or tissues;

27 3. Organ and Tissue Donation Units (OTDUs), authorized Organ Retrieval Teams
28 (ORTs), and Transplant Facilities;

29 4. Tissue Banks, histocompatibility or immunogenetics laboratories, and other
30 facilities or providers engaged in the screening, testing, processing, preservation,
31 storage, or distribution of human organs and/or tissues;

32 5. Relevant government agencies and instrumentalities, as well as foundations,
33 nongovernment organizations, and private entities engaged in organ and tissue
34 donation, retrieval, allocation, transplantation activities and advocacy within the
35 Philippines; and

36 6. All organ and tissue donations for transplantation purposes, or for the advancement
37 of science or medicine.

1 **SEC. 4. Definition of Terms.** — As used in this Act:

- 2 1. **Certificate of Accreditation** - a certificate issued by the HFSRB to Transplant
3 Facilities and tissue banks that have met the minimum standard requirements for the
4 purpose of organ transplantation and organ or tissue retrieval. In the case of tissues,
5 they should meet requirements for proper long-term tissue-specific storage.
- 6 2. **Decedent** - is a deceased individual and includes a stillborn infant or fetus.
- 7 3. **Death** - is the irreversible cessation of circulatory and respiratory functions or the
8 irreversible cessation of all functions of the entire brain, including the brain stem which
9 is determined in accordance with the acceptable medical practice and diagnosed
10 independently by two (2) physicians both of whom must be appropriately qualified,
11 suitably experienced in the care of such patients and none of whom are members of the
12 transplant team. Further attempts at resuscitation or continued supportive
13 maintenance would not be successful in restoring the aforementioned natural functions.
14 The person is then deemed to be medically and legally dead
- 15 4. **Graft** - a vascularized organ or tissue that has been removed from the body of an organ
16 donor for transplantation into a recipient.
- 17 5. **Health Facilities and Services Regulatory Bureau (HFSRB)** – the bureau of
18 DOH in charge with enforcement of regulatory standards in all government and private
19 hospitals and other health facilities.
- 20 6. **Hospital Transplant Candidate Waiting List** - is the database of all potential
21 organ recipients of a particular transplant facility. This shall include the names of
22 transplant candidates who may or may not have identified living donors.
- 23 7. **Legal Next-of-Kin** - refers to the legal spouse, children of legal age, parents, and
24 siblings of legal age of the potential organ donor.
- 25 8. **Living Donation-** is the act of giving an organ, or a portion of an organ, by an
26 individual during his lifetime to a transplant candidate.
 - 27 a. Living directed donation - the organ donation is to a specific identified
28 organ transplant candidate known to the donor volunteer, usually a
29 relative.
 - 30 b. Living non-directed donation - the organ donation is to an individual not
31 known to the donor volunteer, also known as stranger donation.
- 32 9. **National Transplant Candidate Waiting List** - is the national database of all
33 potential organ recipients. The candidates who shall be registered in this list shall be
34 enrolled by the DOH-accredited transplant facilities in the Philippines.
- 35 10. **Organ Allocation** - refers to the assignment of organ grafts to organ transplant
36 candidates who are listed in the National Transplant Candidate Waiting List, based on
37 organ-specific allocation scoring system.

11. **Organ Retrieval Team (ORT)** - is a group of qualified healthcare professionals tasked to retrieve or recover organ grafts and/or tissues from eligible organ donors for the purpose of transplantation.
12. **Organ and Tissue Donation Unit (OTDU)** - is a unit in a hospital tasked to develop an organ and tissue donation program in the hospital, including donor detection, death certification, donor management, family counseling, securing consent, and coordination with PHILNOS.
- **Host OTDU** – is the OTDU assigned to respond to assist a Referring Hospital in processing their potential organ donor, in the absence of an OTDU in their hospital. This is determined by geographical proximity.
13. **Organ Transplant Candidate (OTC)** - is a patient with end-stage organ disease or organ failure, who is qualified to receive an organ graft.
14. **Organ Transplant Unit/Program** – is a unit in the hospital tasked to identify and evaluate organ transplant candidates and living donor volunteers, perform transplant operations, and ensure the long-term care of the living donors and recipients. It shall coordinate with the ODTU for the enlistment of eligible transplant candidates with PHILNOS.
15. **Potential Multiple Organ and Tissue Donor (PMOTD)** - is any patient who suffers severe, irreversible brain injury who may fulfill death by neurologic criteria based on the current guidelines set by the Philippine Neurological Association (see no.1) who may be considered for organ or tissue donation.
16. **Recipient** - refers to a patient on whom an organ or tissue graft has already been transplanted;
17. **Referring Hospital (RH)** – refers to any hospital that has detected and identified potential organ and tissue donors and, in the absence of an OTDU Coordinator therein, shall refer to a Host OTDU for assistance for donor management and processing of the PMOTD.
18. **Tissue Bank** - a facility licensed or accredited by the DOH for the storage, preservation, and custody of tissues prior to distribution or transplantation.
19. **Transplant Facilities** - shall be hospitals duly accredited by the Department of Health to perform specific organ/tissue transplant services.
20. **Transplant Coordinator (TC)** - is the trained health care professional primarily responsible for facilitating organ donation and transplantation services. There shall be three types:
1. **Clinical Transplant Coordinator (CTC)** - a trained healthcare professional from a transplant facility responsible for coordinating the OTC's evaluation, management, and follow-up and long term care of recipients and living donors.

2. **OTDU Coordinator** - a trained healthcare professional that will carry-out the functions of the OTDU. It shall coordinate closely with PHILNOS.

3. **PHILNOS Transplant Coordinator** - is a trained healthcare professional who shall carry out the functions as stated in Section 9 (*Philippine Network for Organ Sharing (PhilNOS): Mandate & Functions*) of this Act.

21. **Transplantation** - refers to the transfer (engraftment) of healthy human organs or tissues, obtained from a human donor, to a transplant candidate with the aim of restoring health of the body;

SEC. 5. Establishment of the NATIONAL ORGAN DONATION AND TRANSPLANTATION COMMISSION. There is hereby created the National Organ Donation and Transplantation Commission (Commission), which shall work closely with the Department of Health for policy and program coordination.

The Commission shall function as an autonomous body in the exercise of its regulatory, administrative, technical, and quasi-policy-making functions. Attachment to the DOH shall be limited to general policy coordination and alignment with national health priorities, and shall not diminish the Commission's authority to independently formulate standards, issue guidelines and recommendations, manage its programs and funds, maintain registries and databases, enter into agreements and partnerships, and perform its mandates under this Act.

The Department of Health shall provide administrative support to the Commission when necessary, including coordination with government health facilities and agencies, without interfering with the independent exercise of the Commission's functions.

The Commission shall submit annual reports to the President of the Philippines, the Secretary of Health, and Congress regarding the implementation of national organ donation and transplantation programs, utilization of funds, and policy recommendations.

The Commission shall serve as the principal policy-making, regulatory, coordinating, and oversight body for all organ donation and transplantation activities in the Philippines. It shall work closely with the Department of Health in carrying out its mission and implementing its policies.

SEC. 6. Powers and Functions of the Commission. - The Commission shall perform the following functions:

a. Formulate and implement national policies, guidelines, and programs on organ donation and transplantation;

b. Promote and increase organ donation from the deceased and safeguard ethical donation from living donors nationwide;

c. Ensure compliance with national laws and international ethical standards on organ donation and transplantation;

d. Establish and maintain national organ donation and transplantation registries;

1 e. Develop standards, protocols, and guidelines for donor evaluation, organ
2 procurement, allocation, transport, transplantation, and post-transplant care;

3 f. Facilitate coordination and collaboration among hospitals, transplant facilities,
4 laboratories, and organ and tissue donation units to ensure efficient organ donation and
5 transplantation services;

6 g. Develop ethical allocation systems and waiting list mechanisms based on equity,
7 urgency, and medical suitability;

8 h. Establish a national referral and organ-sharing network;

9 i. Monitor, regulate, and evaluate transplantation activities and outcomes nationwide;

10 j. Recommend accreditation standards for transplant facilities and organ retrieval
11 teams in coordination with the DOH;

12 k. Conduct public education and advocacy campaigns on organ donation and
13 transplantation;

14 l. Promote research, training, and workforce development in transplantation
15 medicine;

16 m. Coordinate with law enforcement and regulatory agencies to prevent organ
17 trafficking and commercialization;

18 n. Submit an annual report to the President of the Philippines and Congress on the
19 status of organ donation and transplantation in the country; and

20 o. Perform such other functions as may be necessary to carry out the provisions of this
21 Act.

22 **SEC. 7. Members of the Commission** - The Commission shall be composed of
23 one (1) Chairperson, six (6) Commissioners and one (1) program director of PHILNOS with
24 knowledge in transplantation medicine, surgery, bioethics, health systems, public health, law,
25 and/or patient advocacy, appointed by the President of the Republic of the Philippines upon
26 recommendation of the Secretary of Health.

27 The Chairperson and Commissioners shall serve for a term of six (6) years without
28 prejudice to reappointment for one additional term. The Program Director shall serve for a
29 term of seven (7) years without prejudice to reappointment for another three (3) years.

30 The Commission shall establish the following working committees, to be headed each
31 by a commissioner and, in the case of PHILNOS, a Program Director:

32 a. Organ Donation and Transplantation Services;

33 b. Training, Regulation, and Accreditation;

34 c. Public Education and Advocacy;

35 d. Data Management and Research;

1 e. Ethics and Legal Concerns;

2 f. Finance

3 The Commission may create technical working groups and advisory committees
4 composed of representatives from relevant government agencies, professional societies,
5 transplant facilities, patient groups, and civil society organizations, as needed; Provided, That
6 any member of the Commission shall have a continuing obligation to make a full disclosure of
7 financial, business or pecuniary interest that may be directly or indirectly affected in connection
8 with the performance of his/her duty mandated under this Act. In the event that conflict of
9 interest should arise, such member shall recuse himself from any official function in connection
10 thereto.

11 The Commission shall likewise have a Secretariat headed by a Director, that shall
12 manage all documentation, communications and custody of all proceedings of the Commission.
13 They shall serve the needs of the Committees as well.

14 **SEC. 8. Philippine Network for Organ Sharing (PhilNOS).** — There is hereby
15 established PhilNOS, under the Commission, composed of one (1) PHILNOS Program
16 Director and at least three (3) TCs, to serve as the implementing arm and central coordinating
17 office for organ and tissue donation, organ allocation and national operations. Staffing patterns
18 and operational budgets shall be provided under the Commission, subject to existing budgeting,
19 personnel, and auditing rules.

20 The PHILNOS shall perform the following functions:

- 21 1. Oversee and facilitate the organ and tissue donation process involving deceased donors
22 through coordination with RHs, OTDUs, ORTs, and Transplant Facilities.
- 23 2. Act as the central coordinating body to ensure that all organs and tissues from deceased
24 donors are allocated in accordance with national allocation criteria, with full
25 traceability, transparency, documentation, and audit trails, consistent with established
26 ethical and clinical standards.
- 27 3. Maintain and operate the national waiting list of OTCs needing organ grafts from
28 deceased donors, as an integral component of the PHILNOS database, including:
 - 29 a. updating candidate status;
 - 30 b. validating medical, immunologic, and demographic data;
 - 31 c. performing regular data quality control and auditability checks.
- 32 4. Promote organ and tissue donation from deceased donors.
- 33 5. Periodically review and recommend to the Commission modifications or improvement
34 of processes on organs and tissue donation from deceased donors based on their
35 working experience, consistent with ethical frameworks, medical standards, and
36 international best practices.

6. Facilitate the transport of ORTs or the delivery of procured organs as the case may be, in collaboration with partners, land or air transport providers.
7. Perform any other functions as may be necessary to fulfill its mandate.

SEC. 9. Creation of Plantilla Positions of Transplant Coordinators. —

Transplant Coordinators, being essential personnel in organ and tissue donation and transplantation, shall be recognized and employed in all accredited transplant facilities. They shall be registered nurses or qualified allied health professionals who have completed training and certification through DOH-recognized local or international programs and shall comply with continuing professional education requirements.

The DOH, in coordination with the Civil Service Commission and Department of Budget and Management, shall create *plantilla* positions for Transplant Coordinators in government health facilities, while private health facilities shall create corresponding regular positions within their organizational structure.

Transplant Coordinators shall receive compensation, benefits, and risk-appropriate insurance commensurate with the nature of their duties, without prejudice to benefits provided under existing laws and programs.

SEC. 10. Establishment of Organ and Tissue Donation Units (OTDUs). —

All secondary and tertiary hospitals and accredited Transplant Facilities may establish an Organ and Tissue Donation and Transplant Unit (OTDU), which shall primarily be composed of an OTDU Head, preferably a medical doctor, at least one OTDU coordinator, and at least one (1) administrative assistant.

The functions of the OTDU shall include the following:

1. Identification and processing of PMOTDs in their hospital or RH, as the case may be. The OTDU Coordinator shall do daily rounds of the hospital Emergency Department and ICUs to detect patients that may be PMOTDs.
2. Report all potential deceased donors meeting clinical trigger criteria to PHILNOS.
3. Coordinate closely with PHILNOS to report a qualified PMOTD and when their transplant facility/program is allocated an organ.
4. Liaise with PHILNOS in enlisting organ transplant candidates and periodically update their status in the waiting list based on clinical developments and latest lab results.
5. Provide the pre-transplant or pre-donation orientation seminar to the OTCs and their families and/or living donor prior to any HTEC evaluation or transplant procedure.
6. Serve as the secretariat for the Hospital Transplant Ethics Committee (HTEC) and as such, shall facilitate and coordinate with the HTEC the prompt evaluation of the donor-donee pair in a transplant case.
7. Report all living donation activity to PHILNOS and outcomes of its transplant operations.

8. Promote organ donation within their hospital and community

9. Ensure proper documentation of all their activities and transactions with all stakeholders they coordinate and engage with.

SEC. 11. Establishment and Accreditation of Organ Transplant Units/Programs: Any institution that would like to offer organ transplantation must establish an Organ Transplant Unit/Program and shall be subject to accreditation by the HFSRB. A hospital with accredited organ transplant program(s) is then referred to as a Transplant Facility.

Accreditation shall be organ-specific and non-transferable between organ transplant services. Any institution seeking to establish a new organ transplant program, or any existing Transplant Facility intending to expand its services to include transplantation of another organ, shall secure separate accreditation for the additional organ transplant program within one year from the start of its operations.

The Organ Transplant Unit/Program shall be primarily composed of a Transplant Program Director, a Transplant Unit Manager, or an Administrative Assistant, and at least one (1) trained Clinical Transplant Coordinator (CTC).

1. The Program Director shall establish and maintain competence of the Program by ensuring duly credentialed member experts of the multidisciplinary team and fostering collaboration with all the hospital services involved in carrying out a transplant procedure.

2. The Unit/Program shall ensure adequate pre and post-transplant care of all their patients and living donors, if any.

3. The CTC shall be responsible for coordinating the OTC's evaluation, management, and recipient's follow-up care with their attending physicians.

4. The CTC shall work closely with their OTDU to facilitate candidate enlistment and follow-up, and all pertinent organ donation and transplant activities of their facility.

SEC. 12. Organ Retrieval Team (ORT). - Each accredited Transplant Facility shall create a group of surgical and medical professionals qualified to perform organ retrieval from deceased donors. It shall:

1. Be in charge of the retrieval of organs and tissues from deceased donors, including preservation, packaging, chain of custody, and transport;

a. For renal organ retrieval, the procedure shall be performed by ORTs preferably with organ perfusion machines to maintain the kidney grafts until they are allocated and delivered to the Recipient Transplant Hospital.

b. For non-renal organ retrieval, the procedure shall be performed by the non-renal organ retrieval team of the receiving facility (*Ref. DOH DM 2025-0031*). They shall then bring the organ back to their hospital for implantation in the recipient.

2. Only licensed and board-certified surgical and medical professionals, duly accredited in their respective transplant facilities are qualified to perform organ retrieval from deceased donors.
3. Strictly comply with the provisions of this Act.

SEC. 13. National Transplant Ethics Committee (NTEC). - There is hereby established a National Transplant Ethics Committee (NTEC) under the Commission, which shall serve as the primary advisory and oversight body on ethical matters in organ and tissue donation and transplantation. The NTEC shall formulate national ethical standards and guidelines on organ donation and transplantation that will cover both the living donor and the OTC, as well as the deceased donor and his/her family, aligned with the provisions of this Act. These shall ensure the voluntariness of the donation and the protection of the rights, welfare and safety of the organ donor, guided by the following principles:

- a) The Philippines shall maintain a voluntary or opt-in system of organ donation and actively promote it through information and education campaigns.
- b) Living directed donation of relatives or emotionally related individuals, with proof beyond doubt of the relationship, is allowed. Living non-directed donation is absolutely prohibited.
- c) All living donor organ transplants must undergo assessment and approval by the appropriate authority prior to procedure.
- d) Organ donation without prejudice to age, gender, race, creed or socioeconomic status is allowed. A living legacy can be made by an individual at least 18 years of age of sound mind with a good understanding of what it entails. Actual donation as a living donor, however, may be executed only by those with the age of 21 years old or above.
- e) Organ donation, be it from living or deceased donors, should be totally gratuitous, altruistic, free of coercion and commodification. Organ trade is prohibited. No undue remuneration should be given to organ donors. Allowable reimbursements should be reasonable and include costs directly related to the act of donation *i.e.*, donor evaluation, actual operation and postop care.
- f) Human organs are invaluable and no grafts retrieved from deceased donors must be wasted. Filipino patients in the national transplant waiting lists take priority for available organ grafts. Organs from deceased donors are assigned to OTCs based on organ-specific allocation criteria. Foreign nationals may be enlisted in the local national waiting lists provided that they understand and accept that they take last priority. Grafts may be offered to foreigners on the waiting list if and only when there are no qualified Filipino OTCs.
- g) Organ donation for the purpose of organ transplantation, may be considered upon determination and declaration of death in accordance with accepted medical standards of practice.

For purposes of organ and/or tissue donation:

(a) Brain Death shall be established only upon completion of the required clinical examinations and ancillary tests under DOH-approved brain-death protocols. This is synonymous to Death by Neurologic criteria (*DOH Department Circular 2026-0223: Dissemination and Adoption of the Philippine Neurological Association (PNA), Updated Guidelines on Brain Death Determination (Death by Neurological Criteria)*).

(b) Cardiac/Circulatory Death shall be established only upon irreversible cessation of cardiorespiratory function, following DOH-approved standards for donation after circulatory death (DCD).

SEC. 14. Hospital Transplant Ethics Committee (HTEC). - All accredited Transplant Facilities shall establish a Hospital Transplant Ethics Committee (HTEC) to ensure ethical organ donation and transplantation. They shall review, evaluate and resolve ethical issues that may arise in the process of organ or tissue donation and transplantation, especially the assessment of all potential donor-recipient pairs in the hospital. It shall report to the NTEC all cases of suspected organ trafficking activities or commercial dealings in organ donation. They may also perform such other functions as may be required by the NTEC or the Commission on matters related to ethics, compliance, and institutional integrity.

SEC. 15. Any of the following persons, in the order of priority stated hereunder, may give consent for organ donation from deceased donors in the absence of living legacy by the decedent:

1. Legal spouse;
2. Son or daughter of legal age;
3. Either parent, mentally competent;
4. Brother or sister of legal age; or
5. Guardian over the person of the decedent at the time of his/her death.
6. Head of the hospital, in the absence of the above, provided that the hospital has exerted reasonable effort within 48 hours to locate the next-of-kin or guardian of the decedent.

SEC. 16. Organ acquisition cost shall be reasonable and equitable. It shall be covered under the Universal Health Care Act. Private health facilities may adjust their fee schedules or avail of other lawful sources of financial assistance, as necessary.

SEC. 17. Joint Congressional Oversight Committee (JCOC). There is hereby created a JCOC to oversee, monitor, and evaluate the implementation of this Act. The JCOC shall be composed of five (5) members each from the Senate and the House of Representatives, with the Chairpersons of the Committees on Health of both Houses as Co-Chairpersons. The President of the Senate and the Speaker of the House of Representatives shall designate the

1 other members, one member of each from the minority of the Senate and the House of
2 Representatives.

3 **SEC. 18. International Sharing of Human Organs or Tissues.** – Sharing of
4 human organs or tissues shall be made only through exchange programs duly approved by the
5 Commission, provided that foreign organ transplant programs or tissue bank storage facilities
6 and similar establishments grant reciprocal rights to their Philippine counterparts to draw
7 organs or tissues at any time.

8 **SEC. 19. Implementing Rules and Regulations.** — Within ninety (90) days
9 from the effectivity of this Act, the Commission shall promulgate the rules and regulations
10 necessary for the effective implementation of this Act.

11 Until the Commission is fully constituted, the DOH shall exercise interim authority to
12 issue necessary administrative orders, as may be needed, to avoid disruption of donation and
13 transplantation services.

14 **SEC. 20. Appropriations.** – The amount necessary for the immediate
15 implementation of this Act shall be determined and included in the annual General
16 Appropriations act.

17 **SEC. 21. Repealing Clause.** All laws, decrees, orders and rules and regulations
18 contrary to or inconsistent with the provisions of this Act are hereby repealed or amended
19 accordingly.

20 **SEC. 22. Separability Clause.** – If, for any reason, any section of this Act shall be
21 deemed unconstitutional or invalid, the other sections or provisions shall not be affected and
22 shall remain in force and in effect.

23 **SEC. 23. Effectivity Clause.** Notwithstanding the non-issuance of its implementing
24 rules, this Act shall take effect after fifteen (15) days from its publication in the Official Gazette
25 or in at least two (2) national newspapers of general circulation, whichever comes earlier.

26 *Approved,*