

Sixteenth Congress
First Regular Session

HOUSE BILL NO. **4477**



Introduced by Honorable Rodolfo T. Albano III

EXPLANATORY NOTE

This bill seeks to regulate the medical use of Cannabis and establish for the purpose the Medical Cannabis Regulatory Authority.

The recorded use of cannabis as medicine goes back to about 2,500-10,000 years ago in traditional Chinese and Indian medicine. Modern research has confirmed the beneficial uses of cannabis in treating and alleviating the pain, nausea and other symptoms associated with a variety of debilitating medical conditions including cancer, multiple sclerosis, and HIV-AIDS as found by the National Institute of Medicine of the US in March, 1999.

Cannabis has many currently accepted medical uses in the US, having been recommended by thousands of licensed physicians and more than 500,000 patients in 21 states with medical marijuana laws. Like the twenty states and the District of Columbia in the United States, Israel, Canada, the Netherlands and the Czech Republic have enacted medical cannabis laws that remove criminal sanctions for the medical use of cannabis, define eligibility for such use, and allow some means of access, in most cases, through a dispensary. Other states in the European Union, such as Finland, Portugal, Spain and Luxembourg, in recognition of the medical value of cannabis, have developed various forms of de facto decriminalization, whereby possession and use of cannabis, rarely lead to criminal prosecution.

In the Philippines, the "Dangerous Drugs Act of 2002" recognized the medical use of drugs classified as dangerous drugs including marijuana when it said in Section 2: "The government shall, however aim to achieve a balance in the national drug control program so that people with legitimate medical needs are not prevented from being treated with adequate amounts of appropriate medications, which include the use of dangerous drugs." It went further in Section 16 when it provided that " ...in the case of medical laboratories and medical research centers which cultivate or culture marijuana, opium poppy and other plants, or materials of such dangerous drugs for medical experiments and research purposes or the creation of new types of medicine, the Board shall prescribe the necessary implementing guidelines for the proper cultivation, culture, handling,

experimentation and disposal of such plants and materials.”

The Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol provides in its Preamble : “Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provisions must be made to ensure the availability of narcotic drugs for such purposes.” It further provides in Article 4 that “subject to the provisions of this Convention, to limit exclusively to medical and scientific purpose the production, manufacture, export, import, distribution, trade in, use and possession of drugs.”

Section 11 of the Philippine Constitution states that it is “the policy of the state to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost.” In line with this, it is the purpose and intent of this Act to provide accessible, affordable, safe medical cannabis to qualifying patients with debilitating medical condition as certified by medical doctors and approved by the Medical Cannabis Regulatory Authority. This bill also provides for the control measures and regulation on the medical use of Cannabis to ensure patient’s safety and for effective and efficient implementation of this Act.

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

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HOUSE BILL NO. 4477

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AN ACT
REGULATING THE MEDICAL USE OF CANNABIS, ESTABLISHING
FOR THE PURPOSE THE MEDICAL CANNABIS REGULATORY
AUTHORITY AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. *Short Title.* – This Act shall be known as the
"Compassionate Use of Medical Cannabis Act."

SEC. 2. *Statement of Policy.* – It is the policy of the State to provide
measures to achieve a balance in the national drug control program so that
patients with debilitating medical condition may receive adequate amount of
treatment and appropriate medications from the regulated use of dangerous
drugs.

Toward this end, the State shall legalize and regulate the medical use of
cannabis which has been confirmed to have beneficial and therapeutic uses to
treat chronic or debilitating disease or medical condition that produces one or more
of the following: cachexia or wasting syndrome; severe and chronic pain; severe
nausea; seizures, including but not limited to those characteristic of epilepsy; or
severe and persistent muscle spasms, including but not limited to those associated
with multiple sclerosis.

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

1 a) *Bona fide relationship* refers to a physician and patient
2 relationship wherein a licensed physician has made a complete assessment of
3 the patient's medical history and current medical condition, including an
4 appropriate diagnostic and personal physical examination sufficient to
5 determine that the patient is suffering from a debilitating medical condition;

6 b) *Cannabis* refers to every kind, class, genus, specie of the plant
7 *Cannabis sativa L., Cannabis americana, hashish, bhang, guaza, churrus, ganjab*
8 and embraces every kind, class and character of marijuana, whether dried or fresh
9 and flowering, flowering or fruiting tops, or any part or portion of the plant and
10 seeds thereof, and all its geographic varieties, whether as a reefer, resin, extract,
11 tincture or in any form whatsoever;

12 c) *Medical Cannabis Compassionate Center* refers to any entity
13 registered with the Medical Cannabis Regulatory Authority created under this
14 Act, and licensed to acquire, possess, cultivate, manufacture, deliver, transfer,
15 transport, sell, supply and dispense cannabis, paraphernalia or related supplies and
16 educational materials to registered qualifying patients.

17 d) *Medical Cannabis Safety Compliance Facility* refers to any entity
18 registered with the Cannabis Regulatory Authority created under this Act, that
19 conducts scientific and medical research on medical use of cannabis and provides
20 testing services for its potency and contaminants relative to its safe and efficient
21 use, cultivation, harvesting, packaging, labelling, distribution and proper
22 security;

e) *Debilitating medical condition* means one or more of the following:
cancer, glaucoma, epilepsy, positive status for human immunodeficiency virus,
acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis,
Crohn's disease, agitation of Alzheimer's disease, cachexia/wasting syndrome,
muscular dystrophy, severe fibromyalgia, spinal cord disease, including but not
limited to arachnoiditis, Tarlov cysts, hydromyelia, syringomyelia, Rheumatoid
arthritis, fibrous dysplasia, spinal cord injury, traumatic brain injury, Multiple
Sclerosis, Arnold-Chiari malformation and Syringomyelia, Spinocerebellar
Ataxia (SCA), Parkinson's, Tourette's, Myoclonus, Dystonia, Reflex
Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I),
Causalgia, CRPS (Complex Regional Pain Syndromes Type II),
Neurofibromatosis, Chronic Inflammatory Demyelinating Polyneuropathy,
Sjogren's syndrome, Lupus, Interstitial Cystitis, Myasthenia Gravis,
Hydrocephalus, nail-patella syndrome, residual limb pain, or the treatment of
these conditions; or any other debilitating medical condition or its treatment that
is added by the Medical Cannabis Regulatory Authority as recommended by a
panel of doctors constituted for this purpose.

f) *Medical use* refers to delivery, possession, transfer, transportation, or use
of cannabis and its paraphernalia to treat or alleviate a registered qualified
patient's medical condition or symptoms associated with the patient's
debilitating disease or its acquisition, administration, cultivation, or
manufacturing for medical purposes.

1 SEC. 4. *Medical Cannabis Regulatory Authority.* – There shall be
2 established under the Department of Health (DOH), a Medical Cannabis
3 Regulatory Authority, hereinafter referred to as the Authority, which shall
4 regulate the medical use of cannabis in the country.

5 SEC. 5. *Powers and Functions.* – The Authority shall have the
6 following powers and functions:

7 a) Approve the recommendation made by the certifying doctor who has
8 a bona fide relationship with the patient that, after completing a medical
9 assessment of the patient's medical history and current medical condition,
10 including an appropriate personal physical examination, in his professional
11 medical opinion, a patient is suffering from a debilitating medical condition, and
12 is likely to receive therapeutic or palliative benefit from the medical use of
13 cannabis.

14 b) Issue registry identification cards to patients and caregivers who
15 are qualified or allowed to use and administer cannabis upon qualification and
16 submission of the requirements set by the Authority;

17 c) Evaluate applications for registration and issuance of certification
18 as Medical Cannabis Compassionate Center or Medical Cannabis Safety
19 Compliance Facility based on the safety and regulatory requirements set by the
20 Authority;

21 d) Establish rules and regulations for the issuance of safety
22 compliance and registration certificates;

1 e) Suspend or revoke the registration certificate of Medical Cannabis
2 Compassionate Centers or Medical Cannabis Safety Compliance Facilities or
3 order their closure for multiple or serious violations by the registrants or any
4 of their agents of any rule promulgated by the Authority;

5 f) Confiscate cannabis and its paraphernalia in the possession of any
6 person who is committing or has committed a violation of this Act; and

7 g) Intensify research that may result in improved understanding of
8 cannabis treatment for diseases and other adverse health conditions.

9 SEC. 6. *Director-General.* – The Authority shall be headed by a Director-
10 General who shall be appointed by the President of the Philippines from the list of
11 specialist physicians recommended by the Secretary of Health. The Director-
12 General shall have a university degree in medicine and/or a post-graduate degree
13 in organic chemistry and must have completed an executive course in any
14 regulatory management. The Director-General shall have the rank of
15 Undersecretary.

16 SEC. 7. *Duties and Functions of the Director-General.* – The Director-
17 General shall have the following duties and functions:

18 a) Exercise overall supervision and direction for the efficient and
19 effective day to day management and operations of the Authority;

20 b) Approve the Authority's organizational structure, staffing patterns,
21 operating and capital expenditures;

c) Implement and enforce policies, decisions, orders, rules and regulations issued by the DOH and the Authority relative to the use of medical cannabis;

d) Engage the services of experts, specialists or consultants either on full time or part-time basis, as may be required in the performance of its duties and functions;

e) Submit to the President and Congress through the Secretary of Health, an annual report generally dealing with the activities and operations of the Authority; and

f) Exercise such other powers and functions and perform such other duties as may be authorized, delegated or assigned.

SEC. 8. *Deputy Director-General.* – The Director-General shall be assisted by a Deputy Director-General. The Deputy Director-General shall be a holder of a master's degree in pharmaceutical or allied sciences, and shall have an equivalent executive course in any regulatory management.

SEC. 9. *Qualified Medical Cannabis Physician.* – To be competent to certify the patient's medical need to use cannabis for treatment, a physician shall have the following qualifications:

a) a doctor's degree in medicine;

b) a bona fide relationship with the patient; and

c) license to prescribe drugs

d) professional knowledge of the use of medical cannabis

1 SEC. 10. *Qualified Medical Cannabis Patient.* – “Qualifying patient”

2 means a person who has been diagnosed by a certifying physician with bona
3 fide relationship with the patient as having debilitating medical condition as
4 defined in Section 3 (e) and who in the physician’s professional opinion will
5 receive therapeutic or palliative benefits from the medical use of cannabis.

6 SEC. 11. *Identification Cards.* – The Authority shall issue registered

7 identification (ID) cards to qualified patients after a careful review of the
8 documents required by the Authority and included in the implementing rules
9 and regulations of this Act.

10 If the qualified patient is younger than eighteen (18) years of age, the
11 certifying physician shall not recommend the issuance of the ID card unless
12 she/he has explained the potential risks and benefits of the medical use of
13 marijuana to the custodial parent or legal guardian who has the responsibility for
14 health care decisions for the qualifying patient and she/he consents in writing to
15 the following:

- 16 a) Allow the qualified patient’s medical use of cannabis;
- 17 b) Serve as the qualified patient’s designated caregiver; and
- 18 c) Control the acquisition, dosage, the frequency of medical use of
19 cannabis by the patient.

20 SEC. 12. *Medical Cannabis Patient Caregiver.* – A cannabis patient

21 caregiver must be at least 21 years of age and must not have been convicted of an
22 offense for the use of dangerous drugs under Republic Act (RA) No. 9165. The

1 caregiver shall give consent in writing of her/his willingness to assist the qualified
2 patient in the medical use of cannabis and shall not divert the medical cannabis in
3 his/her possession to any person other than the patient. She/he shall assist only
4 one (1) cannabis patient at a time.

5 The Authority shall maintain a registry of cannabis patient's caregivers and
6 shall issue their appropriate ID cards.

7 SEC. 13. *Medical Cannabis Compassionate Center (MCCC)*. – An
8 entity shall operate as a Medical Cannabis Compassionate Center after approval
9 of its application and registration with the Authority.

10 The Authority shall establish a system for the evaluation of the
11 application and licensing of a Medical Cannabis Compassionate Center based
12 on the following criteria:

13 a) The suitability of the applicant's proposed location including
14 compliance with any local zoning laws and the geographic convenience to
15 patients, if approved;

16 b) The qualification of principal officer and board members' character
17 and relevant experience, including any training or professional licensing related to
18 medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation and
19 preparation, and their experiences in running a health or medical center;

20 c) The applicant's system for operations and services, including its
21 staffing and training plans, whether it has sufficient capital to operate, and has
22 ability to provide an adequate supply of medical cannabis to the registered

1 patients;

2 d) The sufficiency of the applicant's procedure for accurate record
3 keeping;

4 e) The sufficiency of the applicant's measures for safety, security, and
5 the prevention of diversion, including proposed locations and security devices to
6 be employed;

7 f) The applicant's system for making medical cannabis available on an
8 affordable basis to registered qualified patients; and

9 g) The applicant's procedure for safe and accurate packaging and
10 labelling of medical cannabis, including the measures to ensure that all medical
11 cannabis shall be free from contaminants.

12 The Authority or its agents shall have access to MCCC's records and
13 premises at any time of the day or night whenever work is being undertaken
14 therein, and to question any employee and investigate any fact, condition or
15 matter which may be necessary to determine violations or which may aid in the
16 enforcement of this Act or rules and regulations issued pursuant thereto.

17 SEC. 14. *Dispensation.* – A MCCC shall guarantee the appropriate
18 dispensation of cannabis and shall not release more than the prescribed dosage for
19 one month to a registered qualified patient or designated caregiver. The MCCC
20 shall comply with this limitation by maintaining internal confidential record of
21 each entry which include information on the date and time the cannabis was
22 dispensed, the amount of cannabis being dispensed and on whether it was

1 dispensed directly to the patient or to the designated caregiver.

2 SEC. 15. *Medical Cannabis Safety Compliance Facilities (MCSCF).* –

3 Safety compliance facilities may only operate if they have been issued a valid
4 registration certificate by the Authority.

5 The Authority shall evaluate applications of medical cannabis safety
6 compliance facilities based on the following criteria:

7 a) The suitability of the applicant's proposed location including
8 compliance with any local zoning laws and the geographic convenience to
9 patients, if approved;

10 b) The proposed principal officers' and board members' relevant
11 experiences, including any training or professional licensing related to analytical
12 testing, medicine, pharmaceuticals, natural treatments, botany, or cannabis
13 cultivation, preparation, and testing and their experiences in running a drug
14 testing facility center;

15 c) The sufficiency of the applicant's measures for safety, security, and
16 the prevention of diversion, including proposed locations and security devices to
17 be employed; and

18 d) The proposed safety compliance facility's procedure for its
19 operations and services, including its staffing and training plans, and whether it
20 has sufficient capital to operate.

21 SEC. 16. *Safety Requirements.* – A registered MCCC or MCSCF shall:

22 a) Implement appropriate security measures to deter and prevent the

1 g) Number of registered MCCCs.

2 SEC. 28. *Appropriations.* – The amount necessary for the
3 implementation of this Act shall be charged to the current appropriations for the
4 Department of Health. Thereafter, such sum as may be necessary for the
5 continued implementation of this Act shall be included in the annual General
6 Appropriations Act.

7 SEC. 29. *Joint Congressional Oversight Committee.* – There shall be
8 created a Joint Congressional Oversight Committee for Medical Use of
9 Cannabis to oversee, monitor and evaluate the implementation of this Act.

10 The Committee shall be composed of ten (10) members, five (5) shall
11 come from the Senate and five (5) from the House of Representatives, including
12 the Chairpersons and the Vice-Chairpersons of the Committee on Health. The
13 members shall be respectively designated by the Senate President and Speaker
14 of the House of Representatives.

15 The membership of the committee for every House shall have at least two
16 (2) opposition or minority members.

17 SEC. 30. *Implementing Rules and Regulations.* – Within ninety (90)
18 days from the effectivity of this Act, the Secretary of Health shall, in
19 consultation and coordination with relevant civil society organizations
20 promulgate rules and regulations necessary for the effective implementation of
21 this Act.

1 theft of cannabis and unauthorized entrance into areas containing cannabis;

2 b) Cultivate or test cannabis in an enclosed, locked location at the
3 physical address or addresses provided during the registration process, which can
4 only be accessed by their employees or agents;

5 c) Display their registration certificates in their premises at all times.

6 SEC. 17. ***Location.*** – A registered MCCC and MCSCF shall not be
7 located within one thousand (1000) feet of the property line of a pre-existing
8 school, college or university.

9 SEC. 18. ***Exemption From Civil and Criminal Liability.*** – The
10 following shall be exempt from civil and criminal liability:

11 a) Qualified patient for using cannabis in the prescribed dosage for
12 treatment of debilitating medical condition as determined and certified by a
13 bona fide recommending physician;

14 b) Registered and designated cannabis caregiver for assisting a
15 registered qualified patient and for possessing not more than the exact prescribed
16 dosage of cannabis needed by the qualifying patient;

17 c) The certifying physician for prescribing medical cannabis or
18 providing written certifications stating that in the physician's professional
19 opinion, a patient is likely to receive therapeutic or palliative benefit from the
20 medical use of cannabis to treat or alleviate the patient's serious or debilitating
21 medical condition or symptoms: *Provided*, That the physician has established a
22 bona fide relationship with the patient and conducted a thorough clinical analysis

1 of the patient's medical conditions;

2 d) Registered and licensed medical cannabis compassionate center and
3 its agents for selling cannabis seeds to similar entities that are registered to
4 dispense cannabis for medical use or for acquiring, possessing, cultivating,
5 manufacturing, delivering, transferring, transporting, supplying, selling, or
6 dispensing cannabis or related supplies and educational materials to qualified
7 patients and their designated caregivers.

8 e) Registered medical cannabis safety compliance facility and its agents
9 for possessing and testing cannabis for medical research and compliance
10 purposes.

11 SEC. 19. *Prescription.* – A certifying physician shall not be subject to
12 administrative action by the Philippine Medical Association or by any other
13 occupational or professional licensing board or bureau for prescribing cannabis as
14 treatment to qualified patient.

15 SEC. 20. *Paraphernalia.* – Medical Cannabis and its paraphernalia which
16 is possessed, owned, or used in connection with the medical use of cannabis under
17 this Act shall not be seized or confiscated. In patient's medical use of cannabis,
18 the seizure shall not be prevented if it exceeds the amount or dosage prescribed by
19 the qualified physician.

20 SEC. 21. *Confidentiality.* – The following information and records kept
21 based on the Authority's regulations are confidential and shall not be disclosed to
22 any individual or public or private entity, except as necessary for the performance

of official duties under this Act:

a) Applications and renewals, their contents, and supporting information submitted by qualified patients and designated caregivers;

b) Applications and renewals, their contents, and supporting information submitted by or on behalf of MCCC's in compliance with this Act; and

c) The individual names and other information identifying persons to whom the Authority has issued registry identification cards.

SEC. 22. *Registry.* – The Authority shall maintain a confidential list of persons to whom the Authority has issued registry identification cards, their addresses, phone numbers, registry identification numbers. These records shall be kept and maintained separately from registrant public data which shall identify cardholders and MCCC's by their registry identification numbers only and shall not contain names or other personal identifying information.

Hard drives or other data-recording media or storage which contain cardholder information that are no longer in use must be destroyed.

The data subject of this section shall not be combined or linked in any manner with any other list or database and it shall not be used for any purpose not provided under this Act.

SEC. 23. *Verification System.* – Within one hundred twenty (120) days from the effectivity of this Act, the Authority shall establish a verification system. The verification system shall allow the employees and agents of the Authority,

1 Medical Cannabis Compassion Centers (MCCC) and Medical Cannabis Safety
2 Compliance Facilities (MCSCF) to enter a registry identification number to
3 determine whether or not the number corresponds with a current and valid registry
4 identification card. The system shall only disclose the following:

- 5 a) Validity of the identification card;
- 6 b) Information whether the cardholder is a registered qualified patient
7 or a registered caregiver; and
- 8 c) The registry identification number of the MCCC designated to serve
9 the qualified patient who holds the card or the registry identification number of
10 the patient who is assisted by the caregiver.

11 The Authority shall, at cardholder's request, confirm the person's status as
12 a registered qualified patient or registered and designated caregiver to the
13 following third party, such as a landlord, employer, school, medical professional,
14 PNP personnel, drug enforcement agent or court.

15 Section 24. **Discrimination Prohibited**

16 a) A registered qualifying patient who uses cannabis for medical purposes
17 or a registered designated caregiver shall be afforded all the same rights under the
18 law, as the individual would have been afforded if he or she were solely
19 prescribed pharmaceutical medications, as it pertains to employment, housing and
20 education.

21 b) A person otherwise entitled to custody of or visitation or parenting time
22 with a minor shall not be denied such a right, and there shall be no presumption of

1 neglect or child endangerment, for conduct allowed under this chapter, unless the
2 person's actions in relation to cannabis were such that they created an
3 unreasonable danger to the safety of the minor as established by clear and
4 convincing evidence.

5 c) No school, landlord, or employer may be penalized or denied any benefit
6 under law for enrolling, leasing to, or employing a cardholder.

7 SEC. 25. *Prohibited Acts.* – It shall be prohibited for:

8 a) A qualifying patient to:

9 1. Possess and smoke cannabis and engage in the medical use of
10 cannabis in any mode of public transportation or in any public place;

11 2. Operate, navigate, or being in actual physical control of any motor
12 vehicle, aircraft, or motorboat while under the influence of cannabis: *Provided,*
13 That a registered qualifying patient or visiting qualifying patient shall not be
14 considered to be under the influence of cannabis solely because of the presence
15 of metabolites or components of cannabis that appear in insufficient
16 concentration to cause impairment;

17 3. Undertake under the influence of cannabis, task that would require
18 the use of body or motor functions impaired by the use of cannabis; and

19 4. Use cannabis for purposes other than treatment of a debilitating
20 medical condition;

21 b) An authorized physician to prescribe medical cannabis to any person
22 without establishing a bona fide relationship with the patient and to refer patients

or caregivers to a MCCC on which the physician holds any financial interest;

c) A registered MCCC to:

1. Acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or dispense cannabis to any person except to registered qualified patients or through their registered caregivers; and

2. Acquire usable cannabis or mature cannabis plants from unregistered MCCC.

3. Refer patients to an authorized physician

d) Any person to:

1. Advertise medical cannabis sales in printed materials, on radio or television, social media, or by paid-in-person solicitation of customers. This shall not prevent appropriate signs on the property of the registered MCCC, listings in business directories including phone books, listings in cannabis-related or medical publications, or the sponsorship of health or charity or advocacy events; and

2. Violate the confidentiality of information under Section 21 of this Act.

SEC. 26. **Penalty.** – Any person or entity who violates Section 24 of this Act shall be punished with a fine of one hundred thousand pesos (P100,000.00) and revocation of the license or registration certificates to use, possess or sell cannabis for medical purposes under this Act.

Any person who violates confidentiality under Section 21 of this Act shall

1 be punished with a fine of not less than ten thousand pesos (P10,000.00) but not
2 more than fifty thousand pesos (P50,000.00).

3 If the offender is a physician the penalty shall include revocation of
4 professional license.

5 The suspension or revocation of registration certificate is a final action of
6 the Authority. The Authority shall constitute a committee that will review
7 documents and evidence of the case and shall recommend action to be taken by
8 the Director-General.

9 **SEC. 27. Reports.** – The Authority shall submit to the President of the
10 Philippines and Congress an annual report which shall not disclose any
11 identifying information about cardholders, registered MCCCs, or practitioners,
12 but shall have at a minimum, all of the following information:

- 13 a) Number of applications and renewals filed for registry identification
14 cards;
- 15 b) Number of registered qualifying patients at the time of the report;
- 16 c) Number of registry identification cards that were issued to visiting
17 qualifying patients at the time of the report;
- 18 d) Nature of the debilitating medical conditions of the qualifying
19 patients;
- 20 e) Number of registry identification cards revoked for misconduct;
- 21 f) Number of physicians providing written certifications for qualifying
22 patients; and

1 g) Number of registered MCCCs.

2 SEC. 28. *Appropriations.* – The amount necessary for the
3 implementation of this Act shall be charged to the current appropriations for the
4 Department of Health. Thereafter, such sum as may be necessary for the
5 continued implementation of this Act shall be included in the annual General
6 Appropriations Act.

7 SEC. 29. *Joint Congressional Oversight Committee.* – There shall be
8 created a Joint Congressional Oversight Committee for Medical Use of
9 Cannabis to oversee, monitor and evaluate the implementation of this Act.

10 The Committee shall be composed of ten (10) members, five (5) shall
11 come from the Senate and five (5) from the House of Representatives, including
12 the Chairpersons and the Vice-Chairpersons of the Committee on Health. The
13 members shall be respectively designated by the Senate President and Speaker
14 of the House of Representatives.

15 The membership of the committee for every House shall have at least two
16 (2) opposition or minority members.

17 SEC. 30. *Implementing Rules and Regulations.* – Within ninety (90)
18 days from the effectivity of this Act, the Secretary of Health shall, in
19 consultation and coordination with relevant civil society organizations
20 promulgate rules and regulations necessary for the effective implementation of
21 this Act.

1 SEC. 31. *Separability Clause.* – If any provision or part of this Act is
2 declared invalid or unconstitutional, the remaining parts or provisions not
3 affected shall remain in full force and effect.

4 SEC. 32. *Repealing Clause.* – For purposes of this Act, pertinent
5 provisions of Republic Act No. 9165, otherwise known as the “*Dangerous*
6 *Drugs Act of 2002*,” as amended, and all other laws, decrees, orders, rules and
7 regulations, or parts thereof, inconsistent with any provision of this Act are
8 hereby repealed or modified accordingly.

9 SEC. 33. *Effectivity.* – This Act shall take effect fifteen (15) days after
10 its publication in the *Official Gazette* or in a newspaper of general circulation.

11 Approved,