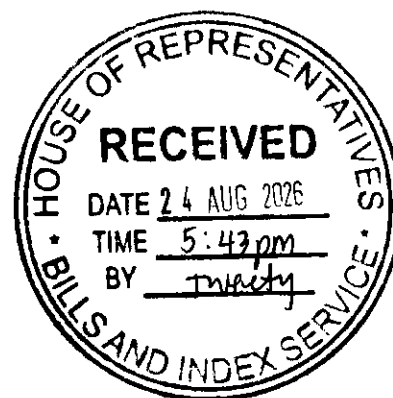


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. **10910**



Introduced by **Representative ELMER V. CATULPOS**
(I Tahanan Party-List)

EXPLANATORY NOTE

It is nine in the evening in a far barangay, and a mother is holding a strip of tablets she has just bought for her feverish child. She bought it from the only place open — a sari-sari store shelf, stocked last month by a smiling man on a motorcycle whom nobody in the barangay has ever been able to name. She does not know if the medicine is real. Neither does the storekeeper. Neither, tonight, does the Republic. Walang parmasyutiko sa loob ng ilang kilometro, at walang paraan upang malaman kung tunay ang gamot na iinum ng bata.

This is the reality behind a statistic that should end all complacency: the United Nations Office on Drugs and Crime has identified the Philippines as a hotspot for falsified medicines in Southeast Asia. Our own regulators have found counterfeit versions of the country's most trusted household medicines circulating in the market, and when the Food and Drug Administration investigated *one hundred eighty-five (185) sari-sari stores, it found seventy-eight (78) in violation of the Pharmacy Act and nine (9) selling outright fake medicines*. The response for years has been prohibition: directives to ban the stores, ordinances to close the shelves. Yet the FDA itself, with honesty that deserves respect, has said that the stores are also victims. And the fakes have multiplied. Hindi napigil ng pagbabawal ang pekeng gamot. Ang tanging napigil nito ay ang pagpasok ng maliliit na tindahan sa sistema — at ang pagdating ng bantay sa mga baranggay na pinaka-nangangailangan nito.

Meanwhile, a quiet asymmetry has taken root in our health regulations. Since the pandemic, a Filipino physician has been able to examine a patient by video call, and to issue an electronic prescription that every pharmacy in the country must honor as equivalent to paper — a reform that has served patients well and proven that distance care can be safe when properly regulated. But the pharmacist — the professional whose entire training is the safety of the medicine itself — is still required to supervise by physical presence alone. The rules for the retail outlets for non-prescription drugs illustrate the cost of that assumption: a supervising pharmacist may oversee at most fifteen (15) small outlets, all within one province, none farther

than twenty-five (25) kilometers apart, with at least two (2) hours of physical presence in each outlet every week — thirty (30) hours of travel and presence weekly, an arithmetic that collapses outside dense town centers and never reaches the barangay that needed it most. And a pharmacist already employed in a drugstore cannot lend her license to such supervision at all. Pinayagan na nating gamutin ng doktor ang pasyente sa video. Bakit hindi natin payagan ang parmasyutiko na bantayan ang gamot sa parehong paraan?

The consequence of these constraints falls hardest on the profession this bill seeks to honor. The Philippines faces a documented shortage of pharmacists, and *a continuing outflow of licensed pharmacists seeking better opportunities abroad*. Every pharmacy competes for the same limited professionals; every peso of that scarcity is passed on to the price of medicine; and the barangays at the end of the road are served by no pharmacist at all — not because no pharmacist would serve them, but because the law never built a way for her to reach them without a motorcycle and thirty hours of travel.

This Representation must also speak with complete candor, because the moral standing of this measure depends on it. The author of this bill operates pharmacies — and has for years watched, from behind the counter, both sides of this problem: the mother turned away at closing time, and the store that cannot open a night shift because a third pharmacist cannot be found at any wage. This bill is written from that experience, and it is written against the author's own advantage as an incumbent: for its deepest effect is to make it easier for new, small, and community-based players — the single-store pharmacy, the barangay entrepreneur, the young pharmacist with no capital but her license — to enter and compete in a market that today favors those large enough to absorb its inefficiencies. Ang nakatayo nang botika ay hindi nangangailangan ng batas na ito. Ang nangangailangan nito ay ang barangay na walang botika.

The architecture of this bill rests on a single principle that answers every question of safety before it is asked: supervision proportionate to risk — supervision that follows the patient, the product, and the hour. For prescription medicines, supervision intensifies: every prescription dispensed under telepharmacy is verified by a licensed pharmacist in real time, by live video, transaction by transaction — a standard higher than any counter where a prescription has ever been quietly filled while the pharmacist was at lunch. For over-the-counter medicines of known lesser risk, supervision modernizes: the records review that the rules already perform weekly by motorcycle is performed continuously online, with periodic physical audit retained — never zero eyes, simply better ones. And everywhere, for every product, supervision becomes traceable: every outlet, every machine, every batch, every expiry date, scanned and logged in a national system that gives the counterfeit nowhere left to hide. Ang pekeng gamot ay nabubuhay sa dilim ng walang rekord. Ang batas na ito ang magsisindi ng ilaw.

What does this mean in the life of that mother? First: the pharmacy that today closes at nine in the evening — because the law requires a pharmacist physically present for every hour it is open, and a third-shift pharmacist cannot be found — may now remain open through the night, with a certified assistant at the counter and a licensed pharmacist verifying every

prescription by live video from a telepharmacy hub. Hindi binabawasan ng batas na ito ang parmasyutiko sa umaga; dinadagdagan nito ang bantay sa gabi, sa mga oras na ngayon ay walang bantay dahil sarado ang botika. The physical pharmacist remains — anchored by law to the store's peak hours, when the most patients stand at the counter, verified against the store's own transaction records so the requirement follows people rather than paper. Second: in areas where no pharmacy stands at all — because of distance, economics, or safety — spoke pharmacies staffed by certified assistants may open under the real-time supervision of hub pharmacists, so that ang karapatan sa tunay na gamot ay hindi na nakadepende sa kung saan ka ipinanganak. Third: the sari-sari store that today sells medicines in the shadows may come into the light — licensed, assisted, connected to a supervising pharmacist whose oversight is continuous and digital rather than weekly and physical. And fourth: certified automated dispensing machines — of the kind that Japan, the Republic of Korea, and the United States have progressively authorized for medicines of lesser risk— may bring a limited list of over-the-counter medicines to any barangay, in any number the community's needs and its entrepreneurs can sustain, every unit traceable to the tablet, every transaction logged, the name and license number of a supervising pharmacist displayed on its face.

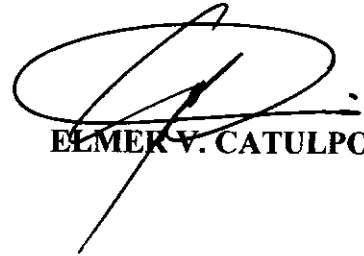
And what does this mean for the pharmacist? Everything in this bill enlarges her profession, and nothing in it diminishes her. Telepharmacy is recognized in statute as the practice of pharmacy — an expansion of professional scope. The functions that only a pharmacist may perform — final verification, counseling, the judgment that stands between a patient and harm — are written into law as hers alone, and any act of an assistant without her verification is void. New income attaches to her license: supervision fees from outlets and machines, hub duty she can render from her own province or her own home, and the express authority — denied to her today — to supervise outlets outside her employment hours, within safe limits. No pharmacist employed anywhere may be terminated by reason of this Act; walang parmasyutikong matatanggal dahil sa batas na ito. The certified assistants this bill trains are feeders to her profession, never substitutes for it. And for the young pharmacist deciding tonight between a contract abroad and a life at home, this bill offers what no exhortation ever could: the ability to earn from many outlets, across a whole province, without leaving her family — kumita nang higit, mula sa sariling bayan.

This measure completes a pair. The Bilis-Gamot Act of this Representation accelerates the regulator, so that safe medicines reach the market without needless delay. Abot-Gamot extends the reach, so that those medicines — genuine, supervised, traceable — reach the barangay. Bilis sa itaas, abot sa ibaba: iisang layunin, ang tunay na gamot sa kamay ng bawat Pilipino.

The enemy of this bill is not the pharmacist, whose reach it extends; nor the sari-sari store, which it invites out of the shadows; nor the pharmacy owner, whose honest competition it welcomes. Ang kalaban ng batas na ito ay ang pekeng gamot — at ang sistemang nagpapahintulot dito sa pamamagitan ng pag-iwan sa mga barangay na walang bantay. Every

provision herein either adds a watcher where today there is none, or gives the existing watcher longer arms. No provision removes one.

In view of the foregoing, the approval of this Bill is earnestly requested.



ELMER V. CATULPOS

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
Second Regular Session

HOUSE BILL NO. 10910

Introduced by Representative ELMER V. CATULPOS
(I_Tahanan Party-list)

**AN ACT EXPANDING ACCESS TO GENUINE, SAFE, AND AFFORDABLE
MEDICINES IN EVERY COMMUNITY BY RECOGNIZING AND REGULATING
TELEPHARMACY AS A MODE OF PHARMACEUTICAL SUPERVISION,
MODERNIZING THE SUPERVISION OF RETAIL OUTLETS FOR
NON-PRESCRIPTION DRUGS, AUTHORIZING AUTOMATED OVER-THE-
COUNTER DISPENSING MACHINES UNDER FULL TRACEABILITY,
ESTABLISHING THE CERTIFIED PHARMACY ASSISTANT PROGRAM,
STRENGTHENING THE CAMPAIGN AGAINST COUNTERFEIT MEDICINES,
PROTECTING AND EXPANDING THE PHARMACY PROFESSION, AND
APPROPRIATING FUNDS THEREFOR**

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

ARTICLE I
GENERAL PROVISIONS

Section 1. Short Title. — This Act shall be known and cited as the “Abot-Gamot Act,” or the “Pharmaceutical Care Access and Telepharmacy Act of 2026.”

Section 2. Declaration of Policy. — It is the policy of the State to secure for every Filipino, in every barangay, access to genuine, safe, and affordable medicines under the care of the pharmacy profession. The State declares that the supervision of pharmaceutical service shall be proportionate to risk and shall follow the patient, the product, and the hour — intensifying where risk is greatest and modernizing where risk is least; that technology certified by the State is a lawful and accountable mode of professional supervision, as it already is in the practice of medicine; that the reach of the pharmacist shall be extended and never replaced, and that nothing in this Act shall be construed to diminish any function reserved to pharmacists under Republic Act No. 10918; and that the campaign against counterfeit medicines is best won not by prohibition alone but by traceability, licensure, and the presence of a supervising professional in every channel through which medicine reaches the people.

Section 3. Objectives. — This Act shall have the following objectives:

- (a) To recognize and regulate telepharmacy as a mode of pharmaceutical supervision and practice;

- (b) To keep pharmacies open longer, and to open pharmaceutical service where none exists, without lowering any standard of care;
- (c) To modernize the supervision of retail outlets for non-prescription drugs so that it reaches every community;
- (d) To authorize automated over-the-counter dispensing machines under complete traceability and professional supervision;
- (e) To establish a certified pharmacy assistant workforce under the verification of licensed pharmacists;
- (f) To expand the income, reach, and protection of the pharmacy profession, and to give pharmacists reason to build their careers at home; and
- (g) To extinguish the market for counterfeit and unregistered medicines by making every lawful channel traceable and every barangay served.

Section 4. Scope. — This Act shall apply to all pharmaceutical outlets and establishments under Republic Act No. 10918 and the licensing jurisdiction of the Food and Drug Administration (FDA), including drugstores, pharmacies, and boticas; hospital and institutional pharmacies insofar as applicable; retail outlets for non-prescription drugs (RONPDs); the automated dispensing machines authorized herein; and the telepharmacy platforms, hubs, and personnel regulated hereunder.

Section 5. Definition of Terms. — As used in this Act, the following terms has the following definition:

- (a) **Telepharmacy** refers to the rendition of pharmaceutical care, pharmacist counseling, dispensing verification, and pharmacist supervision through secure information and communications technology by a duly registered and licensed pharmacist to a patient, pharmaceutical outlet, establishment, or dispensing transaction located at a different place. Telepharmacy shall constitute a mode of practice of pharmacy under Republic Act No. 10918. It shall not authorize a person who is not a duly registered and licensed pharmacist to perform any function served by Republic Act No. 10918 to pharmacists;
- (b) **Certified Telepharmacy Platform** refers to an information system certified by the FDA under Section 7;
- (c) **Telepharmacy Hub** refers to a licensed pharmacy or dedicated facility from which one or more licensed pharmacists render telepharmacy services;
- (d) **Spoke Pharmacy** refers to a pharmaceutical outlet in an Underserved Area operated under Section 17;
- (e) **Certified Pharmacy Assistant** refers to a person certified under Article VII;
- (f) **Automated OTC Dispensing Machine** refers to a device authorized under Article VI to dispense medicines within the Limited OTC Formulary;
- (g) **Limited OTC Formulary** refers to the list of over-the-counter medicines and household remedies established under Section 25;
- (h) **Underserved Area** refers to an area designated under Section 16;
- (i) **Peak-Hours Shift** refers to the period of physical pharmacist presence required under Section 10;
- (j) **Traceability System** refers to the national system established under Section 30;
- (k) **Real-Time Verification** refers to the approval by a licensed pharmacist, through a Certified Telepharmacy Platform and before release to the patient, of a specific dispensing transaction.

ARTICLE II

TELEPHARMACY

Section 6. Telepharmacy as Practice of Pharmacy. — The rendition of pharmaceutical care and supervision through telepharmacy by a duly licensed pharmacist is hereby recognized as practice of pharmacy under Republic Act No. 10918, subject to the standards of said Act, of this Act, and of the rules issued hereunder. Only licensed pharmacists may perform the pharmacist functions herein through telepharmacy, and the professional, ethical, and regulatory responsibilities of the pharmacist shall apply with equal force whether service is rendered in person or through telepharmacy.

Section 7. Certified Telepharmacy Platforms. — The FDA, in consultation with the Professional Regulatory Board of Pharmacy, the Department of Information and Communications Technology (DICT), and the accredited professional organization of pharmacists, shall certify telepharmacy platforms upon standards covering: secure real-time audiovisual capability; identity authentication of pharmacists, personnel, and outlets; tamper-evident recording of transactions, verifications, and consultations; integration with the Traceability System and with electronic prescriptions under existing FDA issuances; data privacy compliance under Republic Act No. 10173; and business continuity, including protocols for connectivity failure under which dispensing requiring Real-Time Verification shall be suspended rather than presumed. Platform records shall be retained and made available to the FDA for inspection and audit.

Section 8. Telepharmacy as a Mode of Required Supervision. — Wherever existing law, rule, or regulation requires that a pharmaceutical outlet be under the supervision or attendance of a registered pharmacist when operating or open for business, such requirement may be satisfied, to the extent and in the manner provided in this Act and its implementing rules, through supervision rendered by a licensed pharmacist through a Certified Telepharmacy Platform. This Section is the “pertinent law” contemplated by existing licensing regulations that require pharmacist supervision unless otherwise allowed by law.

Section 9. Pharmacist-Only Functions; Records. — The following shall be performed only by a licensed pharmacist, whether in person or through telepharmacy, and by no other person: final verification of any dispensing of prescription medicines and pharmacist-only OTC medicines; patient counseling on medicines; the professional judgments reserved to pharmacists under Republic Act No. 10918; and the supervision responsibilities under this Act. Any dispensing of a prescription medicine or pharmacist-only OTC medicine without the verification of a licensed pharmacist as required herein is unlawful and void as a pharmaceutical service, without prejudice to the emergency provisions of Republic Act No. 10918. All telepharmacy services shall be recorded in the Certified Telepharmacy Platform.

ARTICLE III

EXTENDED PHARMACY HOURS: THE HYBRID STAFFING MODEL

Section 10. The Peak-Hours Shift. — Every drugstore, pharmacy, or botica availing of this Article shall maintain at least one (1) shift of not less than *eight (8) continuous hours* each operating day during which a licensed pharmacist is physically present in the outlet. The Peak-Hours Shift shall correspond to the period of the outlet's highest patient volume, as declared by the outlet and validated against the transaction records of the Certified Telepharmacy Platform

and the outlet's dispensing records; the FDA may direct the adjustment of a declared Peak-Hours Shift shown by such records to be inconsistent with actual patient volume.

Section 11. Telepharmacy-Supervised Shifts. — Outside the Peak-Hours Shift, an outlet may operate under telepharmacy supervision, subject to all of the following: (a) at least one (1) Certified Pharmacy Assistant is physically present in the outlet at all times; (b) a licensed pharmacist is on active telepharmacy duty for the outlet through a Certified Telepharmacy Platform, within the concurrent-load standards under Section 20; (c) every dispensing of a prescription medicine or pharmacist-only OTC medicine is subject to Real-Time Verification under Section 12; and (d) the outlet conspicuously displays, during such shifts, the name, license number, and hub of the pharmacist on telepharmacy duty. Availment of this Article shall be through notice to and registration with the FDA under the implementing rules, with phased implementation that shall give first priority to single-outlet and micro, small, and medium enterprise pharmacies and to outlets extending their operating hours.

Section 12. Real-Time Verification of Prescriptions. — During a telepharmacy-supervised shift, no prescription medicine or pharmacist-only OTC medicine shall be released to a patient without Real-Time Verification: the pharmacist on telepharmacy duty shall review the prescription — physical or electronic — examine the prepared medicine by live audiovisual means, confirm the identity of the dispensing assistant, counsel the patient where required, and approve the release, all of which shall be recorded. Where verification cannot be completed for any reason, the medicine shall not be released, and the patient shall be assisted to the nearest available alternative.

Section 13. Exclusion of Controlled Substances. — Dangerous drugs and controlled precursors and essential chemicals under Republic Act No. 9165, and any medicine requiring a special prescription or license under existing law, shall be dispensed only during the physical presence of a licensed pharmacist and shall not be dispensed under telepharmacy supervision, consistent with existing rules excluding such substances from electronic prescribing.

Section 14. Integrity of the Model. — It shall be unlawful to misdeclare an outlet's Peak-Hours Shift, to simulate or pre-record any Real-Time Verification, to permit dispensing during connectivity failure in violation of Section 7, or to operate a telepharmacy-supervised shift without the Certified Pharmacy Assistant required herein. Violations shall be dealt with under Section 35 and existing law.

Section 15. Protection Against Displacement. — No pharmacist employed in any pharmaceutical outlet as of the effectivity of this Act shall be dismissed, retrenched, or diminished in compensation or security of tenure by reason of the implementation of this Act. Establishments availing of this Article shall, in the implementing rules, demonstrate that availment operates through extended hours, new outlets, or attrition — never through the termination of employed pharmacists, who shall be given priority in engagement for hub, supervisory, and Peak-Hours duties.

ARTICLE IV REACHING THE UNSERVED: HUB AND SPOKE

Section 16. Designation of Underserved Areas. — The FDA, with the Department of Health (DOH) and in consultation with local government units, shall designate as Underserved Areas

the localities where: (a) no licensed pharmacy operates within a distance or travel time fixed in the implementing rules; or (b) despite documented effort, no licensed pharmacist is available to serve physically by reason of security, economic viability, cost of living, or similar circumstances. Designations shall be reviewed periodically and published.

Section 17. Spoke Pharmacies. — In Underserved Areas, the FDA may license Spoke Pharmacies: pharmaceutical outlets staffed at all times of operation by at least one (1) Certified Pharmacy Assistant, operating under the continuous telepharmacy duty of a licensed pharmacist at a Telepharmacy Hub, with every dispensing of prescription medicines and pharmacist-only OTC medicines subject to Real-Time Verification, and with all transactions recorded in the Certified Telepharmacy Platform and the Traceability System. A Spoke Pharmacy shall comply with the storage, sanitation, and good practice standards applicable to pharmacies, verified through periodic physical inspection. The principle of this Article is hereby declared: no Filipino community shall be deprived of genuine medicines and pharmaceutical care by reason of the absence of a physically present pharmacist, for the Republic shall bring the pharmacist to the community by every safe means that science allows.

Section 18. Incentives for Service to the Unserved. — Pharmacists rendering hub duty for Underserved Areas, and operators establishing Spoke Pharmacies and machines therein, shall be entitled to the incentives provided in the implementing rules, which may include priority in government programs, training and scholarship access, and recognition; and the DOH may contract Spoke Pharmacies for the dispensing points of its medicine access programs in such areas.

ARTICLE V MODERNIZED RONPD SUPERVISION

Section 19. Continuous Digital Supervision. — The supervision of retail outlets for non-prescription drugs shall be modernized as follows: the supervising pharmacist shall maintain continuous oversight of each supervised outlet's records — sales, inventory, batch and expiry data, and sourcing — through the Certified Telepharmacy Platform and the Traceability System, in lieu of the weekly physical presence required under existing rules; provided, that the supervising pharmacist shall conduct a physical or documented photographic/video audit of each outlet's premises and storage conditions at least once every *calendar quarter*, and the FDA shall conduct random physical inspections. Existing RONPDs shall migrate to the system under a transition period fixed in the implementing rules.

Section 20. Capacity-Based Supervision Standards. — The FDA, with the Professional Regulatory Board of Pharmacy and the accredited professional organization of pharmacists, shall fix capacity-based standards for supervision under this Act — the maximum number of outlets, machines, and concurrent telepharmacy duties that one pharmacist may responsibly hold, differentiated by risk class and mode — in lieu of standards based on distance or radius, which are hereby superseded for outlets under continuous digital supervision. The standards shall be based on evidence of safe workload and shall be reviewed periodically.

Section 21. Supervision by Employed Pharmacists. — A licensed pharmacist employed in any pharmaceutical establishment may, notwithstanding such employment, serve as supervising pharmacist of RONPDs and Automated OTC Dispensing Machines outside the hours of such employment: Provided, That the combined engagements observe the capacity

standards under Section 20; that the pharmacist notifies the employer and the FDA of such supervision; and that no conflict of interest attends the engagement under standards in the implementing rules. Requirements conditioning such supervision upon resignation from employment are hereby superseded.

Section 22. Supervision Compensation and Registry. — Compensation for supervision under this Act is recognized as legitimate professional income of pharmacists. The FDA, with the Professional Regulatory Board of Pharmacy, shall maintain a public registry of supervising pharmacists and their supervised outlets and machines, and shall publish standard guidance on reasonable supervision arrangements, so that outlets — particularly micro and small enterprises — may readily engage supervision at fair terms.

ARTICLE VI AUTOMATED OTC DISPENSING MACHINES

Section 23. Authorization and Licensing. — Automated OTC Dispensing Machines are hereby authorized and shall be licensed by the FDA as a class of retail outlet for non-prescription drugs, upon standards covering: device integrity, security, and temperature and humidity control appropriate to the products carried; restriction of dispensing to the Limited OTC Formulary; automatic recording of every transaction, batch, and expiry in the Traceability System; automatic withholding of any expired, recalled, or delisted product; and the continuous digital supervision of a registered supervising pharmacist under Article V. Each machine shall conspicuously display the name and license number of its supervising pharmacist, the identity and license of its operator, and the means of assistance under Section 26.

Section 24. Open Entry; No Quotas; No Exclusive Concessions. — The number of Automated OTC Dispensing Machines shall not be limited by quota per barangay, municipality, or any territory; licensure shall be by compliance with standards, and density shall be determined by community need and enterprise. No local government unit, agency, or instrumentality shall grant to any person any exclusive right, concession, or franchise for the operation of such machines within any territory, nor impose any fee or condition designed to exclude competing operators; micro, small, and medium enterprises shall be afforded assisted application under standards analogous to existing ease-of-doing-business laws.

Section 25. The Limited OTC Formulary. — The FDA, with the DOH and in consultation with the Professional Regulatory Board of Pharmacy, the accredited professional organization of pharmacists, and consumer representatives, shall establish and periodically review the Limited OTC Formulary: the list of over-the-counter medicines and household remedies of established safety profile that may be dispensed through Automated OTC Dispensing Machines and, as the FDA may provide, through RONPDs, together with per-transaction quantity limits and labeling and information requirements. Products subject to age restriction or special conditions shall be dispensed only through machines equipped with the corresponding verification capability. No prescription medicine, pharmacist-only OTC medicine, or substance under Republic Act No. 9165 shall ever be dispensed through a machine.

Section 26. Assistance and Escalation. — Every Automated OTC Dispensing Machine shall provide, on its interface and on every receipt: plain-language product information in Filipino and the regional language; a means of immediate assistance connecting the user to trained

personnel of the operator, who may be Certified Pharmacy Assistants; and a channel of escalation to the supervising pharmacist for medicine-related questions, which shall be available within the periods fixed in the implementing rules. The supervision of machines shall in no case be required to exceed, per transaction, the supervision standard applicable to RONPDs for the same products.

ARTICLE VII

THE CERTIFIED PHARMACY ASSISTANT PROGRAM

Section 27. Certification. — The Technical Education and Skills Development Authority (TESDA), with the Professional Regulatory Board of Pharmacy, the accredited professional organization of pharmacists, and the FDA, shall develop and promulgate training regulations and national certification for Certified Pharmacy Assistants, covering: the handling, storage, and preparation of medicines; the operation of telepharmacy and traceability systems; the strict limits of the assistant function; recognition and reporting of suspect counterfeit products; recordkeeping; and service conduct. Scholarships shall be provided with priority to residents of Underserved Areas and to personnel of existing outlets seeking certification.

Section 28. Functions and Limits. — A Certified Pharmacy Assistant may, under the supervision of a licensed pharmacist as provided in this Act: receive prescriptions and orders; prepare, label, and stage medicines for verification; operate the outlet and its systems during telepharmacy-supervised shifts; release medicines upon and only upon the pharmacist's verification where required; render first-line, non-clinical assistance; and maintain records. A Certified Pharmacy Assistant shall not counsel on medicines, shall not exercise any professional judgment reserved to pharmacists, and shall not release any prescription medicine or pharmacist-only OTC medicine without Real-Time Verification. The certification of an assistant who violates these limits shall be revoked, without prejudice to liability under Republic Act No. 10918 for unauthorized practice.

Section 29. Career Ladder. — Service as a Certified Pharmacy Assistant shall be creditable, under standards of the Commission on Higher Education and the schools of pharmacy, toward practicum requirements of pharmacy education, and certified assistants shall be afforded priority in scholarship programs for the pharmacy course, that the assistant tier may feed and never substitute for the profession.

ARTICLE VIII

TRACEABILITY AND THE CAMPAIGN AGAINST COUNTERFEITS

Section 30. National Medicines Traceability System. — The FDA shall establish and maintain the National Medicines Traceability System, to which all outlets, machines, and platforms under this Act shall be connected, recording product, batch, expiry, source, and transaction data from licensed distributor to point of dispensing, under standards interoperable with the systems of legitimate manufacturers and distributors. The System shall alert the FDA and supervising pharmacists to recalled, expired, suspect, and out-of-channel products, and its data shall be admissible in administrative and judicial proceedings under existing rules on electronic evidence.

Section 31. Public Verification. — The FDA shall provide a free public means — by mobile application and text — by which any person may verify whether an outlet, machine, or supervising pharmacist is licensed and whether a product bearing a traceability mark is genuine and in channel; and every outlet and machine under this Act shall display its verifiable license prominently. Ang bawat Pilipino ay gagawing kasangkapan laban sa pekeng gamot.

Section 32. First-Time Licensing Window. — Recognizing that many community stores now selling medicines informally do so for want of a feasible path to compliance, the FDA, with local government units, shall open a First-Time Licensing Window of *eighteen (18) months* from the effectivity of the implementing rules, during which an unlicensed community store may apply for RONPD licensure with assisted application, simplified requirements consistent with this Act, connection to a supervising pharmacist through the registry under Section 22, and without prosecution for prior unlicensed retail sale of registered over-the-counter products, upon full compliance: Provided, That no immunity shall extend to the sale of counterfeit, unregistered, expired, or prescription medicines, or to any act involving dangerous drugs, which shall be prosecuted under existing law. After the Window, enforcement against unlicensed sellers shall be intensified, the Republic having first opened the door. Binuksan muna natin ang pinto bago natin ipinid ang bintana ng iligal.

ARTICLE IX THE PROFESSION: PROTECTION AND GROWTH

Section 33. Statutory Floor of the Profession. — Nothing in this Act shall be construed to diminish, transfer, or delegate any function reserved to licensed pharmacists under Republic Act No. 10918. In case of doubt, this Act shall be construed in favor of the supervision, verification, and professional authority of the pharmacist.

Section 34. Liability Boundaries. — A supervising or telepharmacy-duty pharmacist who has discharged the duties required under this Act, as shown by the records of the Certified Telepharmacy Platform and the Traceability System, shall not be administratively, civilly, or criminally liable for acts of an outlet, operator, or assistant done in concealment from or contrary to such supervision, absent the pharmacist's fault or participation. The records that empower the pharmacist's reach shall equally protect the pharmacist's name.

Section 35. Prohibited Acts and Penalties. — In addition to acts punished under Republic Act No. 10918, Republic Act No. 9711, and Republic Act No. 8203, the following are declared unlawful and shall be penalized as violations of Republic Act No. 10918, without prejudice to liability under other laws: (a) operating any telepharmacy-supervised shift, Spoke Pharmacy, RONPD, or machine without the supervision, personnel, or verification required by this Act; (b) simulating, falsifying, or tampering with any platform or traceability record; (c) dispensing through a machine any product outside the Limited OTC Formulary; (d) granting or receiving any exclusive concession in violation of Section 24; and (e) introducing into any outlet, machine, or channel under this Act any counterfeit, unregistered, or diverted product, which shall be prosecuted under Republic Act No. 8203 with the penalties therein.

Section 36. Workforce Development and Retention. — The DOH, the Commission on Higher Education, and TESDA, with the accredited professional organization of pharmacists, shall implement a pharmacy workforce program including scholarships with return-service in Underserved Areas, continuing professional development credit for telepharmacy and

supervision practice, and periodic publication, with the Professional Regulation Commission, of pharmacist workforce and migration data to guide policy.

ARTICLE X IMPLEMENTATION AND FINAL PROVISIONS

Section 37. Lead and Cooperating Agencies. — The FDA shall lead the implementation of this Act, with the DOH, the Professional Regulation Commission and the Professional Regulatory Board of Pharmacy, TESDA, the DICT, the Department of Trade and Industry as to enterprise development, and local government units cooperating within their mandates.

Section 38. Implementing Rules and Regulations. — The FDA, with the agencies named in Section 37, and in consultation with the accredited professional organization of pharmacists, the associations of drugstores and of the pharmaceutical industry, consumer organizations, and local government leagues, shall promulgate the implementing rules and regulations of this Act within one hundred eighty (180) days from its effectivity, including the phased implementation under Articles III and V. The rules shall be reviewed within three (3) years upon evidence gathered from the systems established herein.

Section 39. Annual Report to Congress. — The FDA shall submit to both Houses of Congress an annual report on the implementation of this Act, including outlets and machines licensed by class and by region; extended operating hours enabled; Underserved Areas designated and served; assistants certified; supervising pharmacists registered and average supervision income; counterfeit and out-of-channel detections through the Traceability System and their disposition; First-Time Licensing Window results; and pharmacist workforce and retention indicators.

Section 40. Appropriations. — The amount necessary for the initial implementation of this Act, including the National Medicines Traceability System, platform certification capacity, the Certified Pharmacy Assistant scholarships, and the assisted-licensing program, shall be charged against the current appropriations of the implementing agencies, augmented by an initial appropriation of *One Billion Five Hundred Million Pesos (₱1,500,000,000.00)*. Thereafter, the amounts necessary shall be included in the annual General Appropriations Act. Fees collected under this Act shall accrue to the FDA consistent with Republic Act No. 9711 to sustain its regulatory capacity hereunder.

Section 41. Relationship to Other Laws. — This Act complements and shall be construed together with Republic Act No. 10918, Republic Act No. 9711, Republic Act No. 8203, Republic Act No. 6675, Republic Act No. 9502, Republic Act No. 9165, Republic Act No. 10173, Republic Act No. 11032, and Republic Act No. 8792, and with existing rules on telemedicine and electronic prescriptions, which are hereby given continuing effect; and nothing herein shall diminish any consumer right or any standard of drug safety, efficacy, and quality under existing law.

Section 42. Transitory Provision. — Existing licensed outlets and supervising pharmacists shall migrate to the systems of this Act within the periods fixed in the implementing rules; pending migration, existing rules shall continue to apply. No existing license shall be revoked by reason solely of the enactment of this Act.

Section 43. Separability Clause. — If any provision or part of this Act is declared invalid or unconstitutional, the remaining provisions or parts not affected shall remain in full force and effect.

Section 44. Repealing Clause. — All laws, decrees, orders, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed or modified accordingly, including regulations imposing distance, radius, or resignation-from-employment conditions on pharmaceutical supervision, to the extent inconsistent herewith.

Section 45. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,