



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

NINETEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 7817



Introduced by **Representative GLORIA MACAPAGAL-ARROYO**

AN ACT
PROVIDING COMPASSIONATE AND RIGHT OF ACCESS TO MEDICAL
CANNABIS, EXPANDING RESEARCH INTO ITS MEDICAL PROPERTIES
AND FOR OTHER PURPOSES

Explanatory Note

The recorded use of cannabis as medicine goes back to about 2,500 – 10,000 years ago in traditional Chinese and Indian medicine. Recent studies show that cannabis has established effects on control of epileptic seizures, pain management in multiple sclerosis and arthritis, treatment of symptoms associated with HIV – AIDS and palliative care in end-stage cancer treatment. Potential medical effects based on clinical trials include prevention of cancer from spreading, management of anxiety, slows progression of Alzheimer's disease and control of muscle spasms and tremors. Cannabis use in children with epilepsy and seizure disorders have been shown to be effective without the deleterious side effects of anti-epileptic medications.

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 26 states including the District of Columbia with medical marijuana laws. At the federal level, a bipartisan bill known as the CARERS Act has been introduced in both Houses legalizing the use of cannabis. Israel, Canada, the Netherlands and 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, though 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, where possession and use of cannabis, rarely lead to criminal prosecution.

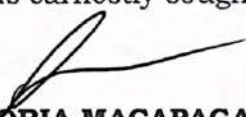
In the Philippines, thousands of patients suffering from serious and debilitating diseases will benefit from legalizing the medical use of cannabis. According to the 2012 Report of the International Agency for Research on Cancer (IARC), there were 98,200 new, diagnosed cancer cases in a year in the country while 59,000 are dying of cancer annually. Cancer treatment in the country is prohibitive. Depending on the type of cancer, cost of treatment ranges from P36,000 to P180,000 for standard 6 cycles of chemotherapy. While Philhealth helps cover some cases of Cancer in Z case rate, patients who are not eligible still have out of pocket expenses for chemotherapy treatments.

While many patients may still opt for conventional and orthodox treatment, the intention of this bill is to invoke the right of the patient to choose treatment and the duty of the physician to honor the patient's decision as well as to inform the patient of the side effects of such treatment. It is the intention of this bill to have a harmonious partnership between the physician and a patient where no one is above the other. Its objective is for the patient to have access to safe, affordable, available medical cannabis prescribed by a registered physician in cases where cannabis has been found to be effective in prevention, treatment and management of specified symptoms, illnesses and diseases. This is in line with Section 11 of the Philippine Constitution which 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 people at affordable cost."

The use of cannabis for medical purposes is provided for by both existing international and national law. 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 of the production, manufacture, export, import, distribution, trade in use and possession of drugs." On the other hand, The Dangerous Drugs Act of 2002 recognized the medical use of drugs classified as dangerous drugs including marihuana when it is 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."

This Act should not be deemed in any manner to advocate, authorize, promote, or legally or socially accept the use of cannabis or marijuana for any non-medical use. For this reason, it provides for 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.



Representative GLORIA MACAPAGAL ARROYO
2nd District, Pampanga



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1 **AN ACT PROVIDING COMPASSIONATE AND RIGHT OF ACCESS TO**
2 **MEDICAL CANNABIS, EXPANDING RESEARCH INTO ITS**
3 **MEDICINAL PROPERTIES AND FOR OTHER PURPOSES**

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

6 **SECTION 1.** *Short Title.* - This Act shall be known as the "Philippine Compassionate
7 Medical Cannabis Act".

8
9 **SEC. 2.** *Declaration of Policy.* - Pursuant to Section 11, Article XIII of the 1987 Philippine
10 Constitution, it shall be the policy of the State to adopt an integrated and
11 comprehensive approach to health development which shall endeavor to make essential
12 goods, health and other social services available to all the people at affordable cost.
13 The State shall protect and promote the right to health of the people and instill health
14 consciousness among them.

15
16 Furthermore, in accordance with Section 2 of Republic Act No. 9165 or the
17 Comprehensive Dangerous Drugs Act as amended, the State shall provide measures
18 to achieve a balance in the national drug control program so that patients with a
19 debilitating medical condition may receive adequate amount of treatment and appropriate
20 medications from the regulated use of dangerous drugs.

21
22 Finally, Section 2 of Republic Act No. 8423 or the Traditional and Alternative
23 Medicine Act (TAMA) of 1997 provides that it shall be the policy of the State to
24 improve the quality and delivery of health care services to the Filipino people through the
25 development of traditional and alternative health care and its integration into the national
26 health care delivery system. It also provides that the State shall seek a legally workable
27 basis by which indigenous societies would own their knowledge of traditional medicine.

28
29 Toward this end, the State shall legalize and regulate the medical use of
30 cannabis which has been confirmed to have beneficial and therapeutic uses to a
31 debilitating medical condition. This will complement conventional health care and will be

1 the medicine of last resort as certified by registered qualified medical cannabis
2 physicians to qualified patients if and when standard medical treatment options are
3 deemed ineffective based on indications and criteria determined by the Department of
4 Health in consultation with the Food and Drug Administration.
5

6 **SEC. 3. Definition of Terms.** -As used in this Act:
7

8 a) *Bona -fide relationship* refers to a continuing physician and patient
9 relationship wherein a registered physician has made a complete assessment of the
10 patient's medical history and current medical condition, including an appropriate
11 diagnostic and personal physical examination sufficient to determine that the patient is
12 suffering from a debilitating medical condition;
13

14 b) *Cannabis* refers to every kind, class, genus, specie of the plant *Cannabis*,
15 *hashish*, *bhang*, *guaza*, *churrus*, *ganjab*, and embraces every kind, class and
16 character of marijuana, whether dried or fresh and flowering, flowering or fruiting
17 tops, or any part or portion of the plant and seeds thereof, and all its geographic
18 varieties, whether s a reefer, resin, extract, tincture or in any form whatsoever;
19

20 c) *Closed Locked Facility* refers to a closet, room or other comparable,
21 stationary, and fully enclosed area equipped with secured locks or other functioning
22 security devices that permit access only to authorized personnel of the Medical
23 Cannabis Compassionate Center cultivation site and dispensary; or an outdoor area
24 with an enclosed perimeter by chain-link fencing, wooden slats, or a similar material
25 that prevents access by the general public and fully equipped with functioning
26 security devices that permit access only to authorized personnel of the Medical
27 Cannabis Compassionate Center cultivation site and dispensary;
28

29 d) *Compassionate* refers to an act of showing compassion and sympathy to
30 a person suffering from a debilitating medical condition with a desire to treat or
31 alleviate his/her condition;
32

33 e) *Debilitating medical condition* refers to any disease that produces one or more
34 of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea;
35 seizures, or severe and persistent muscle spasms. Debilitating medical conditions
36 include the following diseases: (1) Cancer; (2) Glaucoma; (3) Multiple sclerosis; (4)
37 Damage to the nervous system of the spinal cord, with objective neurological indication
38 of intractable spasticity; (5) Epilepsy; (6) Positive status for human immunodeficiency
39 virus (HIV) or acquired immune deficiency syndrome (AIDS); (7) Post-traumatic stress
40 disorder; (8) Rheumatoid arthritis or similar chronic autoimmune inflammatory disorders;
41 (9) Diseases requiring admission into hospice care; and (10) Any other debilitating medical
42 condition that is subsequently identified by the Department of Health through the
43 Medical Cannabis Advisory Committee established under this Act;
44

45 f) *Medical Cannabis* refers to cannabis products such as capsules and oil
46 in their pharmaceutical formulation which shall have detailed and accurate information
47 regarding the concentration of tetrahydrocannabinol (THC) and cannabidiol (CBD)
48 certified by the PDEA licensed and DOH registered physician to qualified patients. In no
49 instance shall cannabis be used in its raw form;
50
51
52

1 g) *Medical Cannabis Compassionate Center (MCCC)* refers to an entity duly
2 registered and licensed by the Department of Health (DOH) and Philippine Drug
3 Enforcement Agency (POEA) to acquire, possess, deliver, transfer, transport,
4 cultivate, manufacture, store, import, sell, supply and dispense medical cannabis;
5

6 h) *Medical use* refers to the use of medical cannabis to treat or alleviate
7 a registered qualified patient's debilitating medical condition or symptoms associated
8 with his debilitating medical condition, and shall include its acquisition, possession,
9 transportation, delivery, dispensation, administration, cultivation, or manufacturing for
10 medical purposes; and
11

12 i) *Written Certification* refers to a document dated and signed by a registered
13 qualified medical cannabis physician certifying that the qualifying patient has any of the
14 debilitating medical condition under Section 3 (e) and recommends the use of medical
15 cannabis to treat or alleviate the latter's condition. *Provided, That* a written certification
16 shall be made only in the course of a bona fide physician – patient relationship.
17

18 **SEC. 4. Role of Agencies.** - The following agencies shall perform the following roles and
19 responsibilities:
20

21 a) *Department of Health (DOH).* - The DOH shall be the principal regulatory
22 agency in the access and use of medical cannabis. It shall register and issue
23 licenses to qualified entities engaged in activities related to the use of medical
24 cannabis, establish a Prescription Monitoring System and maintain an electronic database
25 of registered medical cannabis patients, physicians, caregivers and other qualified
26 entities for monitoring and regulation purposes.
27

28 The Secretary of the DOH, herein referred to as the Secretary, shall take the
29 lead in the formulation of rules and regulations to implement this Act.
30

31 b) *Food and Drug Administration (FDA).* - The FDA shall be the
32 regulatory agency tasked to undertake testing of medical cannabis products to
33 determine its potency, consistency, safe and effective use, as well as compliance
34 with packaging and labelling safety requirements. It shall ensure that all medical
35 cannabis products are organic, pesticide free, gluten free, safe, effective, and tested
36 prior to distribution, dispensation and sale.
37

38 c) *Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency (PDEA).* -
39 The DDB and PDEA shall have a key role in monitoring and regulating the
40 importation, cultivation, manufacture, storage, distribution, prescription, dispensation
41 and sale of medical cannabis by registered Medical Cannabis Compassionate
42 Centers (MCCCs). It shall establish and maintain an information system especially
43 to track cannabis growth from seed to sale for monitoring and regulation purposes.
44

45 **SEC. 5. Advisory Committee on Medical Use of Cannabis.** - There is hereby established
46 in the DOH an Advisory Committee on the medical use of cannabis, hereinafter
47 referred to as the Medical Cannabis Advisory Committee, which shall assist and
48 provide directions in the formulation, implementation and assessment of the policies,
49 guidelines and regulations covered under this Act.
50

51 The Secretary of the DOH shall serve as the chairperson of the
52 Medical Cannabis Advisory Committee. The Chairman of the Dangerous Drugs Board
53 (DDB), the Directors-General of the FDA and the PDEA or their respective

1 representatives shall be permanent members of the Medical Cannabis Advisory
2 Committee.

3
4 The Secretary shall appoint the other members of the Medical
5 Cannabis Advisory Committee who shall serve for a term of three (3) years. It shall
6 comprise of three (3) health care practitioners, two (2) experts in the regulation of
7 controlled substances for medical use, who must be citizens and residents of the
8 Philippines, of good moral character, of recognized probity and independence and
9 must distinguish themselves professionally in public, civic or academic service and
10 must have been in the practice of their professions for at least ten (10) years; and
11 two (2) representatives from a nationally recognized organization of patients with
12 debilitating medical conditions. The non-ex officio members shall nominate a Vice-
13 Chairperson from among themselves, and shall receive an honoraria in accordance
14 with existing laws, rules and regulations.

15
16 The Medical Cannabis Advisory Committee shall meet once a month or as
17 often as necessary at the discretion of the Chairman. The presence of six (6)
18 members shall constitute a quorum.

19
20 **SEC. 6. Qualified Medical Cannabis Physician.** -To be considered competent to certify a
21 patient's medical need to use cannabis for treatment and issue a corresponding
22 written certification to that effect, a physician must register with the DOH and possess
23 the following qualifications:

- 24
25 a) Has an established bona fide relationship with the patient;
26
27 b) Is licensed by the PDEA to prescribe dangerous drugs; and
28
29 c) Has the professional qualification, credential, training and experience to treat
30 any of the debilitating medical conditions enumerated under Section 3 (e) of this
31 Act.
32

33 *Provided,* That a qualified medical cannabis physician may not issue a written
34 certification for his own use, immediate family or relatives within the fourth civil
35 degree of consanguinity or affinity.

36
37 The qualified medical cannabis physician shall maintain a record of all his issued
38 written certifications. He shall be responsible for the submission of a clinical study
39 report to the DOH for every qualified patient which he certified or prescribed the use of
40 medical cannabis specifically describing the quantity administered/use,
41 therapeutic/desired effect and any adverse reaction, at the end of each year.

42
43 The written certification issued by the qualified medical cannabis physician shall
44 be valid for one (1) year from the date of issuance unless in his professional opinion, the
45 qualified patient would benefit from medical cannabis only until a specified date so
46 stated in the written certification; or sooner revoked by reason of misuse or diversion
47 of the written certification; or failure to abide by the prescribed dosage and form; or the
48 qualified patient no longer suffers from a debilitating medical condition or has not received
49 therapeutic or palliative benefit from the use of medical cannabis; or when the qualified
50 patient has died. The written certification may be renewed for another year subject to
51 the conduct of appropriate diagnostic and physical examinations to completely assess
52 the medical condition of the qualified patient.
53
54

For this purpose, the DOH shall develop a standard form of written certification which shall be made available to qualified medical cannabis physicians. The written certification shall include the following details: (a) name, date of birth and address of the qualified patient; (b) a statement that the qualified patient has any of the debilitating medical condition provided in Section 3 (e) and that the qualified patient is under the qualified medical cannabis physician's care for the debilitating medical condition; (c) recommended form and dosage of medical cannabis; (d) an attestation that the qualified physician is actively registered with the DOH; (e) issue and expiry date of the certification; and (f) name, address, telephone number, handwritten signature and PRC, DOH registration number and PDEA license numbers of the qualified medical cannabis physician.

SEC. 7. Qualified Medical Cannabis Patient. - A qualified medical cannabis patient means a person who has been diagnosed by a certifying qualified physician as having a debilitating medical condition as defined in Section 3 (e) and who, in the qualified physician's professional evaluation, should receive therapeutic or palliative benefits from the medical use of cannabis.

If the qualified patient is below eighteen (18) years of age or above 18 but is incapable or incapacitated to fully give his consent, the certifying qualified physician is mandated to explain to the patient as well as to the custodial parent or legal guardian who has the responsibility to make health care decisions on behalf of the qualified patient the potential risks and benefits of medical cannabis. The custodial parent or legal guardian shall signify, in writing, their consent to allowing the qualified patient's medical use of cannabis.

SEC. 8. Medical Cannabis Patient Caregiver. - The qualified patient's caregiver shall be a registered nurse duly licensed by the PDEA to administer medical cannabis and has registered with the DOH to engage in the use of medical cannabis. He/she must be at least 21 years of age and must not have been convicted of any offense under Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act as amended.

The qualified caregiver shall give consent in writing to perform the following:

- a) Assist the qualified patient in the medical use of cannabis;
- b) Not divert the medical cannabis in one's possession to any person other than the patient; and
- c) Assist only one (1) cannabis patient at a time.

SEC. 9. Identification Cards. - The DOH shall issue registry identification (ID) cards to qualified medical cannabis patients and caregivers upon compliance with DOH documentary requirements and the provisions of this Act as well as the implementing rules and regulations.

The registry ID card shall contain the following: name of the cardholder, designation whether the cardholder is the qualified patient or caregiver, date issuance and expiration, assigned unique alphanumeric identification number and photograph of the cardholder. This registry ID card must be presented to MCCC prior to dispensation of medical cannabis and must be kept in possession of the cardholder, at all times, while engaging in the use of medical cannabis.

1 The registry ID card shall be valid for one (1) year from the date of issuance
2 or an earlier date as stated in the written certification, and renewable upon
3 submission of the requirements set forth in the implementing rules and regulations.
4

5 **SEC. 10. Medical Cannabis Compassionate Center (MCCC).** - An entity shall operate
6 as a Medical Cannabis Compassionate Center after registration and obtaining
7 licenses from the DOH and PDEA.
8

9 The Secretary shall establish a system, in coordination with PDEA, for the
10 evaluation of application and licensing of a Medical Cannabis Compassionate Center
11 so based on the following criteria:
12

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

16 b) The qualification, character, and relevant experience of principal officers
17 and board members, including any training or professional licensing related to
18 medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation
19 and preparation and their experiences in running a health or medical center.
20 *Provided*, That no principal officer or board member must have been convicted
21 of any offense under Republic Act No. 9165 or the Comprehensive Dangerous
22 Drugs Act as amended;
23

24 c) The sufficiency of the applicant's capital to operate. For this purpose,
25 the applicant shall satisfy the minimum capital requirement and payment of
26 registration fee laid down in the implementing rules and regulations;
27

28 d) The applicant's effective and efficient system of operations and
29 services, including its staffing and training plans, and its ability to provide
30 an adequate and affordable supply of medical cannabis to registered
31 patients; *Provided*, That no employee or staff must have been convicted of
32 any offense under Republic Act No. 9165 or the Comprehensive Dangerous
33 Drugs Act as amended;
34

35 e) The sufficiency of the applicant's procedure for accurate record keeping
36 and reporting;
37

38 f) The sufficiency of the applicant's measures for safety, security, and
39 prevention of diversion, theft, unauthorized entrance, including proposed
40 locations, and security devices;
41

42 g) The applicant's procedure for safe and accurate packaging and labelling
43 of medical cannabis, including measures to ensure that all medical cannabis
44 are free from contaminants; and
45

46 h) The applicant's assurance that all medical cannabis products being used
47 are organic, pesticide free, gluten free, and that no chemicals have been used
48 in the extraction process as certified by the Food and Drug Administration
49 (FDA).
50

51 *Provided*, That only Five (5) MCCCs nationwide shall be initially registered
52 and licensed to engage in the manufacture, cultivation, importation, sale and
53 dispensation of medical cannabis. After one (1) year of effective implementation of
54 this Act, a review shall be conducted for purposes of determining the need of
55 increasing the number of MCCCs.

1
2 To ensure that MCCC's are geographically distributed and accessible to
3 qualified patients, the five (5) MCCC's shall be distributed as follows: Two (2) in the
4 National Capital Region; One (1) in Luzon; One (1) in Visayas and One (1) in
5 Mindanao. The registration and license of MCCC shall be renewed annually.

6
7 *Provided further,* That only medical cannabis products actually imported,
8 grown, cultivated, manufactured, packed and labelled by an MCCC may be dispensed
9 and sold in its own dispensary facility.

10
11 **SEC. 11. Access to Medical cannabis.** - Medical cannabis shall only be accessed
12 through Medical Cannabis Compassionate Center dispensaries.

13
14 An MCCC shall guarantee the appropriate dispensation of medical cannabis
15 through a pharmacist with an S3 license issued by the PDEA and shall not release
16 more than the prescribed dosage for one (1) month to a qualified patient or
17 caregiver. The MCCC shall comply with this limitation by encoding or entering all
18 dispensed medical cannabis in the Prescription Monitoring System which shall be
19 established and maintained by the DOH. Said system shall include information such
20 as name, address, ID number of the physician, patient, caregiver, diagnosis, medical
21 cannabis product and formulation, and date of dispensation. All information, entries
22 and records obtained are deemed confidential and protected under RA No. 10173
23 otherwise known as the "Data Privacy Act of 2012" and shall not be combined or
24 linked in any manner with any other list or database and shall not be disclosed to any
25 individual, public or private entity, except as provided under this Act.

26
27 *Provided,* That prior to dispensation, the qualified patient or his qualified
28 caregiver must be able to present the qualified physician's written certification and
29 valid registry ID card as specified under Sections 6 and 9 of this Act.

30
31 The DOH and PDEA shall have access to MCCC's records and premises at
32 any time of the day or night whenever work is being undertaken therein, and to
33 question any employee and investigate any fact, condition or matter which may be
34 necessary to determine violations or which may aid in the enforcement of this Act
35 or its rules and regulations issued pursuant thereto.

36
37 **SEC. 12. Electronic Verification.** - The Prescription Monitoring System established by the
38 DOH shall be made accessible to the PDEA Compliance Service and MCCC's where
39 it may electronically verify and determine the validity of the registry ID card and
40 information whether the cardholder is a registered qualified patient or caregiver.

41
42 **SEC. 13. Cultivation, Importation, Production and Distribution.** - The DDB shall assist
43 in the formulation of guidelines, in coordination with other government agencies,
44 with respect to cultivation, importation, production and distribution of medical
45 cannabis which shall be included in the Implementing Rules and Regulations of this
46 Act. It shall also identify specific areas allowable for the cultivation of cannabis;
47 *Provided,* That cultivation shall only be permitted in a closed locked facility and that
48 cultivation shall not be located within one (1) kilometer of the property line of a pre-
49 existing public or private school, college or university, day care center, child care
50 facility or an area zoned for residential use.

51
52 The PDEA shall issue appropriate license and permit for the cultivation,
53 importation, production and distribution of medical cannabis subject to DDB
54 guidelines. It shall also adopt measures that will ensure the prevention of misuse and
55 illicit traffic of the cannabis plant such as establishment of a cannabis plant

1 monitoring system. The Cannabis Plant Monitoring System is a system for testing
2 and data collection established and maintained by the cultivation facility and available
3 for inspection of regulatory agencies for purposes of documenting each cannabis plant
4 and for monitoring plant development throughout the life cycle from seed planting to final
5 packaging.

6
7 To ensure compliance with the provisions of this Act, the PDEA may at all
8 times enter every building, room, enclosure, or premises occupied or used for the
9 cultivation, production, preparation, manufacture for sale, storage, sale of medical
10 cannabis, to inspect the premises and all utensils, fixtures, furniture, and machinery
11 used for the preparation of thereof.

12
13 **SEC. 14. Testing of Medical Cannabis.** - The FDA shall test all medical cannabis prior
14 to its distribution, dispensation and sale to determine its potency, consistency, safe and
15 effective use. It shall ensure that all medical cannabis are organic, pesticide free, gluten
16 free and safe for use.

17
18 It shall ensure that all medical cannabis are individually wrapped at the original
19 point of preparation and conform to existing packaging and labelling requirements of the
20 FDA.

21
22 **SEC. 15. Exemption from Civil and Criminal Liability.** - The following shall be
23 exempt from civil and criminal liability:

24
25 a) The certifying qualified physician for issuing written certifications stating
26 that in the physician's professional opinion, a patient is qualified to receive
27 therapeutic or palliative benefit from the medical use of cannabis to treat or
28 alleviate the patient's debilitating medical condition or symptoms: *Provided*, That
29 the physician must have established a bona fide relationship with the patient
30 and conducted a thorough clinical analysis of the patient's medical conditions;

31
32 b) A qualified patient for using medical cannabis in the prescribed dosage
33 and form for treatment of his debilitating medical condition as determined and
34 certified by a bona fide recommending qualified physician;

35
36 c) A registered cannabis caregiver for assisting a registered qualified patient and
37 for possessing not more than the exact prescribed dosage of cannabis needed by
38 the qualifying patient; and

39
40 d) A duly licensed MCCC and its personnel authorized to dispense medical
41 cannabis as provided under Section 11 of this Act.

42
43 **SEC. 16. Prohibited Acts.** - It shall be prohibited for:

44
45 a) A qualified patient to:

46
47 1. Possess or smoke cannabis;

48
49 2. Operate, navigate, or being in actual physical control of any motor
50 vehicle, aircraft, or motorboat while under the influence of cannabis;

51
52 3. Undertake under the influence of cannabis, tasks that would require
53 the use of body or motor functions impaired by the use of cannabis; and
54

1 4. Use cannabis for purposes other than for treatment of a debilitating
2 medical condition.

3
4 b) A qualified medical cannabis physician to:

5
6 1. Certify and prescribe medical cannabis to any person who is not
7 a qualified patient under this Act;

8
9 2. Prescribe medical cannabis to any qualified patient without
10 establishing a bona fide relationship with said patient;

11
12 3. Prescribe the use of medical cannabis for purposes other than for
13 treatment of a debilitating medical condition;

14
15 4. Refer patients or caregivers to a MCCC on which he or she holds any
16 financial or personal interest; and

17
18 5. Fail or refuse to submit the clinical study report referred to under
19 Section 6 of this Act.

20
21 c) A registered MCCC to:

22
23 1. Acquire, possess, deliver, transfer, transport, supply, or dispense
24 medical cannabis to any person except to registered qualified patients
25 or through their registered caregivers;

26
27 2. Cultivate, manufacture, store and import cannabis/medical
28 cannabis in violation of the provisions of this Act and guidelines set in the
29 implementing rules and regulations;

30
31 3. Acquire usable cannabis or mature cannabis plants from other
32 registered MCCC or illegal sources;

33
34 4. Refer patients to an unqualified physician; and

35
36 5. Dispensing without presentation of the qualified physician's
37 written certification and valid registry ID card of the qualified patient or
38 caregiver.

39
40 d) Any physician who prescribes medical cannabis to any person or patient
41 without the license required in section 6 of this Act.

42
43 e) Any caregiver who administers medical cannabis to any qualified
44 medical cannabis patient without the required license from the PDEA for the
45 purpose, or who, with license, but administers medical cannabis to a person
46 who is not a qualified medical cannabis patient.

47
48 f) Any person, to include foreigners, that:

49
50 1. Advertise the sale of medical cannabis in printed materials, on
51 radio or television, social media, internet or by paid-in person solicitation of
52 customers. *Provided*, That this shall not prevent appropriate signs on
53 the property of the registered MCCC, listings in business directories
54 including phone books, listings in cannabis-related or medical

1 publications, or the sponsorship of health or charity or advocacy events;

2
3 2. Violate the confidentiality of information under R.A. 10173,
4 otherwise known as the "Data Privacy Act of 2012";

5
6 3. Purchase of medical cannabis when not authorized to do so; and
7

8 4. Falsifies an identification card issued by the DOH or an S-3
9 license from the PDEA or possesses a falsified identification card and
10 either attempts to use the card to obtain medical cannabis or obtains
11 medical cannabis. *Provided*, That any person using or possessing a
12 falsified identification card shall be presumed the author thereof.
13

14 **SEC. 17. Penalty.** -Any person who violates any of the provisions of Section 16 of this
15 Act or its Implementing Rules and Regulations shall, upon conviction and final
16 judgment, be punished with a fine of Five Hundred Thousand pesos (P500,000.00) to
17 Ten Million pesos (P10,000,000.00) at the discretion of the Court. Likewise, the
18 same penalty shall be imposed on:
19

20 1. Caregivers in violation of section 8 of this Act; and
21

22 2. MCCCs in violation of section 10 and 11 of this Act.
23

24 Furthermore, the aforementioned penalty carries with it the suspension
25 or revocation of professional license or registration of the persons held as offenders
26 hereof, and the suspension or revocation of the license to operate of any private
27 entity found in violation of this Act.
28

29 In addition, the penalty of life imprisonment shall be imposed on:
30

31 , 1. A qualified patient who commits any of the acts prohibited under
32 paragraphs (a) (1) and (a) (4) of Section 16 of this Act;
33

34 2. A qualified medical cannabis physician who commits any of the acts
35 prohibited under paragraph (b) (1) and (b) (3) of Section 16 of this Act;
36

37 3. A caregiver who commits the prohibited acts in paragraph (e) of Section
38 16 of this Act; and
39

40 4. A MCCC which commits the act prohibited in paragraph (c) (1) of Section
41 16 of this Act: *Provided*, That the persons liable shall be the members of the
42 board of director or executive officers of the MCCC, as the case may be.
43

44 **SEC. 18. Research.** -The DOH shall, within 120 days from the approval of this Act,
45 authorize the National Institutes of Health, the research arm of the University of the
46 Philippines, Manila; the Health Sciences Center of the UP System; and the
47 Philippine Institute of Traditional and Alternative Health Care (PITAHC), to conduct
48 research on the medical use of cannabis. Participation to any research program on
49 the part of qualified physicians, patients and caregivers shall be highly encouraged.
50 In order to carry out this function, the DOH shall provide the necessary funding to
51 support the conduct of this research. Further, the aforementioned entities may
52 receive grants, subject to existing policies, which shall be exclusively used for
53 research purposes.

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2 For purposes of medical research and testing, the DDB shall formulate
3 the regulations in naming the sources and specifying the methods in accessing
4 the sources of cannabis.
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6 **SEC. 19. *Training of Medical Cannabis Physicians, Pharmacists and Caregivers.*** - The
7 DOH shall develop an appropriate training program for medical cannabis
8 physicians, pharmacists and caregivers which shall include the following topics: the
9 pharmacology of cannabis; contraindications; side effects; adverse reactions;
10 overdose prevention; drug interactions; dosing; routes of administration; risks and
11 benefits; warnings and precautions; abuse and dependence, and other related
12 topics. Completion of the program shall be a precondition in the approval of
13 registration with DOH and renewal of license to prescribe, dispense and administer
14 medical cannabis to qualified patients.
15

16
17 The DOH shall coordinate with the Commission on Higher Education to integrate the
18 aforementioned topics on medical cannabis in the medical curriculum of all
19 medical schools, colleges and universities.
20

21 **SEC. 20. *Reports.*** - The DOH shall submit an annual report to the Office of the
22 President and to both Houses of Congress which shall include the following
23 information:
24

- 25 a) Number of applications and renewals filed for registry identification cards;
- 26 b) Number of registered qualified patients at the time of report;
- 27 c) Nature of debilitating medical conditions of the qualified patients;
- 28 d) Number of registry identification cards revoked for misconduct;
- 29 e) Number of qualified physicians who issued written certifications for
30 qualified patients;
- 31 f) Number of registered MCCCs;
- 32 g) Assessment on the use of medical cannabis, research, and treatment of
33 patients with debilitating medical condition; and
34 h) Other pertinent information.
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43 **SEC. 21. *Joint Congressional Oversight Committee.*** - There is hereby created a Joint
44 Congressional Oversight Committee to conduct a regular review of the
45 implementation of this Act.
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47 The Joint Congressional Oversight Committee shall be composed of five (5)
48 Members from the Senate and five (5) Members from the House of Representatives to be
49 appointed by the Senate President and the Speaker of the House of Representatives,
50 respectively. The Joint Congressional Oversight Committee shall be jointly chaired by
51 the Chairpersons of the Senate Committee on Health and Demography and the House
52 of Representatives Committee on Health.

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2 **SEC. 22. *Implementing Rules and Regulations.*** - Within ninety (90) days from the
3 effectivity of this Act, the DOH, in consultation with the appropriate government
4 agencies, shall promulgate rules and regulations necessary for the effective is
5 implementation of this Act.
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8 **SEC. 23. *Appropriations.*** - The amount necessary to carry out the implementation of this
9 Act shall be charged against the current year's appropriations of the DOH. Thereafter,
10 such sums as may be necessary for the continued implementation of this Act shall
11 be included in the annual General Appropriations Act.
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13 **SEC. 24. *Separability Clause.*** - if any provision or part of this Act. is declared invalid
14 or unconstitutional, the remaining parts or provisions not affected shall remain in full
15 force and effect.
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17 **SEC. 25. *Repealing Clause.*** - For purposes of this Act, pertinent provisions of Republic
18 Act No. 9165, otherwise known as the "Dangerous Drugs Act of 2002," as amended,
19 and all other laws, decrees, orders, rules and regulations, or parts thereof, inconsistent
20 with any provision of this Act are hereby repealed or modified accordingly.
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22 **SEC. 26. *Effectivity.*** - This Act shall take effect fifteen (15) days after its publication
23 in the Official Gazette or in a newspaper of general circulation.
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26 Approved,
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