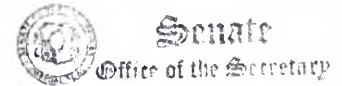


NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
First Regular Session )



'22 JUL 18 A10 :09

**SENATE**

**S. No. 689**

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**Introduced by SENATOR RAMON BONG REVILLA, JR.**

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**AN ACT  
REGULATING THE DONATION AND TRANSPLANTATION OF HUMAN  
ORGANS AND TISSUES FROM LIVING DONORS**

**EXPLANATORY NOTE**

At the outset, Republic Act No. 7170 authorizes the legacy or donation of all or part of a human body after death for specified purposes. The law recognizes that an individual has the option to become a hero, so to speak, via a will or other document said individual executed or through the decision of his/her next of kin. Hence, a mechanism has been set up to legitimize the donation of organs to take effect after death.

Moreover, in fulfillment of the country's commitment to the 63<sup>rd</sup> World Health Assembly and the Istanbul Declaration 2008, the government set up a national system of promoting organ donation from deceased donors and sharing of grafts through the Philippine Network for Organ Sharing or PHILNOS. The network aims at implementing a system of timely referral and processing of potential multiple organ donors, the equitable allocation and efficient procurement and transplantation of organs from them. It bears stressing, however, again that what is promoted presently is only deceased organ donation.

But, how about living organ donation? To date, there is no law addressing this specific concern. True, there is Republic Act No. 9208, otherwise known as the Ant-Trafficking in Persons Act of 2003 which punishes the exploitative removal or

sale of organs as an act of trafficking. Thus, it raises the question: how about non-exploitative or when it may be considered as a valid act of donation.

The ratio between living and deceased donors cannot be over-emphasized. Statistics show that from 1999 to 2009, there has been an average of 178 (92.7%) living kidney donors as compared to 14 (7.3%) deceased donors for Filipino recipients. Out of the 178,102 (57%) are living non-related donors while 76 (43%) are living related donors. Meanwhile, there are 9,184 Filipinos suffering from end-stage renal diseases, and only 477 (roughly 5%) of whom have undergone kidney transplant. Globally, every year, a million people develop end-stage renal disease but only a fraction of those receive any kind of renal placement therapy and even fewer receive kidney transplants. In fact, currently, there are 48 pay patients and 20 service patients on the active waiting list of the Human Organ Preservation Effort of the National Kidney and Transplant Institute (HOPE-NKTI), while there are 413 pay patients and 95 service patients on the inactive waiting list on the same hospital. Annually, 5 active pay patients, 3 active service patients, 10 inactive pay patients and 10 inactive service patients die while on the waiting list. For this reason, the demand for kidney donation is high.

It is undeniable that there are other successful strategies to expand kidney donor pools including passing around presumed-consent law, use of non-heart beating deceased donors, encouraging live donors, accepting non-directed kidney donations. Trends, globally however, prove that the waiting list for renal transplants has not significantly declined despite these efforts, with the single exception of the latest strategy, meaning, accepting non-directed type of living donation, which happened in Iran.

It is thus submitted that the availability of the source of the supply of organs should not be restricted to deceased donors but should include living and willing donors. It cannot be denied that living donors far outnumber the deceased ones and this situation can be taken advantage of, provided proper parameters are observed. These parameters must, in the end, not only increase potential donors but equally

important is that it must help curb or curtail illegal organ commerce that only degrades the person of the donor but may also endanger their very lives leading therefore to exploitation.

In a country such as ours, culture and religion play important roles in decision-making. It is however submitted that becoming an organ or tissue donor is a personal decision. A decision that must likewise be guided by the constant fact that organ and tissue donations save lives and that in no instance should exploitation of either the donor or recipient be countenanced.

This bill, in the higher interest of public health, therefore, primarily ensures that the availability of organs and tissues, for donation, from living and willing donors, is carefully supervised and regulated. Supervision and regulation which includes the grant of reasonable support to donors, to include medical care, or educational, economic or livelihood projects, or other forms of assistance to promote the well-being of these donors.

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

  
**RAMON BONG REVILLA, JR.**

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**AN ACT  
REGULATING THE DONATION AND TRANSPLANTATION OF HUMAN  
ORGANS AND TISSUES FROM LIVING DONORS**

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

- 1           Section 1. *Title.* – This Act shall be known as the “*Living Organ Donors Act of*  
2 *2022*”.
- 3           *Sec. 2. Declaration of Policies.* – It is hereby declared the policy of the State to  
4 promote and protect the health of its people and, in line with this policy, the State  
5 shall enact measures creating programs including but not limited to:
- 6           (a) Recognizing and regulating the donation of human organs and tissues  
7           of living donors to prevent their exploitation and, more importantly,  
8           ensure their legal entitlement to reasonable medical support and other  
9           forms of assistance;
- 10          (b) Granting patients with end-stage diseases access to human organs for  
11          transplantation but at the same time ensuring that there is equitable  
12          distribution in the allocation of available organs among qualified  
13          recipients;
- 14          (c) Encouraging donation of human organs and tissues, most especially the  
15          directed living donation, without giving undue prejudice to non-directed  
16          or directed living donation, and taking into consideration respect for the  
17          dignity of human life, beneficence and non-maleficence, solidarity and  
18          volunteerism, justice and equity;

1 (d) Developing and maintaining a national registry and reporting system of  
2 donors and recipients of human organs and tissues, and the continuous  
3 evaluation of the system.

4 Sec. 3. *Definition of Terms.* – As used in this Act, the following terms shall have  
5 the following meanings:

6 (a) *Human Organ or Tissue* refers to the kidney, liver, heart, lung, pancreas, bone  
7 marrow, cornea, eye, bone, skin, nerve, muscle tissue and any other human  
8 organ or tissue that may be transplanted to another living person.

9 (b) *Donation of Organ or Tissue* refers to a voluntary act of a person to give his  
10 organs or tissues gratuitously in favor of another, who accepts it. In this case,  
11 the recipient shall have no demandable or enforceable right over the organ or  
12 tissue donated and in gratitude or acknowledgement of the donation, give  
13 anything of value to the donor.

14 (c) *Related Donors* refers to relatives by consanguinity up to the fourth civil degree.

15 (d) *Non-Related Donors* include the following:

16 (i) Those who are related by consanguinity beyond the fourth civil  
17 degree;

18 (ii) Those not related within the fourth degree of family;

19 (iii) Those not related by consanguinity or affinity but bear emotional ties  
20 with the organ or tissue recipient (e.g. friends, employees or  
21 employers, colleagues, fiancé/fiancée); and

22 (iv) Strangers

23 (e) *Directed Living Donors* refer to donors who have a specific recipient in mind  
24 whom he would want to donate to.

25 (f) *Non-directed Living Donors* refer to donors who would donate to whoever  
26 matches on a list of waiting patients for organ transplants.

27 (g) *Transplant Facility* refers to a facility or hospital in which the transplant shall  
28 whoever matches on a list of waiting patients for organ transplant.

29 (h) *Indigent* refers to an individual who has been certified by the local branch of  
30 the Department of Social Welfare and Development of the area in which he/she  
31 is a resident to be belonging to that sector living or earning below the poverty

1 threshold as determined from time to time by the National Economic and  
2 Development Authority.

3 (i) *Medical Care* refers to medicines and laboratory examinations necessary to be  
4 made for the purpose of, and pursuant to, transplantation. It however does not  
5 include expense for the treatment of unrelated medical illness that is discovered  
6 during evaluation procedures.

7 *Sec. 4. Acceptable Living Donations.* – Any individual, at least twenty one (21)  
8 years of age, of sound mind, who underwent screening and counselling procedures  
9 and has been found suitable as living donor based on the physical and psychological  
10 evaluation and assessments made by the physicians of the transplant facility who are  
11 not in any way directly connected with the transplant, and thus fully understands the  
12 risks, benefit and consequences of transplanting organs and tissues from his/her body,  
13 may so donate by way of written consent to such removal for purposes of transplanting  
14 the same to another living human body. Such informed consent shall be in a document  
15 witnessed by a relative of the donor and two (2) physicians neither of whom shall be  
16 a member of the team of medical practitioners who will effect the removal of the organ  
17 or tissue from the donor's body nor the physician or transplant team attending to the  
18 recipient of the organ to be removed.

19 In no instance shall a minor be made a donor of any organ or tissue to anybody.  
20 Further, no transplant shall be undertaken if it will result in a physical and/or  
21 psychological harm to the donor. Furthermore, an individual is allowed to donate only  
22 one organ or tissue in his/her lifetime. Finally, a foreigner is not allowed to become a  
23 recipient of any organ or tissue unless it can be shown that he/she is a former Filipino  
24 citizen or that the potential donor is related to the said former Filipino foreigner by  
25 consanguinity within the fourth degree.

26 *Sec. 5. Choice of Type of Donation.* – It shall be the choice of the donor whether  
27 to make a non-directed or directed type of donation, taking into consideration the  
28 following:

29 (a) In making a non-directed type of living donation, a non-indigent donor is to  
30 proceed to an accredited transplant facility of his/her choice, bringing with  
31 his a verified certification from two (2) physicians to the effect that he/she  
32 is physically and medically fit to donate the organ of his/her choice. The

1 said transplant facility shall then conduct the required pre-transplant  
2 psychological screening to determine his/her suitability for donation. The  
3 cost of the screening shall be free of charge. If found suitable to make the  
4 donation, the transplant facility shall then register the name of the potential  
5 donor in the Philippine Organ Donor and Recipient Registry System  
6 (PODRRS) maintained by the Department of Health for matching with a  
7 recipient. In case of an indigent donor intending to make a non-directed  
8 living donation, he/she shall proceed to an accredited government  
9 transplant facility which shall conduct initially a psychological screening, as  
10 advertised to in Section 4 thereof to determine his mental fitness to make  
11 such a donation. If found suitable, the same government transplant facility  
12 shall subject the potential donor to a test to determine his physical fitness  
13 to undergo the donation. In both cases of screening and physical testing,  
14 the procedure shall be free of charge. If the potential donor is finally found  
15 psychologically, mentally and physically fit to make the donation, his/her  
16 name shall then be registered by the same transplant facility in the PODRRS  
17 for matching with a recipient.

18 It is understood that a non-directed living donor makes such donation out  
19 of mere altruism but a grateful recipient who, after the transplant, had  
20 knowledge of the identity of his/her donor, is not precluded from giving  
21 financial assistance to the latter.

22 (b) In making a directed type of living donation, the potential donor shall  
23 undergo psychological, mental and physical tests to determine his/her  
24 fitness to become a donor, the costs of all which shall be borne by the  
25 intended recipient, unless the recipient is an indigent in which case the said  
26 tests shall be conducted free of charge in the government transplant facility  
27 in which the indigent is to be scheduled for transplant.

28 *Sec. 6. Requirement of Registration.* – All patients in transplant shall also  
29 register themselves in the Philippine Organ Donor and Recipient Registry System  
30 (PODRRS) maintained by the Department of Health (DOH).

31 *Sec. 7. Duty of Non-indigent Recipients.* – In all cases of living donation,  
32 whether directed or undirected, and notwithstanding any agreement to the contrary ,

1 it shall be the responsibility of the non-indigent recipient to shoulder the cost of the  
2 transplantation procedure and pre and postoperative medical care of the donor, who  
3 has been found suitable mentally and physically to make the donation.

4 Further, the recipient shall cause the name of the donor to be registered in the  
5 registry of the PODRRS. Furthermore, the recipient is obliged to shoulder the expenses  
6 of travel and housing, if any, and lost wages, if applicable and other related expenses  
7 in connection with the donation. Finally, the recipient shall be made to answer  
8 financially, wholly or partly depending on their agreement, for any subsequent disease  
9 that may be developed by the donor in connection with the organ or tissue donated.

10 Nothing in this Act, however, shall proscribe the voluntary act of the recipient  
11 in providing additional assistance to the family of the donor either through livelihood  
12 projects and/or educational support to the family of the donor.

13 *Sec. 8. Duty of the State.* – If the organ or tissue recipient is indigent, as  
14 certified to by the local branch of the Department of Social Welfare and Development  
15 of the area where the recipient is a resident, the actual transplant shall be made in  
16 any of the accredited government transplant facilities and the pre and postoperative  
17 medical care of the donor shall be shouldered by the said transplant facility while the  
18 expenses of travel and housing, if any, and lost wages, if applicable, shall be  
19 shouldered by the local government of which the recipient is a resident.

20 The local government unit concerned as well as the district representative of  
21 the place where the donor is a resident shall likewise, as far as practicable, provide  
22 preferential assistance in terms of educational, scholarship or other non-monetary  
23 benefits to the family of the donor and/or his next of kin.

24 *Sec. 9. Duty of Donors.* – In all cases, it shall be the duty of the donor, for his  
25 own protection, to ensure and verify that his name is registered in the national registry  
26 of donors maintained by the PODRRS.

27 *Sec. 10. Incentives for Donors.* – An organ or tissue donor shall be entitled to  
28 a leave of absence with pay for the period of his confinement for purposes of actual  
29 transplantation and post-transplant recovery for a period not to exceed fifteen (15)  
30 working days.

31 Should the donor develop a disability, as defined under the Social Security and  
32 Government Service Insurance System charters, resulting from the transplantation



1 procedure, he/she shall be entitled to a disability pay, as therein defined and  
2 computed.

3 Further, should the donor eventually develop a disease or sickness  
4 necessitating a transplant, the said donor shall be given priority in the registry of  
5 potential recipients.

6 Furthermore, airline companies are to provide at least ten percent (10%)  
7 discount on airfare of potential donors, on their way to and from the actual transplant  
8 operation, who have been found suitable, mentally and physically to make the  
9 donation.

10 Finally, pharmaceutical companies and their distributors ensure that at least a  
11 ten percent (10%) discount is likewise provided for post-transplant and transplant-  
12 related medicines personally consumable by the donors.

13 *Sec. 11. Unlawful Act.* - It is hereby declared unlawful and punishable in its  
14 severest from any act of any third person tending to broker, negotiate or engage in  
15 transactions that will lead or cause to lead the transplant of any organ from one person  
16 to another, whether for a fee or for free.

17 *SEC. 12. Philippine Network for Organ Sharing.* – The Department of Health-  
18 established Philippine Network Organ Sharing (PHILNOS) which promotes organ  
19 donation from deceased donors is hereby recognized but in addition, it shall also come  
20 up with mechanisms and guidelines on living organ donors, as herein provided.

21 The DOH shall report to Congress before June 30 of every year the analysis of  
22 information derived from the registry.

23 *Sec. 13. Regulatory Authority.* – The Department of Health shall be responsible  
24 for the following:

25 (a) Implementing the provisions of this Act:

26 (b) Issuing guidelines relative to the process of donor-screening and  
27 evaluation as well as donor and recipient pre and post-transplant  
28 counselling;

29 (c) Issuing guideline on the accreditation of transplant facilities, whether  
30 government or private, thereby ensuring that all necessary  
31 equipment and facilities are available as well as guaranteeing that

1 the transplant team have the necessary expertise and experience in  
2 conducting the same;

3 (d) Issuing guidelines relative to the duties of hospitals and their  
4 respective physicians relative to the conduct of transplant and all its  
5 necessary incidents.

6 *Sec. 14. Penalties for Violation. –*

7 (a) A non-indigent recipient who fails to perform any of the mandatory  
8 duties mentioned in Section 7 hereof as well as the local chief executive  
9 and responsible officers of the local government unit concerned, the  
10 officials and employees of hospitals and companies directly involved  
11 under Sections 8 and 10 respectively hereof shall be held individually  
12 liable and suffer the following penalties:

13 i. Fine of not less than One Hundred Thousand Pesos (P100,000.00)  
14 but not exceeding Five Hundred Thousand Pesos (P500,000.00)  
15 or imprisonment of not less than one (1) year but not more than  
16 five (5) years, or both, at the discretion of the court.

17 ii. For any subsequent violation in case of public and private  
18 corporations, a fine of not less than Two Hundred Thousand  
19 Pesos (P200,000.00) but not exceeding Six Hundred Thousand  
20 Pesos (P600,000.00) or imprisonment for not less than two years  
21 but not more than six (6) years, or both, at the discretion of the  
22 court.

23 Upon filing of an appropriate complaint, and after notice and  
24 hearing, the proper authorities may also cause the cancellation or  
25 revocation of the business permit, permit to operate, franchise  
26 and other similar privileges granted to any business entity that  
27 fails to abide by the provisions of this Act.

28 (b) Any person found guilty of violating the provisions of Section 11  
29 hereof shall be penalized with imprisonment for not less than six (6)  
30 years nor more than twelve (12) years and fine in an amount less  
31 than Five Hundred Thousand Pesos (P500,000.00) nor more than  
32 One Million Pesos (P1,000,000.00).

1           Sec. 15. *Funding.* – An amount not exceeding Fifty Million Pesos  
2 (P50,000,000.00) annually is hereby set aside from the charity funds of the Philippine  
3 Charity Sweepstakes Office to cover the financial requirements of this Act.

4           Sec. 16. *Repealing Clause.* – All Acts or parts of Acts, executive orders and their  
5 implementing rules inconsistent with the provisions of this Act are hereby repealed,  
6 amended or modified accordingly.

7           Sec. 17. *Separability Clause.* – If any provision of this Act is declared invalid,  
8 the remainder of this Act or any provisions not affected thereby shall remain in force  
9 and effect.

10           Sec. 18. *Effectivity.* – This Act shall take effect after fifteen (15) days from  
11 publication in two newspapers of general circulation.

*Approved,*