

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Third Regular Session



HOUSE BILL NO. 8843

Introduced by: **"KUYA" JOSE ANTONIO R. SY-ALVARADO**

EXPLANATORY NOTE

According to an article of medicinenet.com, medical marijuana is a plant-based medicine from the cannabis sativa or cannabis indica species. Medical marijuana is usually use for pain, nausea, muscle spasms, anxiety, seizure disorder and other serious medical conditions.

There are several research studies examining the benefits of the use of medical marijuana. About 68% found that the use of such drug is beneficial for modulating the immune system, promoting neuroplasticity, emotional and cognitive modulation including learning and motivation, appetite, vascular function, and digestive function.

Our country will benefit from the use and regulation of this drug in order to address patients whose suffering from serious illness. According to the International Agency for Research on Cancer (IARC), there were about 100,000 newly diagnosed cases of cancer every year and about 50,000 reported cases of death annually. Since cancer is a serious threat to the health of the people, it is high time for the State to adopt alternative and affordable method of curing such illness or at least alleviating the pain of those suffering from it.

The purpose of this bill is to provide patients and those afflicted with serious diseases to have alternative option in treating their illness and alleviating their suffering from it. This bill does not in any way tolerate the abuse of this drug since medical cannabis can only be taken with the proper diagnosis and prescription of licensed physicians.

This bill also intends to provide safety measures and regulation on the use of medical cannabis in order to ensure the health and safety of the public.

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

“KUYA” JOSE ANTONIO R. SY-ALVARADO

*Representative
First District of Bulacan*

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HOUSE BILL NO. **8843**

Introduced by **Representative "KUYA" JOSE ANTONIO R. SY-ALVARADO**

**AN ACT PROVIDING COMPASSIONATE AND RIGHT OF ACCESS TO
MEDICAL CANNABIS AND EXPANDING RESEARCH INTO ITS MEDICINAL
PROPERTIES**

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 "Philippine Compassionate

Medical Cannabis Act"

SEC. 2. *Statement of Policy.* - Section 11 of the Philippine Constitution explicitly states that it is "The policy of the state to adopt an integrated and comprehensive approach to health development which shall endeavour to make essential goods, health and other social services available to all the people at affordable cost." The State shall protect and promote the right to health of the people and in still health consciousness among them.

Section 2 of the Dangerous Drugs Act provides that the state shall 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 characteristics 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:

- a) *Bona fide relationship* refers to a physician and patient relationship wherein a licensed physician has made a complete assessment of the patient's medical history and current medical condition, including an appropriate diagnostic and personal physical examination sufficient to determine that the patient is suffering from debilitating medical condition;
- b) *Cannabis* refers to every kind, class, genus, specie of the plant *Cannabis sativa* L., *Cannabis americana*, hashish, bhang, guaza, churrus, ganjab and embraces every kind, class and character of marijuana, whether dried or fresh and flowering, flowering or fruiting tops, or any part or portion of the plant and seeds thereof, and all its geographic varieties, whether as a reefer, resin, extract, tincture or in any form whatsoever;
- c) *Compassioante* – a virtue combining concepts such as sympathy, empathy, fellow feeling, benevolence, care, love, and sometimes pity and mercy. A profound awareness of another's suffering coupled with a desire to alleviate that suffering.
- d) *Medical Cannabis Compassionate Center* refers to any entity registered with the Department of Health and licensed to acquire, possess, cultivate, manufacture, deliver, transfer, transport, sell, supply and dispense cannabis, devices or related supplies and educational materials to registered qualifying patients.
- e) *Medical Cannabis Safety Compliance Facility* refers to any entity registered with the Department of Health that conducts scientific and medical research on medical use of cannabis and provides testing services for its potency and contaminants relative to its safe and efficient use, cultivation, harvesting, packaging, labelling, distribution and proper security;
- f) *Debilitating medical condition* means one or more of the following:
 - (1) Cancer; (2) Glaucoma; (3) Multiple sclerosis; (4) Damage to the nervous tissue of the spinal cord, with objective neurological indication of intractable spasticity; (5) Epilepsy; (6) Positive status for human immunodeficiency virus or acquired immune deficiency syndrome; (7) Admitted into hospice care; (8) Post-traumatic stress disorder; (9) Rheumatoid arthritis or similar chronic autoimmune inflammatory disorders; or (10) any other debilitating medical condition or its

treatment that is added by the Department of Health as recommended by a panel of doctors constituted for this purpose.

- g) *Medical use* refers to delivery, possession, transfer, transportation, or use of cannabis and its devices 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.

SEC. 4. *The Secretary of the Department of Health herein referred to as the Secretary shall lead the formulation of regulations to implement this Act.*

SEC. 5. *There is hereby established in the Department an Advisory Committee on Medical Use of Cannabis, hereinafter referred to as the Advisory Committee to advise the Secretary on formulating regulations under this Act.* The members of the Advisory Committee and Subcommittee of the Advisory Committee shall be appointed by the Secretary. It shall include but not limited to health care practitioners, patients or representatives of patients with debilitating conditions, experts in the regulation of controlled substances for medical use, medical cannabis industry professionals and law enforcement agencies. The Secretary shall form a subcommittee to advise the Secretary on clinical, matters relating to medical cannabis, the members of which shall predominantly be clinical professionals in appropriate areas of expertise and shall also include representatives of patients. Members of the subcommittee need not be members of the Advisory Committee. Both members of the Advisory Committee and Subcommittee may receive reimbursement for their reasonable and necessary expenses incurred as Members of the Advisory Committee or Subcommittee.

SEC. 6. *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

SEC. 7. *Qualified Medical Cannabis Patient.* – "Qualifying patient" means a person who has been diagnosed by a certifying physician with bona fide relationship with the patient as having debilitating medical condition as defined in Section 3 (e) and who in

the physician's professional opinion will receive therapeutic or palliative benefits from the medical use of cannabis.

SEC. 8. *Identification Cards.* - The Secretary shall issue registered identification (ID) cards to qualified patients after a careful review of the documents required by the Department and included in the implementing rules and regulations of this Act.

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

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

SEC. 9. *Medical Cannabis Patient Caregiver.* - A cannabis patient caregiver must be at least 21 years of age and must not have been convicted of an offense for the use of dangerous drugs under Republic Act (RA) No. 9165. The caregiver shall give consent in writing of his/her willingness to assist the qualified patient in the medical use of cannabis and shall not divert the medical cannabis in his/her possession to any person other than the patient. She/he shall assist only one (1) cannabis patient at the time.

The Department shall maintain the registry of cannabis patient's caregivers shall issue their appropriate ID cards.

SEC. 10. *Medical Cannabis Compassionate Center (MCCC).* An entity shall operate as Medical Cannabis Compassionate Center after approval of its application and registration with the Department.

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

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

- b) The qualification of principal officer and board members' character and relevant experience, including any training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation and preparation, and their experiences in running a health or medical center;
- c) The applicant's system for operations and services, including its staffing and training plans, whether it has sufficient capital to operate, and has ability to provide an adequate supply of medical cannabis to the registered patients;
- d) The sufficiency of the applicant's procedure for accurate record be employed;
- e) The sufficiency of the applicant's measure for safety, security, and the prevention of diversion, including proposed locations and security devices to be employed;
- f) The applicant's system for making medical cannabis available on an affordable basis to registered qualified patients; and
- g) The applicant's procedure for safe and accurate packaging and labelling of medical cannabis, including the measures to ensure that all medical cannabis shall be free from contaminants.
- h) The applicant's assurance that all medical cannabis products being used are organic, pesticide free, gluten free, and that no chemicals have been used in the extraction process as certified by the Food and Drug Administration (FDA).

Provided, that only five (5) MCCC's nationwide shall be initially registered and licensed to engage in the manufacture, cultivation, importation, sale and dispensation of medical cannabis. After one (1) year of effective implementation of this Act, a review shall be conducted for purposes of determining the need of increasing the number of MCCC's.

To ensure that MCCC's are geographically distributed and accessible to qualified patients, the five (5) MCCC's shall be distributed as follows: Two (2) in the

National Capital Region; One (1) in Luzon; One (1) in Visayas and One (1) in Mindanao. The registration and license of MCCC shall be renewed annually.

Provided further, that only medical cannabis products actually imported, grown, cultivated, manufactured, packed and labelled by an MCCC may be dispensed and sold in its own dispensary facility and shall only be administered and use in accredited hospitals or facilities by the DOH. The use of medical cannabis outside these authorized facilities or hospital shall be held illegal and penalized under the law

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

SEC. 11. Dispensation. – A MCCC shall guarantee the appropriate dispensation of cannabis and shall not release more than the prescribed dosage for one month to a registered qualified patient or designated caregiver. The MCCC shall comply with this limitation by maintaining internal confidential record of each entry which include information on the date and time the cannabis was dispensed, the amount of cannabis being dispensed and on whether it was dispensed directly to the patient or to designated caregiver.

SEC. 12 Medical Cannabis Safety Compliance Facilities (MCSCF). – Safety compliance facilities may only operate if they have been issued a valid registration certificate by the Department.

The Department shall evaluate applications of medical cannabis safety compliances facilities based on the following criteria:

- a) The suitability of the applicant's proposed location including compliance with any local zoning laws and the geographic convenience to patients, if approved:
- b) The proposed principal officers' and board members' relevant experiences, including any training or professional licensing related to analytical testing, medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation, preparation, and testing and their experiences in running a drug testing facility center;

- c) The sufficiency of the applicant's measures for safety, security, and the prevention of diversion, including proposed locations and security devices to be employed; and
- d) The proposed safety compliance facility's procedure for its operations and services, including its staffing and training plans, and whether it has sufficient capital to operate.

SEC. 13. *Safety Requirements.* – A registered MCCC or MCSCF shall:

- a) Implement appropriate security measure to deter and prevent the theft of cannabis and unauthorized entrance into areas containing cannabis;
- b) Cultivate or test cannabis in an enclosed, locked location at the physical address or addresses provided during the registration process, which can only be accessed by their employees or agents;
- c) Display their registration certification in their premises at all times.

SEC. 14. *Location.* – A registered MCCC and MCSCF shall not be located within one thousand (1000) feet of the property line of pre-existing school, college or university.

SEC. 15. *Exemption from Civil and Criminal Liability.* – The Following shall be exempt from civil and criminal liability:

- a) Qualified patient for using cannabis in the prescribed dosage for treatment of debilitating medical condition as determined and certified by a bona fide recommending physician;
- b) Registered and designated cannabis caregiver for assisting a registered qualified patient and for possessing not more than the exact prescribed dosage of cannabis needed by the qualifying patient;
- c) The certifying physician for prescribing medical cannabis or providing written certifications stating that in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate the patient's serious or debilitating medical condition or symptoms: Provided,

that the physician has established a bona fide relationship with the patient and conducted a thorough clinical analysis of the patient's medical conditions;

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

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

SEC.16. Prescription. – A certifying physician shall not be subject to administrative action by the Philippine Medical Association or by any other occupational or professional licensing board or bureau for prescribing cannabis as treatment to qualified patient.

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

SEC. 18. Confidentiality. – The following information and records kept based on the Department's regulations are confidential and shall not be disclosed to 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 Department has issued registry identification cards.

SEC. 19. Registry. – the Department shall maintain a confidential list of persons whom the Department has issued registry identification cards, their addresses, phone numbers, registry identification numbers. Those 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 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. 20. *Electronic Verification System.* – Within one hundred twenty (120) days from the effectivity of this Act, the Department shall establish an electronic verification system. The electronic verification system shall allow the employees and agents of the Department, Medical Cannabis Compassion Centers (MCCC) and Medical Cannabis Safety Compliance Facilities (MCSCF) to enter a registry identification number to determine whether or not the number corresponds with a current and valid registry identification card. The system shall only disclose the following:

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

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

SEC. 21. *Discrimination Prohibited*

- (a) A registered qualifying patient who uses cannabis for medical purposes or a registered designated caregiver shall be afforded all the same rights under the law, as the individual would have been afforded if he or she were solely prescribed pharmaceutical medications, as it pertains to employment, housing and education.
- (b) A person otherwise entitled to custody of or visitation or parenting time with a minor shall not be denied such a right, and there shall be no presumption of neglect or child endangerment, for conduct allowed under this chapter, unless the person's actions in relation to cannabis were such that they created

an unreasonable danger to the safety of the minor as established by clear and convincing evidence.

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

SEC. 22. *Prohibited Acts.* – it shall be prohibited for:

- (a) A qualifying patient to:

1. Possess and smoke cannabis and engage in the medical use of cannabis in any mode of public transportation or in any public place;
2. Operate, navigate, or being in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of cannabis: Provided, that a registered qualifying patient or visiting qualifying patient shall not be considered to be under the influence of cannabis solely because of the presence of metabolites or components of cannabis that appear in insufficient concentration to cause impairment;
3. Undertake under the influence of cannabis, task that would require the use of body or motor functions impaired by the use of cannabis; and
4. Use cannabis for purposes other than treatment of a debilitating medical condition;

- (b) An authorized physician to prescribe medical cannabis to any person without establishing a bona fide relationship with the patient and to refer patients or caregivers to a MCCC on which the physician holds and 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 advocacy events; and

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

SEC. 23. *Penalty.* – Any person or entity who violates Section 24 of this Act shall be punished with a fine of one hundred thousand pesos (1000,000.00) and revocation of the license or registration certificated to use, possess or sell cannabis for medical purposes under this Act.

Any person who violates confidentiality under Section 21 of this Act shall be punished with a fine of not less than ten thousand pesos (P10,000.00) but not more than fifty thousand (P50,000.000).

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

The suspension or revocation of registration certificate is a final action of the Department. The Department shall constitute a committee that will review documents and evidence of the case and shall recommend action to be taken by the Secretary.

SEC. 24. *Research.* – The Department shall within 120 days from the approval of this Act authorize the National Institutes of Health Sciences, the research arm of the University of the Philippines, Manila, the Health Sciences Center of the UP System to conduct research on the use of medical cannabis and two other organizations it may deem qualified to do so. They may develop, seek and carry out research programs relating to the medical use of cannabis. Participation of any such research program shall be voluntary on the part of practitioners, patients and designated caregivers.

SEC. 25. *Training of Medical Cannabis Physicians.* – the Department shall provide for medical cannabis physicians on the following topics: the pharmacology of marijuana; contraindications; side effects; adverse reactions; overdose prevention; drug interactions; dosing; routes of administration; risks and benefits; warning and precautions; and abuse and dependence. This shall also be part of the medical curriculum of all medical schools, colleges and universities.

SEC. 26. Reports. – The Department shall submit to the President of the Philippines and Congress an annual report which shall not disclose any identifying information about cardholders, registered MCCCs, or practitioners, but shall have at a minimum, all of the following information:

- a) Number of applications and renewals filed of registry identification cards;
- b) Number of registered qualifying patients at the time of the report;
- c) Number of registry identification cards that were issued to visiting qualifying patients at the time of the report;
- d) Nature of the debilitating medical conditions of the qualifying patients;
- e) Number of registry identification cards revoked for misconduct;
- f) Number of physicians providing written certifications for qualifying patients; and
- g) Number of registered MCCCs

SEC. 27. Appropriations. – The amount necessary for the implementation of this Act shall be charged to the current appropriations for the Department of Health. Thereafter, such sum as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 28. Joint Congressional Oversight Committee. – There shall be created a Joint Congressional Oversight Committee for Medical Use of Cannabis to oversee, monitor and evaluate the implementation of this Act.

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

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

SEC. 29. Implementing Rules and Regulations. – Within ninety (90) days from the effectivity of this Act, the Secretary of the Department of Health shall, in consultation and coordination with its Advisory Committee composed of relevant civil society organizations, health care practitioners' patients or

Representatives of patients with debilitating conditions, experts in the regulation of controlled substances for the medical use, medical cannabis industry professionals and law enforcement agencies, promulgate rules and regulations necessary for the effective implementation of this Act.

SEC. 30 *Separability Clause.* – If any provision or part of this Act is declared invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 31 *Repealing Clause.* – For purposes of this Act, pertinent provisions of Republic Act No. 9165, otherwise known as the “*Dangerous Drugs Act of 2002*” as amended, and all other laws, decrees, orders, rules and regulations, or parts thereof, inconsistent with any provision of this Act are hereby repealed or modified accordingly.

SEC. 32. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,

