

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 420



Introduced by HON. MIGUEL LUIS R. VILLAFUERTE

EXPLANATORY NOTE

Marijuana, commonly known as cannabis, is a substance derived from the *Cannabis sativa* or *Cannabis indica* plant. It contains compounds called cannabinoids that interact with cannabinoid receptors in the body, producing various physiological effects. One of its primary components is cannabidiol (CBD), which does not have psychoactive effects but has been shown to significantly reduce seizures in individuals with epilepsy.¹ Numerous studies have demonstrated CBD's efficacy in treating specific epilepsy syndromes such as Dravet Syndrome and Lennox-Gastaut Syndrome, as well as its potential in managing chronic pain and anxiety. The World Health Organization (WHO) has acknowledged the therapeutic value of cannabis-based medicines.²

A 2021 study estimates that approximately 0.9% of the Filipino population or around 900,000 individuals live with epilepsy.³ Of this number, roughly 25% suffer from intractable seizures that are resistant to standard treatments and require multiple and costly medications. In Asia, several countries including Thailand, South Korea, Sri Lanka, and India have already legalized medical marijuana. This reflects a growing regional recognition of its benefits, particularly for epilepsy and related conditions.

While acknowledging valid concerns about the recreational use of marijuana, this bill aims to strike a balance by safeguarding the public from the harmful effects of certain substances while ensuring that patients in need are not deprived of access to essential treatment. This aligns with the State's duty to promote an integrated and comprehensive approach to health development, as enshrined in Article XIII, Section 11 of the 1987 Constitution.

This proposed legislation seeks to legalize the medical use of cannabis for qualified patients. It establishes the Medical Cannabis Office (MCO) under the Department of Health, which shall exercise administrative, regulatory, and monitoring functions on medical cannabis use, including its cultivation, importation, production, and distribution. The MCO shall also be responsible in creating guidelines related to research and development in the field of medical cannabis.

This proposed measure also outlines the roles of the Food and Drug Administration (FDA) and the Commission on Higher Education (CHED) in ensuring compliance with health and safety standards and integrating medical cannabis education into relevant tertiary degree

¹ Epilepsy Foundation. (n.d.). *Medical marijuana*. Epilepsy.com. <https://www.epilepsy.com/treatment/alternative-therapies/medical-marijuana#What-is-medical-cannabis>

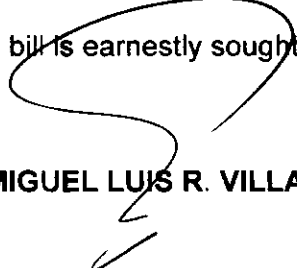
² World Health Organization. (n.d.). *WHO review of cannabis and cannabis-related substances*. <https://www.who.int/teams/health-product-and-policy-standards/controlled-substances/who-review-of-cannabis-and-cannabis-related-substances>

³ Moalong, M. N., Medina, P. M. B., Salonga, C. L., & Dans, L. F. (2021). *Treatment gaps and challenges in epilepsy care in the Philippines*. *Epilepsy & Behavior Reports*, 15, 100435. <https://doi.org/10.1016/j.ebr.2020.100435>

programs, respectively. Furthermore, this bill defines the prohibited acts and its corresponding penalties. A Joint Congressional Oversight Committee shall also be created to conduct an annual review of the law's implementation.

This bill was already passed on third and final reading in the House of Representatives during the 19th Congress, reflecting its recognition as a significant public health measure.

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



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**AN ACT PROVIDING RIGHT OF ACCESS TO MEDICAL CANNABIS, ESTABLISHING
THE MEDICAL CANNABIS OFFICE AND PROVIDING 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 “Access to Medical Cannabis Act”.

SECTION 2. *Declaration of Policy.* – Pursuant to Article XIII, Section 11 of the 1987 Constitution, it shall be the policy of the State to adopt an integrated approach to health development which shall endeavor 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 instill health consciousness among them.

The State has long pursued intensive and unrelenting campaign against drug trafficking while it aims to balance and harmonize with the imperative to safeguard people's right to health. Accordingly, the prohibitions provided under Republic Act (RA) 9165, otherwise known as the “Comprehensive Dangerous Drugs Act of 2002”, as amended, and other related laws shall not extend to medical cannabis intended for the treatment and medication of qualified patients with debilitating and non-debilitating medical conditions. The State's policy thus dictates that access to medical cannabis shall serve only as a delimited exception to the prohibited acts involving cannabis or marijuana under RA 9165.

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

- (a) *Accredited physician* refers to a licensed physician authorized by the Medical Cannabis Office (MCO), to issue prescription on the use of medical cannabis upon a prior and mandatory clearance from the Dangerous Drugs Board (DDB) that physician is not included in the dangerous drugs watch list of the agency;
- (b) *Cannabis* refers to every kind, class, specie or variety of the plant Cannabis, 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) *Closed locked facility* refers to a closet, room or other comparable, stationary, and fully enclosed area equipped with secured locks or other functioning security devices that permit access only to authorized personnel of the cultivation site and dispensary; or an outdoor area with an enclosed perimeter by chain-link fencing, wooden slats, or a similar material that prevents access by the general public and fully equipped with functioning security devices that permit access only to authorized personnel of the cultivation site and dispensary;
- (d) *Debilitating medical condition* refers to any disease that produces one or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea;

seizures, or severe and persistent muscle spasms. Debilitating medical conditions include the following diseases: (1) Cancer; (2) Glaucoma; (3) Multiple sclerosis; (4) Damage to the nervous system 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) Post-traumatic stress disorder; (8) Rheumatoid arthritis or similar chronic autoimmune inflammatory disorders; (9) Diseases requiring admission into hospice care; and (10) Any other condition that is subsequently identified and allowed by the Department of Health (DOH) through the MCO established under this Act;

- (e) *Medical Cannabis* refers to concentrates, topicals, tinctures, edibles, cannabis products such as capsules and oil, including hemp, flower and any other product in their appropriate finished form, and any other derivative in their pharmaceutical formulation which shall have detailed and accurate information regarding the concentration of tetrahydrocannabinol (THC) and cannabidiol (CBD) certified by the MCO to qualified patients for medical purpose;
- (f) *Medical use* refers to the use of medical cannabis to treat or alleviate a qualified patient's medical condition or its symptoms and shall include its acquisition, possession, transportation, delivery, dispensation, administration, cultivation, or manufacturing for medical purposes;
- (g) *Non-debilitating medical condition* is that which encompasses a range of medical issues that, although not severe or disabling, can still impact an individual's well-being and quality of life. These conditions may include common symptoms, mild disorders, or chronic issues that do not necessarily prevent individuals from carrying out daily activities but can cause discomfort or distress; and
- (h) *Qualified patient* refers to a person who has been diagnosed by an accredited physician as having a medical condition or has symptoms associated with medical condition as defined under Sec. 3 (d) and (g), and who, in the accredited physician's evaluation, shall receive medical cannabis as treatment.

SECTION 4. Access to Medical Cannabis. – Access to medical cannabis shall be allowed for medical use by qualified patients, subject to the provisions of this Act.

SECTION 5. The Medical Cannabis Office. – There is hereby created the MCO, which shall be under the direct supervision and control of the DOH. The MCO is the primary regulatory body for medical cannabis. It shall have administrative, regulatory, and monitoring functions. For purposes of policy and program coordination, the DOH shall coordinate with the DDB, the Department of Agriculture (DA) and such other agencies as may be determined by the DOH. The Secretary of the DOH shall determine the organizational structure and staffing pattern of the MCO in accordance with the revised compensation and position classification system subject to the evaluation and approval of the Department of Budget and Management and in compliance with the Civil Service laws and other pertinent laws, rules and regulations.

SECTION 6. Powers and Functions of the MCO. – The MCO shall have the following powers and functions:

- (a) Formulate, develop, and establish a comprehensive, integrated, and unified rules and regulations on medical cannabis use and strategy to ensure its safety, accessibility, affordability, and availability;
- (b) Promulgate rules and regulations in coordination with DDB and DA as may be necessary to carry out the purposes of this Act, including the importation, cultivation, manufacture and manner of safekeeping, disposition, or condemnation of any medical cannabis, and prescribe administrative remedies or sanctions for the violations of such rules and regulations;
- (c) Monitor and regulate the importation, cultivation, manufacture, storage, distribution, prescription, dispensation, and sale of medical cannabis by authorized hospitals, clinics, drugstores, accredited dispensaries and other related health facilities and other

related private entities. The MCO and DDB shall establish and maintain an information system, especially to track cannabis growth from seed to sale for monitoring and regulation purposes;

- (d) Issue authorizations and licenses to qualified hospitals, clinics, drugstores, and other related health facilities where medical cannabis may be accessed by qualified patients;
- (e) Issue accreditation of physicians as medical cannabis professionals;
- (f) Issue guidelines for and authorize or accredit public and private entities which shall venture into research and development of medical cannabis;
- (g) Conduct, initiate, or support policy studies, program monitoring and evaluations and other researches on medical cannabis;
- (h) Prescribe and promulgate rules and regulations governing the accessibility of medical cannabis in authorized hospitals, clinics, drugstores, accredited dispensaries and other medical facilities;
- (i) Endorse and recommend to the Commission on Higher Education (CHED) the adoption into the curriculum of universities and colleges of agriculture, medicine, and applied sciences and technology a subject or course on medical cannabis relevant to the academic degree taken by the students; and
- (j) Perform such other similar functions to ensure effective and efficient implementation of this Act.

SECTION 7. Access, Dispensation, and Monitoring of Medical Cannabis. – The MCO shall ensure that medical cannabis shall only be accessed through hospitals, clinics, drugstores, and other medical facilities authorized and licensed by the MCO for the use of qualified patients. It shall also ensure that only accredited physicians shall prescribe medical cannabis to qualified patients enough supply of the medicine to last not more than one (1) year. The MCO shall ensure that appropriate dispensation of medical cannabis through an accredited licensed pharmacist in authorized hospitals, clinics, drugstores, and other medical facilities, and shall not release more than the prescribed dosage.

The MCO shall establish a monitoring system that includes information such as name, address of the qualified patient and the physician, diagnosis, medical cannabis product and formulation, and date of dispensation in strict observance of RA 10173, otherwise known as the "Data Privacy Act of 2012".

SECTION 8. Role of the Food and Drug Administration (FDA). – The FDA shall, pursuant to its mandate under its Charter, ensure the safety, efficacy and quality of drugs made available to the public. It shall ensure that such products are organic, free from pesticides, heavy metals, and microorganisms. The FDA shall also ensure that all medical cannabis products conform with the labelling and packaging requirements of the agency: *Provided*, That if a medical cannabis product has been determined to be effective and safe and duly registered in the country from where the medical cannabis shall be imported, such determination shall be adopted by the FDA unless there is strong evidence to the contrary.

The MCO shall ensure that the FDA performs this specific function in the most expeditious way to ensure availability of medical cannabis to the qualified patients.

SECTION 9. Role of the Commission on Higher Education. – The CHED shall, in consultation with the DOH, through the MCO, develop and include in the curriculum of the colleges of agriculture, medicine, and applied sciences and technology, a subject or course on medical cannabis relevant to the academic degree taken by students.

SECTION 10. Cultivation, Importation, Production, and Distribution. – The MCO with the DDB shall issue guidelines on the cultivation, importation, production, and distribution of medical cannabis which shall be included in the implementing rules of this Act. It shall also

identify specific areas allowable for the cultivation of medical cannabis: *Provided*, That the cultivation shall only be permitted in a closed-locked facility.

SECTION 11. *Research.* – The MCO may, subject to the guidelines it shall promulgate, authorize government and accredited private institutions, state colleges and universities, and qualified physicians to conduct research on the medical use of cannabis. The DOH shall, through the MCO, provide the necessary funding to support the conduct of government research. The aforementioned entities may receive grants, subject to existing policies, which shall be exclusively used for research purposes.

SECTION 12. *Annual Report.* – The MCO shall, through the DOH, submit an annual report to the President of the Philippines, the Senate President, and the Speaker of the House of Representatives.

SECTION 13. *Joint Congressional Oversight Committee.* – A Joint Congressional Oversight Committee (JCOC) on Medical Cannabis is hereby created to conduct an annual review of the implementation of this Act. It shall adopt its internal rules of procedure, conduct hearings and receive testimonies, reports, technical advice or summon by *subpoena ad testificandum* any public official, private citizen, or any other person to testify before it, or require any person by *subpoena duces tecum*, documents or other materials as it may require consistent with the provisions of this Act.

The JCOC shall be assisted by a secretariat to be composed of personnel who may be seconded from the Senate and the House of Representatives as may be determined by the respective chairpersons of the JCOC.

The JCOC shall be jointly chaired by the Chairpersons of the Senate Committee on Health and Demography, the Committee on Public Order and Dangerous Drugs, and the House of Representatives Committee on Health and the Committee on Dangerous Drugs. It shall be composed of five (5) members from the Senate and five (5) from the House of Representatives to be appointed by the Senate President and the Speaker of the House of Representatives respectively. *Provided*, That the members from the minority bloc shall be represented in accordance with the Rules of the Senate and the House of Representatives.

SECTION 14. *Prohibited Acts.* – The following acts shall be prohibited under this Act:

- (a) Importation, cultivation, manufacture, storage and distribution of medical cannabis, its products, or derivative without permit from the MCO;
- (b) Selling of or trading with medical cannabis to patients, doctors, drugstores, hospitals, clinics, dispensaries and other medical facilities without authority, license or accreditation from the MCO;
- (c) Planting and growing for research and development without authority from the MCO;
- (d) Prescription and administration of medical cannabis by non-accredited physician;
- (e) Prescription and administration of medical cannabis for more than one (1) year by accredited physician;
- (f) Use of medical cannabis without prescription or use beyond the prescribed dosage; and
- (g) Other analogous acts performed without authority by the MCO under this Act.

SECTION 15. *Penalties.* – Any person who commits any prohibited act under the preceding section shall, upon conviction and final judgment, be punished with a fine ranging from Five hundred thousand pesos (Php500,000.00), to One million pesos (Php1,000,000.00) or imprisonment ranging from six (6) months to six (6) years at the discretion of the court. The said penalties carry with it the suspension or revocation of professional license or accreditation of the facilities.

If the offender is a corporation, the officers found to be responsible for the violation shall be held liable and penalized under this Act.

Nothing in this Act excludes or exempts the offender from the penalty imposed under RA 9165, other penal laws, and applicable laws on medical practice.

SECTION 16. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH shall, in consultation with the DDB, DA, FDA, Philippine Drug Enforcement Agency and other concerned agencies, promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION. 17. *Appropriations.* – The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriation of the departments and agencies concerned. Thereafter, such amount shall be included in the annual General Appropriations Act.

SECTION 18. *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.

SECTION 19. *Repealing Clause.* – All laws, decrees, orders, rules and regulations, or parts thereof, inconsistent with any provision of this Act are hereby repealed or modified accordingly.

SECTION 20. *Effectivity.* – This Act shall take effect fifteen (15) days after its complete publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,