

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

3 SEC. 3. *Definition of Terms.* – As used in this Act:

4 (a) *Allowable reimbursement* refers to the reasonable costs incurred by
5 the donor associated with the legal removal, transportation, implantation,
6 processing, preservation, quality control, and storage of a human organ, tissue,
7 or part thereof, or the expenses for travel, housing, and lost wages, medical
8 insurance and periodic health monitoring, life insurance, and cost of
9 medicines of the donor to attain full recovery;

10 (b) *Brain death* refers to the irreversible cessation of all functions of
11 the entire brain;

12 (c) *Clinical transplant coordinator* refers to a healthcare professional
13 of a transplant center designated to coordinate with its transplant team,
14 patients, donors, the organ recovery organizations, the Philippine Organ
15 Donation and Transplantation Board and the Philippine Network for Organ
16 Sharing (PhilNOS) towards the performance of a transplant operation;

17 (d) *Commercial dealings* refer to:

18 (1) The sale, barter, or supply of human organ, tissue, or part thereof
19 involving valuable consideration in whatever form;

20 (2) Acts involving trafficking of a human organ, tissue, or part thereof
21 through whatever means; and

22 (3) The brokering for sale, barter or supply of a human organ, tissue,
23 or part thereof whether for money or any other consideration in violation of
24 this Act;

25 (e) *Death* refers to the irreversible cessation of circulatory and
26 respiratory functions or the irreversible cessation of all functions of the entire
27 brain, including the brain stem. A person shall be medically and legally dead
28 if:

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

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

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

18 (f) *Decedent* refers to a deceased individual, and includes a still-born
19 infant or fetus;

20 (g) *Donor* refers to an individual who voluntarily donates organ,
21 tissue, or part thereof, gratuitously to another who accepts it. The term also
22 refers to an individual authorized in this Act to donate all or part of the body
23 of a decedent;

24 (h) *Donor allocation scoring system* refers to the national scoring
25 system by which allocation of organs from deceased donors shall be based;

26 (i) *Graft* refers to an organ that has been removed from the body of an
27 organ donor for transplantation into a recipient;

1 (j) *Hospital* refers to an institution licensed, accredited or approved by
2 the Department of Health (DOH) devoted primarily to the maintenance and
3 operation of facilities for the diagnosis, treatment and care of individuals from
4 illness, disease, injury or deformity, or in need of obstetrical or other medical
5 and nursing care. The term “hospital” shall also be construed as any building
6 or place where there are installed beds, or cribs, or bassinets for twenty-four
7 (24)-hour use or longer by patients in the treatment of diseases, diseased
8 conditions injuries, deformities, or abnormal physical and mental states,
9 maternity cases, and all institutions such as those for convalescence, sanitarium
10 care, infirmaries, nurseries, dispensaries and such other means by which they
11 may be designated;

12 (k) *Human organ* refers to the kidney, liver, heart, lung, pancreas, and
13 any other human organ, tissue, or part thereof, including bone marrow, bone,
14 cornea, skin, muscle tissue, and any other transplantable part of a human
15 body;

16 (l) *Human organ and tissue bank storage facility* refers to a facility
17 licensed, accredited or approved by the DOH under the law for storage of
18 human organs, tissues, or parts thereof;

19 (m) *Immediate family of the decedent* refers to the spouse, son or
20 daughter of legal age, either parent, brother or sister of legal age and legal
21 guardian over the person of the decedent, at the time of death;

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

27 (o) *Living donor* refers to an individual who is willing to donate an
28 organ, tissue, or part of the body while still alive, and may be either a:

1 (1) *Living related donor (LRD)* – a donor who is related to the
2 recipient by blood within the fourth civil degree of consanguinity, including
3 parents, children, siblings, nephews, nieces and first cousins; or

4 (2) *Living non-related donor (LNRD)* – a donor who is not related to
5 the recipient by blood but who is willing to donate organs, tissues, or parts
6 thereof. The term also applies to those related emotionally.

7 A LNRD is further classified as:

8 (i) *Directed living organ donor* – a donor who has a specific
9 intended recipient to whom the organ shall be donated; or

10 (ii) *Non-directed living organ donor* – a living donor who is willing
11 to donate an organ to any suitable recipient;

12 (p) *Organ transplant candidate* refers to a patient diagnosed to have
13 end stage organ disease who is qualified to undergo an organ transplant
14 procedure;

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

17 (r) *Person* refers to an individual, corporation, estate, trust,
18 partnership, association, the government or any of its subdivisions, agencies or
19 instrumentalities, including government-owned or -controlled corporations, or
20 any other legal entity;

21 (s) *Philippine Organ Donor and Recipient Registry System* refers to a
22 national computerized database of all organ transplant candidates, recipients,
23 organ donors, and all transplants performed in the Philippines;

24 (t) *Potential multiple organ donor* refers to any patient who will
25 imminently become brain dead or who currently meets the criteria for brain
26 death;

1 (u) *Physician or surgeon* refers to a physician or surgeon licensed or
2 authorized to practice medicine under the laws of the Republic of the
3 Philippines;

4 (v) *Referring hospital* refers to any hospital that identifies and refers
5 potential deceased organ donor to the PhilNOS;

6 (w) *Transplant center* refers to a hospital with transplant facilities duly
7 accredited by the DOH; and

8 (x) *Valuable consideration* refers to any financial gain or benefit but
9 does not include “allowable reimbursement” as defined in subsection (a)
10 herein.

11 *SEC. 4. Philippine Organ Donation and Transplantation Program. –*

12 There is established the Philippine Organ Donation and Transplantation
13 Program that provides the overall direction and system of implementation of
14 organ donation and transplantation in the country through the Philippine
15 Organ Donation and Transplantation Board under the DOH.

16 *SEC. 5. Philippine Organ Donation and Transplantation Board. –*

17 There is established a Philippine Organ Donation and Transplantation Board,
18 hereinafter referred to as the Board, composed of the following members:

19 (a) Secretary of Health, as Chairperson;

20 (b) DOH Undersecretary for Policy and Standard Development Team
21 for Service Delivery, as Vice Chairperson;

22 (c) Chairperson of National Transplant Ethics Committee or
23 representative;

24 (d) President of the Philippine Health Insurance Corporation
25 (PhilHealth) or representative;

26 (e) Representative of government transplant facilities appointed by the
27 Secretary of Health;

1 (f) Representative of private transplant facilities appointed by the
2 Secretary of Health;

3 (g) Representative of the professional societies involved in
4 transplantation, including the Philippine Society of Transplant Surgeon, the
5 Philippine Society of Nephrology, the Philippine Urology Association and the
6 Transplant Society of the Philippines designated by the societies on a
7 rotational basis for a term of two (2) years;

8 (h) Chairperson of the Professional Regulation Commission or
9 representative;

10 (i) Representative of inter-faith organizations; and

11 (j) Representative of nongovernment organizations involved in health
12 advocacy, preferably on human organ donation.

13 The Secretary of Health may:

14 (1) Appoint additional members based on the recommendation of the
15 Board;

16 (2) Appoint additional members to the National Transplant Ethics
17 Committee and the PhilNOS based on the recommendation of the Board; and

18 (3) Designate any existing unit, office, center or bureau under the
19 DOH to serve as secretariat of the Board and for any other functions related to
20 organ donation and transplantation.

21 SEC. 6. *Functions.* – The Board shall exercise the following
22 functions:

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

25 (b) Develop and implement policies on organ donation and
26 transplantation within the framework of Philippine laws;

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

4 (d) Approve the issuance of the certificate of accreditation of transplant
5 facilities;

6 (e) Monitor compliance of transplant centers and organ recovery
7 organizations with the policies prescribed by the Board; and

8 (f) Perform other functions as may be ordered by the Secretary of
9 Health related to the primary functions of the Board.

10 SEC. 7. *Philippine Network for Organ Sharing.* – There is established
11 the Philippine Network for Organ Sharing (PhilNOS) under the Board to
12 perform the following functions:

13 (a) Oversee and facilitate donation and organ transplantation involving
14 deceased and living donors in the country;

15 (b) Act as the central coordinating body to ensure that all organs from
16 deceased and living donors are allocated according to established criteria;

17 (c) Promote organ donation from a deceased or living donor through
18 the following means:

19 (1) Public information and education drive;

20 (2) Information and education for health and allied professionals;

21 (3) Training of transplant coordinators; and

22 (4) Campaign to recruit volunteers to sign organ donor cards;

23 (d) Implement the policies on organ allocation from a deceased or
24 living donor;

25 (e) Maintain a national waiting list of patients seeking transplantation
26 with organs from deceased and living donors;

27 (f) Organize, fund, and regulate a national network of government
28 hospital-based organ recovery organizations;

1 (g) Assist in the development and accreditation of nongovernment
2 organ recovery organizations;

3 (h) Develop and update specific donor allocation scoring systems for
4 the different organs for transplantation and use the same for the selection of
5 deserving recipients from the waiting list of organ transplant candidates;

6 (i) Provide relevant data in aid of legislation and in the formulation of
7 health policies regarding deceased organ donation; and

8 (j) Perform such other functions as may be ordered by the Secretary of
9 Health or the Board for those related to its primary functions.

10 SEC. 8. *Secretariat.* – The PhilNOS shall be supported by a
11 secretariat consisting of personnel with the necessary technical expertise and
12 capability who will be designated by the Secretary of Health from the existing
13 bureau or unit of the DOH. The secretariat shall be headed by a Program
14 Manager under the direct supervision of the Chairperson of the Board.

15 SEC. 9. *Transplant Centers.* – The Board, through its licensing and
16 accreditation arm and the Bureau of Health Facilities and Services, shall
17 establish accreditation criteria to determine the DOH-licensed hospitals that
18 should be allowed to perform transplant operations. The Board and the
19 Bureau of Health Facilities and Services may limit a transplant center to the
20 performance of transplants to specific organs or tissues. These accredited
21 hospitals shall be accredited as transplant centers.

22 Each transplant center shall establish a Transplantation Section under its
23 surgical department. The Section, at least, must have: (a) one (1) qualified
24 transplant surgeon; (b) a transplant support team which includes a clinical
25 transplant coordinator; (c) medical specialists; and (d) nurses knowledgeable in
26 transplantation.

27 The Transplantation Section shall have the following functions over and
28 above those determined by the transplant center:

1 (1) Record all transplants performed in the center containing
2 information required by the Board and submit a monthly report to the Board;

3 (2) Monitor and provide medical follow-up care of transplant patients
4 and living donors; and

5 (3) Document donor outcomes, graft and patient survival and
6 morbidities associated with transplant procedures. A summary of these
7 documentations shall be submitted to the Board annually.

8 SEC. 10. *Organ Recovery Organization.* -- In order for the PhilNOS to
9 effectively carry out its functions, organ special service units to be called
10 organ recovery organization (ORO) shall be allowed and encouraged. An
11 ORO is a nonprofit organization, which may be independent or hospital-based
12 and accredited by the DOH to obtain organs for transplantation. An ORO
13 shall be responsible for identifying, evaluating and obtaining organ donations
14 from deceased donors from hospitals, including the preservation and
15 transportation of such organs.

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

19 SEC. 11. *National Transplant Ethics Committee.* -- There is established
20 a National Transplant Ethics Committee under the DOH. It shall perform the
21 following functions:

22 (a) Formulate national ethical standards or guidelines on organ
23 donation and transplantation for approval by the Board;

24 (b) Assist the Board in the resolution of ethical issues;

25 (c) Assist in the monitoring of transplant facilities to ensure
26 compliance with ethical standards or guidelines; and

27 (d) Perform such other functions as may be ordered by the Secretary of
28 Health or the Board on ethical related issues.

1 SEC. 12. *Hospital Ethics Committee.* – All hospitals and medical
2 institutions shall create an Ethics Committee to improve healthcare delivery
3 and outcomes by helping to identify, analyze, and resolve ethical dilemmas as
4 they emerge predominantly through consultation, education, and policy
5 development.

6 The Ethics Committee shall:

7 (a) Make recommendations to the National Transplant Ethics
8 Committee in formulating the ethical principles and policies on human organs,
9 tissues, or parts thereof, in order to prevent and avoid participation of the
10 hospital, whether directly or indirectly, in commercial dealings in human
11 organs, tissues, or parts thereof;

12 (b) Monitor and resolve ethical issues involving organ donation and
13 transplantation;

14 (c) Submit monthly reports of all its meetings and proceedings to the
15 National Transplant Ethics Committee; and

16 (d) Perform such other functions as may be ordered by the National
17 Transplant Ethics Committee.

18 The Ethics Committee shall review and evaluate all living nonrelated
19 donations. A report on each evaluation shall be submitted to the Board.

20 Living related donations with proof of relationship within the fourth
21 civil degree of consanguinity may, at the transplant center's discretion, be
22 exempted from the Ethics Committee evaluation.

23 All hospitals, medical institutions, organ or tissue bank storage shall
24 record all transactions and vital information or documents on organ donations
25 and shall be made available and transparent to the public, whenever necessary.

ARTICLE II

ORGAN DONATION FROM DECEASED DONORS

1
2
3 SEC. 13. *Organ Donation from Deceased Donor.* – The recovery of
4 organs from deceased donors shall be prioritized over organs from living
5 donors.

6 SEC. 14. *Person Who May Execute a Legacy.* – A person who is at
7 least eighteen (18) years of age and of sound mind may give, by way of
8 legacy, all or any organ, tissue, or part thereof for the same purpose that a
9 person may be a recipient thereof as specified in Section 17 hereunder.

10 SEC. 15. *Person Who May Execute a Donation.* – (a) In the absence
11 of actual notice of contrary intentions by the decedent or actual notice of
12 opposition by a member of the immediate family of the decedent, any of the
13 following persons in the order of priority provided herein may donate all or
14 any part of the decedent's body for any purpose provided in Section 17 of this
15 Act:

16 (1) Spouse;

17 (2) Son or daughter of legal age;

18 (3) Either parent;

19 (4) Brother or sister of legal age; and

20 (5) Legal guardian over the person of the decedent at the time of death.

21 (b) The persons authorized by subsection (a) of this section may make
22 the donation before or immediately after death.

23 Any donation by a person authorized under subsection (a) shall be
24 sufficient if it complies with the formalities of a donation of a movable
25 property.

26 SEC. 16. *Examination of Human Body or Part Thereof.* – A legacy or
27 donation of all or of any organ, tissue, or part of a human body authorizes an

1 examination necessary to assure medical acceptability of the legacy or
2 donation for the purpose intended.

3 For purposes of this Act, the recovery of the human organ, tissue, or
4 part thereof from brain-dead but heart-beating donor who eventually dies from
5 an accident, trauma, or other medico-legal case shall be part of the autopsy to
6 be authorized by law enforcement authorities, including the police or the
7 National Bureau of Investigation.

8 SEC. 17. *Persons Who May Become Legatees or Donees.* -- The
9 following persons may become legatees or donees of human organs, tissues,
10 or parts thereof for any of the purposes stated hereunder:

11 (a) Any hospital, physician or surgeon -- for medical or dental
12 education, research, advancement of medical or dental science, therapy or
13 transplantation;

14 (b) Any accredited medical or dental school, college or university --
15 for education, research, advancement of medical or dental science, or therapy;

16 (c) Any organ or tissue bank storage facility -- for medical or dental
17 education, research, therapy or transplantation; and

18 (d) Any specified individual -- for therapy or transplantation needed
19 by the individual.

20 SEC. 18. *Duty of Hospitals.* -- A hospital authorized to receive organ
21 donations or to conduct transplantation shall train qualified personnel and
22 staff to handle the delicate task of introducing the organ donation program in a
23 humane manner to the immediate family of the decedent authorized to execute
24 a donation under Section 15 of this Act. The hospital shall accomplish the
25 necessary routine inquiry or the required request form or document that will
26 elicit from the patient, upon admission to the hospital, or the immediate
27 family at the death of the patient, about the instruction on organ donation,
28 which information will be added to the record of the patient.

1 All hospitals shall refer potential deceased donors to the PhilNOS
2 which shall refer the organ recovery to an ORO.

3 A hospital that fails to comply with this section shall, after due hearing,
4 be penalized with a revocation of license to operate and of PhilHealth's
5 accreditation.

6 SEC. 19. *Manner of Executing a Legacy.* -- (a) A legacy on donation
7 of all or any organ, tissue, or part of the human body may be made through a
8 written duly signed will. The legacy becomes effective upon the death of the
9 testator even before probate proceedings are conducted. If the will is not
10 probated, or if it is declared invalid for testamentary purposes, the legacy, to
11 the extent that it was executed in good faith, is nevertheless valid and
12 effective.

13 (b) A legacy on donation of all or any organ, tissue, or part of the
14 human body may also be made in any document other than a will. The legacy
15 becomes effective upon death of the testator and shall be respected by
16 and binding upon the executor or administrator, heirs, assigns,
17 successors-in-interest, and all members of the family. The document, which
18 may be a card or any paper designed to be carried on one's person, must be
19 signed by the testator in the presence of two (2) witnesses who must sign the
20 document in the presence of the testator. If the testator cannot sign, the
21 document may be signed at the discretion and presence of the testator and two
22 (2) witnesses who must, likewise, sign the document in the presence of the
23 testator. Delivery of the document of legacy during the testator's lifetime is
24 not necessary to make the legacy valid.

25 (c) The legacy may be made to a specified legatee or unspecified
26 legatee. If the legacy is made to a specified legatee who is not available at the
27 time and place of the testator's death, the attending physician or surgeon, in
28 the absence of any expressed indication that the testator desired otherwise,

1 may accept the legacy as legatee. If the legacy does not specify a legatee, the
2 legacy may be accepted by the attending physician or surgeon as legatee upon
3 or following the testator's death. The physician who becomes a legatee under
4 this subsection shall not participate in the procedures for removing or
5 transplanting the human organ, tissue, or part thereof of the decedent.

6 (d) The testator may designate in the will, card or other document the
7 surgeon or physician who will carry out the appropriate procedures for
8 removing or transplanting the human organ, tissue, or part thereof of the
9 decedent.

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

13 SEC. 20. *Organ Donor Cards.* – A donor may also indicate the
14 willingness to donate an organ, tissue, or part thereof either through a donor
15 card or the government-issued identification (ID) cards and licenses, including
16 the following:

- 17 (a) Land Transportation Office (LTO)-issued driver's license;
- 18 (b) PhilHealth membership ID;
- 19 (c) Government Service Insurance System (GSIS) membership ID;
- 20 (d) Social Security System (SSS) membership ID;
- 21 (e) Professional Regulation Commission (PRC) license card;
- 22 (f) Bureau of Internal Revenue (BIR) tax identification number ID; or
- 23 (g) Department of Foreign Affairs (DFA)-issued Philippine passport.

24 The LTO, PhilHealth, GSIS, SSS, PRC, BIR and the DFA, in
25 coordination with the Secretary of Health through the PhilNOS, shall devise
26 their respective application forms wherein the consent of the applicant to be
27 an organ or tissue donor in case of death will be asked. The response of the
28 applicant shall be indicated in these cards, and these government agencies

1 shall furnish the PhilNOS of the applicant's response, which will be recorded
2 in the PhilNOS registry for the purpose of assigning the level of priority in the
3 organ transplant waiting list.

4 SEC. 21. *Procedure in the Absence of a Donation.* -- In the absence of
5 any of the persons authorized to execute a donation under Section 15 hereof,
6 and in the absence of any document of organ donation, the physician in charge
7 of the patient, the head of the hospital or a designated officer of the hospital
8 who has custody of the body of the decedent who died in an accident or any
9 traumatic incident or other medico-legal cases may authorize in a public
10 document the transplantation of an organ to the body of a living person:
11 *Provided,* That the physician, head of the hospital or a designated officer of
12 the hospital for this purpose exerted reasonable efforts, within forty-eight (48)
13 hours, to locate the nearest relative specified in Section 15 of this Act or the
14 guardian of the decedent at the time of death.

15 The physician, head of the hospital or a designated officer of the
16 hospital, or the medico-legal officer of any government agency which has
17 custody of the body may authorize the removal of the cornea or corneas of the
18 decedent within twelve (12) hours after death and upon the request of
19 qualified legatees or donees for the sole purpose of transplantation: *Provided,*
20 That the removal of the cornea or corneas will not interfere with any
21 subsequent investigation or alter the post-mortem facial appearance of the
22 decedent by means of placing eye caps after the cornea or corneas have been
23 removed.

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

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

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

5 (c) The head of the hospital or the designated officer authorizing the
6 removal of the organ.

7 SEC. 22. *Persons Authorized to Remove and Transplant Organs,*
8 *Tissues and Corneas.* – Only authorized medical practitioners in a hospital
9 shall remove or transplant any organ which is authorized to be removed or
10 transplanted. The removal of corneal tissues shall be performed only by
11 ophthalmic surgeons and ophthalmic technicians trained in the methodology
12 of such procedure and duly certified by the accredited National Association of
13 Ophthalmologists and specialty board.

14 SEC. 23. *Delivery of Document of Legacy or Donation.* – If the
15 legacy or donation is made to a specified legatee or donee, the will, card or
16 other document, or an executed copy thereof, may be delivered by the testator
17 or donor, or the authorized representative of the testator or donor to the
18 legatee or donee to expedite the appropriate procedures immediately after
19 death. The will, card or other document, or an executed copy thereof, may be
20 deposited in any hospital or organ bank storage facility that accepts it for
21 safekeeping or for facilitation of procedures after death. On the request of any
22 interested party upon or after the testator's death, the person in possession
23 shall produce the document of legacy or donation for verification.

24 SEC. 24. *Amendment or Revocation of Legacy or Donation.* – (a) If
25 the will, card or other document, or an executed copy thereof, has been
26 delivered to a specific legatee or donee, the testator or donor may amend or
27 revoke the legacy or donation either by:

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

3 (2) A written statement addressed to an attending physician executed
4 in the presence of two (2) other persons and communicated to the legatee or
5 donee; or

6 (3) A written statement addressed to an attending physician during a
7 terminal illness or injury, and communicated to the legatee or donee; or

8 (4) A signed card or document found on the person or effects of the
9 testator or donor.

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

15 Any legacy or donation made through a will may also be amended or
16 revoked in the manner provided for amendment or revocation of wills or as
17 provided in subsection (a) of this section.

18 *SEC. 25. Rights and Duties After Death.* -- The legatee or donee may
19 accept or reject the legacy or donation. A legatee or donee who accepts the
20 legacy or donation shall, upon the death of the testator and prior to
21 embalming, authorize the removal of the organ, tissue, or part thereof,
22 avoiding unnecessary mutilation. After removal of the human organ, tissue, or
23 part thereof, the custody of the remainder of the body vests in the surviving
24 spouse, next-of-kin, or other persons under obligation to dispose of the body
25 of the decedent.

26 *SEC. 26. Allowable Reimbursements for Organ from Deceased Donor.*
27 -- The human organ, tissue, or part thereof shall be donated for free or without
28 any financial consideration. Reimbursements for reasonable expenses

1 shall be allowed to donate their organs, tissues, or parts thereof, only to
2 donees who are related to them by blood within the fourth civil degree of
3 consanguinity.

4 ARTICLE IV

5 ASSISTANCE AND PROTECTION TO DONORS

6 SEC. 30. *Assistance and Protection to Donors.* – A donor of a human
7 organ, tissue, or part thereof and the immediate family shall be entitled to the
8 following assistance, protection, and recognition:

9 (a) Inclusion in the priority list of the PhilNOS if the donor should
10 need an organ in the future. The immediate family of a living or deceased
11 donor shall also be given priority if any member of the immediate family, as
12 enumerated in the order of priority in Section 15 of this Act, also needs an
13 organ in the future;

14 (b) Allowable reimbursement for reasonable expenses from the donee
15 or, when eligible, from the PhilHealth, for the costs directly related or
16 associated with the legal removal, transportation, implantation, processing,
17 preservation, quality control, and storage of a human organ, tissue, or parts
18 thereof, including expenses for travel, housing, and lost wages incurred by the
19 donor in connection with the donation of the organ, tissue, or part thereof,
20 medical insurance and periodic health monitoring, life insurance, and cost of
21 medicines of the donor to attain full recovery;

22 (c) Additional support voluntarily provided by a donee, a nonprofit
23 organization or government agencies, which include the Technical Education
24 and Skills Development Authority (TESDA), the Commission on Higher
25 Education (CHED), and other agencies for educational or livelihood
26 assistance coursed through the DOH;

27 (d) Memorialization through a “Dugtong Buhay” award to be given by
28 the Secretary of Health;

1 (e) Paid leave for fifteen (15) days during the time of full recovery
2 *when the donor is employed, either in the government or private sector;*

3 (f) Priority in employment, either in the government or private sector:
4 *Provided, That a physician certifies that the living donor is fit for either*
5 *strenuous or non-strenuous work, or both: Provided, however, That this shall*
6 *not apply to positions in the uniformed police and military personnel;*

7 (g) Disability pay from the SSS or GSIS in case of post-operation
8 disability;

9 (h) Ten percent (10%) discount on airfare to and from the venue of
10 actual operation for potential donors found suitable, mentally and physically,
11 to make the donation; and

12 (i) Ten percent (10%) discount from pharmaceutical companies and
13 their distributors on transplant and post transplant-related medicines
14 prescribed for the donor's medication.

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

19 SEC. 31. *PhilHealth Assistance.* -- Pursuant to its mandate under the
20 National Health Insurance Act of 1995, as amended, the PhilHealth shall:

21 (a) Develop a benefit package to reimburse the host ORO for the
22 acquisition cost of the organ, tissue, or part thereof; and

23 (b) Increase its present benefit package for indigent-donee who cannot
24 afford the entire cost before, during, and after organ transplantation, including
25 related expenses such as anti-rejection drugs or immunosuppressants. For this
26 purpose, the PhilHealth shall formulate a socialized medical and financial
27 assistance scheme in relation to the annual family income to enable the
28 indigent-recipient to pay for the transplant and ensure survival.

ARTICLE V

PUBLIC AWARENESS PROGRAM

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3 **SEC. 32. *Information and Education Drive.*** – To ensure public
4 awareness of the maximum benefits under this Act, the DOH, in
5 cooperation with institutions such as the National Kidney and Transplantation
6 Institute (NKTII), civic and nongovernment health organizations, and other
7 health-related agencies involved in the donation and transplantation of human
8 organs, as well as the Department of Education and the CHED shall undertake
9 a public information and education program for this purpose.

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

14 The importance of human organ donation shall be included in the
15 Health and Science subjects in the curricula of both the elementary and
16 secondary levels as well as in the general education curriculum in the
17 collegiate level. The Secretary of Health shall coordinate with the Secretary
18 of Education and the Chairperson of the CHED for the effective
19 implementation of this provision. The Information and Advocacy Committee
20 under the existing PhilNOS shall be in charge of the training program of the
21 faculty members of the schools handling courses on human organ and tissue
22 donation.

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

26 **SEC. 33. *National Organ Donation Awareness Month.*** – The month
27 of April of every year is hereby declared as the “National Organ Donation
28 Awareness Month”. The DOH, in coordination with various government and

1 private agencies, and organizations, including professional societies, OROs or
2 associations related to human organ donation and transplantation, shall
3 spearhead programs and activities that highlight the importance of organ
4 donation in saving lives.

5 ARTICLE VI

6 PROHIBITED ACTS AND PENALTIES

7 SEC. 34. *Prohibited Discriminatory Acts.* – (a) It shall be unlawful to
8 discriminate against a living organ donor or an organ donee in any form from
9 preemployment to post-employment, including hiring, promotion, or
10 assignment by reason of the person being an organ donor or an organ donee
11 despite a certification from a physician that the living donor or an organ donee
12 is fit for work: *Provided,* That this provision shall not apply to uniformed
13 police and military personnel for purposes of their preemployment and hiring
14 procedure and requirements.

15 (b) It shall be unlawful for private health insurance companies under a
16 health maintenance organization (HMO) and life insurance companies to deny
17 or deprive a person of health or life insurance coverage on the basis of being
18 an organ donor or donee. Neither shall the insurance premiums of an insured
19 donor or donee be increased nor the insurance benefits of an insured donor or
20 donee be decreased. The Insurance Commission shall implement the
21 provision covering life insurance and shall develop the necessary policies to
22 ensure compliance.

23 (c) It shall be unlawful for a carrier to refuse to transport or ship an
24 organ, tissue, or part thereof, whether accompanied or not. Such refusal shall
25 be penalized with a fine in the amount of fifty thousand pesos (P50,000.00).

26 Any person who commits the discriminatory act mentioned in
27 subsection (a) of this section shall suffer the penalty of imprisonment for six
28 (6) months to four (4) years and a fine not exceeding ten thousand pesos

1 (P10,000.00), including the cancellation or revocation of license or permit as
2 may be applicable.

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

6 SEC. 35. *Other Prohibited Acts.* – It shall be unlawful for any person,
7 natural or juridical, to commit any of the following acts:

8 (a) Advertise in any manner, whether formally or informally through
9 print, broadcast media and other means of electronic media, an offer to sell,
10 barter, deal in or supply human organs, tissues, or parts thereof or an offer to
11 acquire, buy or to receive human organs, tissues, or parts thereof for
12 consideration in whatever form;

13 (b) Advertise, publish, print, broadcast or distribute, or cause the
14 advertisement, publication, printing, broadcasting or distribution by any
15 means, including the use of information technology and the internet, or any
16 brochure, flyer, or any propaganda material that promotes commercial
17 dealings in human organs, tissues, or parts thereof;

18 (c) Recruit, transport, transfer, harbor, provide, or receipt of persons
19 by any means, for the sale, barter, or supply of human organs, tissues, or parts
20 thereof which involves consideration in whatever form;

21 (d) Offer consideration in money, kind or service for the purpose of
22 acquiring, buying, offering, selling, or trading human organs, tissues, or parts
23 thereof;

24 (e) Offer to supply human organs, tissues, or parts thereof for
25 consideration or initiate or negotiate any arrangement for the supply thereof or
26 for an offer to supply human organs, tissues or parts thereof;

1 (f) Act as a facilitator, middleman, broker or other similar role in
2 the sale, barter, or supply of human organs, tissues, or parts thereof for
3 consideration in whatever form;

4 (g) Engage in the trade, sale, barter, or supply of human organs,
5 tissues, or parts thereof for consideration in whatever form;

6 (h) Store or handle human organs, tissues, or parts thereof that have
7 been acquired or transferred or sold for consideration in whatever form;

8 (i) Deliver, transport, transfer or distribute human organs, tissues, or
9 parts thereof that have been acquired or transferred or sold for consideration in
10 whatever form;

11 (j) Remove or transplant human organs, tissues, or parts thereof that
12 have been acquired or transferred or sold for consideration in whatever form;

13 (k) Consent to the transplantation of human organs, tissues, or parts
14 thereof and be transplanted with the same with the knowledge that the human
15 organs, tissues, or parts thereof have been acquired or transferred or sold for
16 consideration in whatever form;

17 (l) Recruit or invite persons to supply human organs, tissues, or parts
18 thereof for consideration;

19 (m) Make or receive payment for the supply of or for an offer to supply
20 human organs, tissues, or parts thereof; and

21 (n) Deny or deprive an organ donor of private health insurance under
22 an HMO and life insurance coverage from insurance companies on the basis
23 of being an organ donor or donee. The Insurance Commission shall
24 implement the provision covering life insurance and shall develop the
25 necessary policies to ensure compliance.

26 SEC. 36. *Penalties for Other Prohibited Acts.* – The following
27 penalties and sanctions are imposed for the offenses enumerated in Section 35
28 of this Act:

1 (a) Any person found guilty of committing any of the acts enumerated
2 in Section 35 of this Act shall suffer the penalty of imprisonment of twenty
3 (20) years and a fine of not less than one million pesos (P1,000,000.00) but
4 not more than two million pesos (P2,000,000.00);

5 (b) If the offender is a corporation, partnership, association, club,
6 establishment or any juridical person, the penalty shall be imposed upon the
7 owner, president, partner, manager, or any responsible officer who
8 participated in the commission of the crime or who shall have knowingly
9 permitted or failed to prevent its commission;

10 (c) The registration with the Securities and Exchange Commission
11 (SEC) and license to operate of an erring corporation, partnership, association,
12 or group shall be cancelled and revoked permanently. The owner, president,
13 partner or manager thereof shall not be allowed to operate similar
14 establishments in a different name;

15 (d) If the offender is a hospital, clinic or other similar licensed medical
16 institution, the penalty shall be imposed upon its owner, president, director,
17 members of the board, officials, doctors and medical staff with knowledge of
18 the illegal acts and participates in the illegal acts;

19 (e) If the offender is a hospital, clinic or medical institution under the
20 DOH and other regulatory institutions, its license shall be cancelled and
21 revoked, and the license to practice of medical professionals working in such
22 hospital, clinic, medical or regulatory institution found guilty of the illegal
23 acts shall be cancelled and revoked;

24 (f) If the offender is a foreigner, the foreigner shall be immediately
25 deported after serving the sentence and be barred permanently from entering
26 the country; and

27 (g) If the offender is an official or employee of a government agency,
28 such official or employee shall be held administratively liable, without

1 prejudice to criminal liability under this Act. The government official or
2 employee shall, upon conviction, be dismissed from the service and be barred
3 permanently to hold public office. The retirement and other benefits of erring
4 government official or employee shall likewise be forfeited.

5 ARTICLE VII

6 FINAL PROVISIONS

7 SEC. 37. *Rules and Regulations.* – Within thirty (30) days from the
8 approval of this Act, the Secretary of Health, after consultation with all health
9 professionals of both government and private, and nongovernment health
10 organizations, shall promulgate the rules and regulations implementing the
11 provisions of this Act. The implementing rules and regulations issued
12 pursuant to this Act shall take effect thirty (30) days after its publication in
13 two (2) national newspapers of general circulation.

14 SEC. 38. *Repealing Clause.* – Republic Act No. 7170, as amended,
15 also known as the “Organ Donation Act of 1991”, is hereby repealed.

16 Subparagraph 7 of Paragraph V (General Policy Statements) of DOH
17 Administrative Order No. 2010-0018 and Subparagraph 6.d. of Paragraph VII
18 (Operational Guidelines) of DOH Administrative Order No. 2010-0019 are
19 also hereby repealed.

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

23 SEC. 39. *Suppletory Application of Republic Act No. 9208.* – The
24 provisions of Republic Act No. 9208, otherwise known as the
25 “Anti-Trafficking in Persons Act of 2003”, and Section 4(g) of its
26 Implementing Rules and Regulations, insofar as they are not inconsistent with
27 the provisions of this Act, shall apply suppletorily.

1 SEC. 40. *Separability Clause.* -- If any provision of this Act is
2 declared unconstitutional or invalid, the remaining parts or provisions not
3 affected shall remain in full force and effect.

4 SEC. 41. *Effectivity.* -- This Act shall take effect fifteen (15) days after
5 its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

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