



HOUSE OF REPRESENTATIVES

H. No. 6517

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BY REPRESENTATIVES ALBANO, MANALO, PANGANIBAN, RODRIGUEZ (M.), PIMENTEL, SILVERIO, LOPEZ (B.), ERICE, VIOLAGO, BILLONES, BELMONTE (J.C.), SACDALAN, PALMA, BELMONTE (R.), NIETO, COJUANGCO, LAZATIN, BAUTISTA-BANDIGAN, ESTRELLA, TOLENTINO, ZAMORA (R.), YAP (A.), MARTINEZ, DEL ROSARIO, ROCAMORA, ACOP, UNABIA, DIMAPORO (M.K.), OCAMPO, GONZALEZ, BAG-AO, ESPINA, CAGAS, SINGSON, MERCADO, SIAO, PANOTES, TEJADA, ERIGUEL, CUARESMA, BARBERS, VELOSO, ARCILLAS, JALOSJOS, CATAMCO, MARIÑO, GARCIA (G.), AMANTE, MACAPAGAL-ARROYO, ROQUE, CELESTE, ABAYA, TY, MARCOLETA, NOLASCO, BULUT-BEGTANG, ROA-PUNO, SALCEDA, PINEDA, SAMBAR, LANETE, LIMKAICHONG, FERRER (L.), VILLANUEVA, ALONTE, LABADLABAD, VELASCO-CATERA, VILLARIN, ROBES, FARIÑAS, BONDOC, DEFENSOR, HOFER, CRISOLOGO, GONZALES (A.D.), NOEL, GONZALES (A.P.), MATUGAS, SAVELLANO, GARIN (R.), NOGRALES (J.J.), SALO, HERRERA-DY, PRIMICIAS-AGABAS, DE VERA, BRAVO (A.), CAMPOS, ABAYON, GARCIA-ALBANO, SARMIENTO (C.), SARMIENTO (E.M.), MANGAOANG, ZARATE, FORTUN, AGGABAO, ARAGONES, MARCOS, CASTRO (F.L.), GARBIN, ARENAS, MELLANA, DY, SUAREZ, BELARO, TEVES, CALIXTO-RUBIANO, ORTEGA (V.N.), SALON, TING, TUPAS, TINIO, MENDOZA, CALDERON, ANGARA-CASTILLO, ANDAYA, RAMOS, MALAPITAN, LOBREGAT, LOPEZ (M.L.), BATOCABE, YAP (M.), ORTEGA (P.), GORRICETA, ALVAREZ (F.), BANAL, VERGARA, ROMAN, KHO, PAPANDAYAN, SANGCOPAN, MENDING, REVILLA, TAN (A.), ESCUDERO, PADUANO, ELAGO, LAGMAN, YAP (V.), CUEVA, BROSAS, CASILAO AND DE JESUS, PER COMMITTEE REPORT NO. 402

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

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

1 SECTION 1. *Short Title.* – This Act shall be known as the “Philippine  
2 Compassionate Medical Cannabis Act”.

3 SEC. 2. *Declaration of Policy.* – Pursuant to Section 11, Article XIII of the 1987  
4 Philippine Constitution, it shall be the policy of the State to adopt an  
5 integrated and comprehensive approach to health development which shall endeavor to  
6 make essential goods, health and other social services available to all the people at

1 affordable cost. The State shall protect and promote the right to health of the people  
2 and instill health consciousness among them.

3  
4 Furthermore, in accordance with Section 2 of Republic Act No. 9165 or the  
5 Comprehensive Dangerous Drugs Act as amended, the State shall provide  
6 measures to achieve a balance in the national drug control program so that patients  
7 with a debilitating medical condition may receive adequate amount of treatment and  
8 appropriate medications from the regulated use of dangerous drugs.

9  
10 Finally, Section 2 of Republic Act No. 8423 or the Traditional and Alternative  
11 Medicine Act (TAMA) of 1997 provides that it shall be the policy of the State to  
12 improve the quality and delivery of health care services to the Filipino people through  
13 the development of traditional and alternative health care and its integration into the  
14 national health care delivery system. It also provides that the State shall seek a  
15 legally workable basis by which indigenous societies would own their knowledge of  
16 traditional medicine.

17  
18 Toward this end, the State shall legalize and regulate the medical use of  
19 cannabis which has been confirmed to have beneficial and therapeutic uses to a  
20 debilitating medical condition. This will complement conventional health care and will  
21 be the medicine of last resort as certified by registered qualified medical cannabis  
22 physicians to qualified patients if and when standard medical treatment options are  
23 deemed ineffective based on indications and criteria determined by the Department  
24 of Health in consultation with the Food and Drug Administration..

25  
26 **SEC. 3. *Definition of Terms.* – As used in this Act:**

27  
28 a) *Bona fide relationship* refers to a continuing physician and patient relationship  
29 wherein a registered physician has made a complete assessment of the patient's  
30 medical history and current medical condition, including an appropriate diagnostic  
31 and personal physical examination sufficient to determine that the patient is suffering  
32 from a debilitating medical condition;

33  
34 b) *Cannabis* refers to every kind, class, genus, specie of the plant *Cannabis*,  
35 *hashish, bhang, guaza, churrus, ganjab*, and embraces every kind, class and  
36 character of marijuana, whether dried or fresh and flowering, flowering or fruiting  
37 tops, or any part or portion of the plant and seeds thereof, and all its geographic  
38 varieties, whether as a reefer, resin, extract, tincture or in any form whatsoever;

39  
40 c) *Closed Locked Facility* refers to a closet, room or other comparable,  
41 stationary, and fully enclosed area equipped with secured locks or other functioning  
42 security devices that permit access only to authorized personnel of the Medical  
43 Cannabis Compassionate Center cultivation site and dispensary; or an outdoor area  
44 with an enclosed perimeter by chain-link fencing, wooden slats, or a similar material  
45 that prevents access by the general public and fully equipped with functioning  
46 security devices that permit access only to authorized personnel of the Medical  
47 Cannabis Compassionate Center cultivation site and dispensary;

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

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

17  
18 f) *Medical Cannabis* refers to cannabis products such as capsules and oil in  
19 their pharmaceutical formulation which shall have detailed and accurate information  
20 regarding the concentration of tetrahydrocannabinol (THC) and cannabidiol (CBD)  
21 certified by the PDEA licensed and DOH registered physician to qualified patients. In  
22 no instance shall cannabis be used in its raw form;

23  
24 g) *Medical Cannabis Compassionate Center (MCCC)* refers to an entity duly  
25 registered and licensed by the Department of Health (DOH) and Philippine Drug  
26 Enforcement Agency (PDEA) to acquire, possess, deliver, transfer, transport,  
27 cultivate, manufacture, store, import, sell, supply and dispense medical cannabis;

28  
29 h) *Medical use* refers to the use of medical cannabis to treat or alleviate a  
30 registered qualified patient's debilitating medical condition or symptoms associated  
31 with his debilitating medical condition, and shall include its acquisition, possession,  
32 transportation, delivery, dispensation, administration, cultivation, or manufacturing for  
33 medical purposes; and

34  
35 i) *Written Certification* refers to a document dated and signed by a registered  
36 qualified medical cannabis physician certifying that the qualifying patient has any of  
37 the debilitating medical condition under Section 3 (e) and recommends the use of  
38 medical cannabis to treat or alleviate the latter's condition. *Provided, That* a written  
39 certification shall be made only in the course of a bona fide physician – patient  
40 relationship.

41  
42 **SEC. 4. Role of Agencies.** – The following agencies shall perform the following  
43 roles and responsibilities:

44  
45 a) *Department of Health (DOH).* – The DOH shall be the principal regulatory  
46 agency in the access and use of medical cannabis. It shall register and issue  
47 licenses to qualified entities engaged in activities related to the use of medical  
48 cannabis, establish a Prescription Monitoring System and maintain an electronic

1 database of registered medical cannabis patients, physicians, caregivers and other  
2 qualified entities for monitoring and regulation purposes.  
3

4 The Secretary of the DOH, herein referred to as the Secretary, shall take the  
5 lead in the formulation of rules and regulations to implement this Act.  
6

7 b) *Food and Drug Administration (FDA)*. – The FDA shall be the regulatory  
8 agency tasked to undertake testing of medical cannabis products to determine its  
9 potency, consistency, safe and effective use, as well as compliance with packaging  
10 and labelling safety requirements. It shall ensure that all medical cannabis products  
11 are organic, pesticide free, gluten free, safe, effective, and tested prior to distribution,  
12 dispensation and sale.  
13

14 c) *Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency*  
15 *(PDEA)*. – The DDB and PDEA shall have a key role in monitoring and regulating the  
16 importation, cultivation, manufacture, storage, distribution, prescription, dispensation  
17 and sale of medical cannabis by registered Medical Cannabis Compassionate  
18 Centers (MCCCs). It shall establish and maintain an information system especially to  
19 track cannabis growth from seed to sale for monitoring and regulation purposes.  
20

21 **SEC. 5. *Advisory Committee on Medical Use of Cannabis.*** – There is hereby  
22 established in the DOH an Advisory Committee on the medical use of cannabis,  
23 hereinafter referred to as the Medical Cannabis Advisory Committee, which shall  
24 assist and provide directions in the formulation, implementation and assessment of  
25 the policies, guidelines and regulations covered under this Act.  
26

27 The Secretary of the DOH shall serve as the chairperson of the Medical  
28 Cannabis Advisory Committee. The Chairman of the Dangerous Drugs Board (DDB),  
29 the Directors-General of the FDA and the PDEA or their respective representatives  
30 shall be permanent members of the Medical Cannabis Advisory Committee.  
31  
32

33 The Secretary shall appoint the other members of the Medical Cannabis  
34 Advisory Committee who shall serve for a term of three (3) years. It shall comprise of  
35 three (3) health care practitioners, two (2) experts in the regulation of controlled  
36 substances for medical use, who must be citizens and residents of the Philippines, of  
37 good moral character, of recognized probity and independence and must distinguish  
38 themselves professionally in public, civic or academic service and must have been in  
39 the practice of their professions for at least ten (10) years; and two (2)  
40 representatives from a nationally recognized organization of patients with debilitating  
41 medical conditions. The non-ex officio members shall nominate a Vice-Chairperson  
42 from among themselves, and shall receive an honoraria in accordance with existing  
43 laws, rules and regulations.  
44

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

1        **SEC. 6. *Qualified Medical Cannabis Physician.*** – To be considered competent to  
2 certify a patient's medical need to use cannabis for treatment and issue a  
3 corresponding written certification to that effect, a physician must register with the  
4 DOH and possess the following qualifications:

- 5  
6        a) Has an established bona fide relationship with the patient;  
7  
8        b) Is licensed by the PDEA to prescribe dangerous drugs; and  
9  
10       c) Has the professional qualification, credential, training and experience to treat  
11 any of the debilitating medical conditions enumerated under Section 3 (e) of this Act.  
12

13        *Provided,* That a qualified medical cannabis physician may not issue a written  
14 certification for his own use, immediate family or relatives within the fourth civil  
15 degree of consanguinity or affinity.  
16

17        The qualified medical cannabis physician shall maintain a record of all his issued  
18 written certifications. He shall be responsible for the submission of a clinical study  
19 report to the DOH for every qualified patient which he certified or prescribed the use  
20 of medical cannabis specifically describing the quantity administered/use,  
21 therapeutic/desired effect and any adverse reaction, at the end of each year.  
22

23        The written certification issued by the qualified medical cannabis physician shall  
24 be valid for one (1) year from the date of issuance unless in his professional opinion,  
25 the qualified patient would benefit from medical cannabis only until a specified date  
26 so stated in the written certification; or sooner revoked by reason of misuse or  
27 diversion of the written certification; or failure to abide by the prescribed dosage and  
28 form; or the qualified patient no longer suffers from a debilitating medical condition or  
29 has not received therapeutic or palliative benefit from the use of medical cannabis; or  
30 when the qualified patient has died. The written certification may be renewed for  
31 another year subject to the conduct of appropriate diagnostic and physical  
32 examinations to completely assess the medical condition of the qualified patient.  
33

34        For this purpose, the DOH shall develop a standard form of written certification  
35 which shall be made available to qualified medical cannabis physicians. The written  
36 certification shall include the following details: (a) name, date of birth and address of  
37 the qualified patient; (b) a statement that the qualified patient has any of the  
38 debilitating medical condition provided in Section 3 (e) and that the qualified patient  
39 is under the qualified medical cannabis physician's care for the debilitating medical  
40 condition; (c) recommended form and dosage of medical cannabis; (d) an attestation  
41 that the qualified physician is actively registered with the DOH; (e) issue and expiry  
42 date of the certification; and (f) name, address, telephone number, handwritten  
43 signature and PRC, DOH registration number and PDEA license numbers of the  
44 qualified medical cannabis physician.  
45

46        **SEC. 7. *Qualified Medical Cannabis Patient.*** – A qualified medical cannabis  
47 patient means a person who has been diagnosed by a certifying qualified physician  
48 as having a debilitating medical condition as defined in Section 3 (e) and who, in the

1 qualified physician's professional evaluation, should receive therapeutic or palliative  
2 benefits from the medical use of cannabis.

3  
4 If the qualified patient is below eighteen (18) years of age or above 18 but is  
5 incapable or incapacitated to fully give his consent, the certifying qualified physician  
6 is mandated to explain to the patient as well as to the custodial parent or legal  
7 guardian who has the responsibility to make health care decisions on behalf of the  
8 qualified patient the potential risks and benefits of medical cannabis. The custodial  
9 parent or legal guardian shall signify, in writing, their consent to allowing the qualified  
10 patient's medical use of cannabis.

11  
12 **SEC. 8. *Medical Cannabis Patient Caregiver.*** – The qualified patient's caregiver  
13 shall be a registered nurse duly licensed by the PDEA to administer medical  
14 cannabis and has registered with the DOH to engage in the use of medical cannabis.  
15 He/she must be at least 21 years of age and must not have been convicted of any  
16 offense under Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act as  
17 amended.

18  
19 The qualified caregiver shall give consent in writing to perform the following:

20  
21 a) Assist the qualified patient in the medical use of cannabis;

22  
23 b) Not divert the medical cannabis in one's possession to any person other than  
24 the patient; and

25  
26 c) Assist only one (1) cannabis patient at a time.

27  
28 **SEC. 9. *Identification Cards.*** – The DOH shall issue registry identification (ID)  
29 cards to qualified medical cannabis patients and caregivers upon compliance with  
30 DOH documentary requirements and the provisions of this Act as well as the  
31 implementing rules and regulations.

32  
33 The registry ID card shall contain the following: name of the cardholder,  
34 designation whether the cardholder is the qualified patient or caregiver, date of  
35 issuance and expiration, assigned unique alphanumeric identification number and  
36 photograph of the cardholder. This registry ID card must be presented to MCCC's  
37 prior to dispensation of medical cannabis and must be kept in possession of the  
38 cardholder, at all times, while engaging in the use of medical cannabis.

39  
40 The registry ID card shall be valid for one (1) year from the date of issuance or  
41 an earlier date as stated in the written certification, and renewable upon submission  
42 of the requirements set forth in the implementing rules and regulations.

43  
44 **SEC. 10. *Medical Cannabis Compassionate Center (MCCC).*** – An entity shall  
45 operate as a Medical Cannabis Compassionate Center after registration and  
46 obtaining licenses from the DOH and PDEA.

47  
48 The Secretary shall establish a system, in coordination with PDEA, for the  
49 evaluation of application and licensing of a Medical Cannabis Compassionate Center  
50 based on the following criteria:

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

3  
4 b) The qualification, character, and relevant experience of principal officers and  
5 board members, including any training or professional licensing related to medicine,  
6 pharmaceuticals, natural treatments, botany, or cannabis cultivation and preparation  
7 and their experiences in running a health or medical center. *Provided*, That no  
8 principal officer or board member must have been convicted of any offense under  
9 Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act as amended;

10  
11 c) The sufficiency of the applicant's capital to operate. For this purpose, the  
12 applicant shall satisfy the minimum capital requirement and payment of registration  
13 fee laid down in the implementing rules and regulations;

14  
15 d) The applicant's effective and efficient system of operations and services,  
16 including its staffing and training plans, and its ability to provide an adequate and  
17 affordable supply of medical cannabis to registered patients; *Provided*, That no  
18 employee or staff must have been convicted of any offense under Republic Act No.  
19 9165 or the Comprehensive Dangerous Drugs Act as amended;

20  
21 e) The sufficiency of the applicant's procedure for accurate record keeping and  
22 reporting;

23  
24 f) The sufficiency of <sup>28</sup>the applicant's measures for safety, security, and and  
25 prevention of diversion, ~~theft~~ unauthorized entrance, including proposed  
26 locations, and security devices;

3127  
32 g) The applicant's procedure for safe and accurate packaging and labelling of  
33 medical cannabis, including measures to ensure that all medical cannabis are free  
34 from contaminants; and

35  
36 h) The applicant's assurance that all medical cannabis products being used are  
37 organic, pesticide free, gluten free, and that no chemicals have been used in the  
38 extraction process as certified by the Food and Drug Administration (FDA).

39  
40 *Provided*, That only Five (5) MCCC's nationwide shall be initially registered and  
41 licensed to engage in the manufacture, cultivation, importation, sale and  
42 dispensation of medical cannabis. After one (1) year of effective implementation of  
43 this Act, a review shall be conducted for purposes of determining the need of  
44 increasing the number of MCCC's.

45  
46 To ensure that MCCC's are geographically distributed and accessible to qualified  
47 patients, the five (5) MCCC's shall be distributed as follows: Two (2) in the National  
48 Capital Region; One (1) in Luzon; One (1) in Visayas and One (1) in Mindanao. The  
49 registration and license of MCCC shall be renewed annually.

50  
51 *Provided further*, That only medical cannabis products actually imported, grown,  
52 cultivated, manufactured, packed and labelled by an MCCC may be dispensed and  
53 sold in its own dispensary facility.

1        SEC. 11. *Access to Medical Cannabis.* – Medical cannabis shall only be  
2 accessed through Medical Cannabis Compassionate Center dispensaries.  
3

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

17        *Provided,* That prior to dispensation, the qualified patient or his qualified  
18 caregiver must be able to present the qualified physician's written certification and  
19 valid registry ID card as specified under Sections 6 and 9 of this Act.  
20

21        The DOH and PDEA shall have access to MCCC's records and premises at any  
22 time of the day or night whenever work is being undertaken therein, and to question  
23 any employee and investigate any fact, condition or matter which may be necessary  
24 to determine violations or which may aid in the enforcement of this Act or its rules  
25 and regulations issued pursuant thereto.  
26

27        SEC. 12. *Electronic Verification.* – The Prescription Monitoring System  
28 established by the DOH shall be made accessible to the PDEA Compliance Service  
29 and MCCCs where it may electronically verify and determine the validity of the  
30 registry ID card and information whether the cardholder is a registered qualified  
31 patient or caregiver.  
32

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

43        The PDEA shall issue appropriate license and permit for the cultivation,  
44 importation, production and distribution of medical cannabis subject to DDB  
45 guidelines. It shall also adopt measures that will ensure the prevention of misuse and  
46 illicit traffic of the cannabis plant such as establishment of a cannabis plant  
47 monitoring system. The Cannabis Plant Monitoring System is a system for testing  
48 and data collection established and maintained by the cultivation facility and



1 available for inspection of regulatory agencies for purposes of documenting each  
2 cannabis plant and for monitoring plant development throughout the life cycle from  
3 seed planting to final packaging.  
4

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

10  
11 **SEC. 14. *Testing of Medical Cannabis.*** – The FDA shall test all medical cannabis  
12 prior to its distribution, dispensation and sale to determine its potency, consistency,  
13 safe and effective use. It shall ensure that all medical cannabis are organic, pesticide  
14 free, gluten free and safe for use.

15  
16 It shall ensure that all medical cannabis are individually wrapped at the original  
17 point of preparation and conform to existing packaging and labelling requirements of  
18 the FDA.  
19

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

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

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

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

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

41 **SEC. 16. *Prohibited Acts.*** – It shall be prohibited for:  
42

43 a) A qualified patient to:  
44

- 45 1. Possess or smoke cannabis;
- 46
- 47 2. Operate, navigate, or being in actual physical control of any motor  
48 vehicle, aircraft, or motorboat while under the influence of cannabis;

1           3.     Undertake under the influence of cannabis, tasks that would require the  
2 use of body or motor functions impaired by the use of cannabis; and  
3

4           4.     Use cannabis for purposes other than for treatment of a debilitating  
5 medical condition.  
6

7           b) A qualified medical cannabis physician to:  
8

9           1.     Certify and prescribe medical cannabis to any person who is not a  
10 qualified patient under this Act;  
11

12           2.     Prescribe medical cannabis to any qualified patient without establishing  
13 a bona fide relationship with said patient;  
14

15           3.     Prescribe the use of medical cannabis for purposes other than for  
16 treatment of a debilitating medical condition;  
17

18           4.     Refer patients or caregivers to a MCCC on which he or she holds any  
19 financial or personal interest; and  
20

21           5.     Fail or refuse to submit the clinical study report referred to under  
22 Section 6 of this Act.  
23

24           c) A registered MCCC to:  
25

26           1.     Acquire, possess, deliver, transfer, transport, supply, or dispense  
27 medical cannabis to any person except to registered qualified patients or through  
28 their registered caregivers;  
29

30           2.     Cultivate, manufacture, store and import cannabis/medical cannabis in  
31 violation of the provisions of this Act and guidelines set in the implementing rules and  
32 regulations;  
33

34           3.     Acquire usable cannabis or mature cannabis plants from other  
35 registered MCCC or illegal sources;  
36

37           4.     Refer patients to an unqualified physician; and  
38

39           5.     Dispensing without presentation of the qualified physician's written  
40 certification and valid registry ID card of the qualified patient or caregiver.  
41

42           d) Any physician who prescribes medical cannabis to any person or patient  
43 without the license required in section 6 of this Act.  
44

45           e) Any caregiver who administers medical cannabis to any qualified medical  
46 cannabis patient without the required license from the PDEA for the purpose, or who,  
47 with license, but administers medical cannabis to a person who is not a qualified  
48 medical cannabis patient.  
49

50           f) Any person, to include foreigners, that:

1           1.     Advertise the sale of medical cannabis in printed materials, on radio or  
2 television, social media, internet or by paid-in-person solicitation of customers.  
3 *Provided*, That this shall not prevent appropriate signs on the property of the  
4 registered MCCC, listings in business directories including phone books, listings in  
5 cannabis-related or medical publications, or the sponsorship of health or charity or  
6 advocacy events;

7  
8           2.     Violate the confidentiality of information under R.A. 10173, otherwise  
9 known as the "Data Privacy Act of 2012";

10  
11           3.     Purchase of medical cannabis when not authorized to do so; and  
12

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

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

24  
25           1.     Caregivers in violation of section 8 of this Act; and  
26

27           2.     MCCCs in violation of section 10 and 11 of this Act.  
28

29           Furthermore, the aforementioned penalty carries with it the suspension or  
30 revocation of professional license or registration of the persons held as offenders  
31 hereof, and the suspension or revocation of the license to operate of any private  
32 entity found in violation of this Act.  
33

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

35  
36           1.     A qualified patient who commits any of the acts prohibited under paragraphs  
37 (a) (1) and (a) (4) of Section 16 of this Act;  
38

39  
40           2.     A qualified medical cannabis physician who commits any of the acts  
41 prohibited under paragraph (b) (1) and (b) (3) of Section 16 of this Act;  
42

43           3.     A caregiver who commits the prohibited acts in paragraph (e) of Section 16 of  
44 this Act; and  
45

46           4.     A MCCC which commits the act prohibited in paragraph (c) (1) of Section 16  
47 of this Act: *Provided*, That the persons liable shall be the members of the board of  
48 director or executive officers of the MCCC, as the case may be.  
49

50           **SEC. 18. *Research.*** – The DOH shall, within 120 days from the approval of this  
51 Act, authorize the National Institutes of Health, the research arm of the University of

1           1.     Advertise the sale of medical cannabis in printed materials, on radio or  
2 television, social media, internet or by paid-in-person solicitation of customers.  
3 *Provided*, That this shall not prevent appropriate signs on the property of the  
4 registered MCCC, listings in business directories including phone books, listings in  
5 cannabis-related or medical publications, or the sponsorship of health or charity or  
6 advocacy events;

7  
8           2.     Violate the confidentiality of information under R.A. 10173, otherwise  
9 known as the "Data Privacy Act of 2012";

10  
11           3.     Purchase of medical cannabis when not authorized to do so; and  
12

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

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

24  
25           1.     Caregivers in violation of section 8 of this Act; and

26  
27           2.     MCCCs in violation of section 10 and 11 of this Act.  
28

29           Furthermore, the aforementioned penalty carries with it the suspension or  
30 revocation of professional license or registration of the persons held as offenders  
31 hereof, and the suspension or revocation of the license to operate of any private  
32 entity found in violation of this Act.  
33

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

35  
36           1.     A qualified patient who commits any of the acts prohibited under paragraphs  
37 (a) (1) and (a) (4) of Section 16 of this Act;

38  
39           2.     A qualified medical cannabis physician who commits any of the acts  
40 prohibited under paragraph (b) (1) and (b) (3) of Section 16 of this Act;

41  
42           3.     A caregiver who commits the prohibited acts in paragraph (e) of Section 16 of  
43 this Act; and  
44

45  
46           4.     A MCCC which commits the act prohibited in paragraph (c) (1) of Section 16  
47 of this Act. *Provided*, That the persons liable shall be the members of the board of  
48 director or executive officers of the MCCC, as the case may be.  
49

50           **SEC. 18. *Research.*** – The DOH shall, within 120 days from the approval of this  
51 Act, authorize the National Institutes of Health, the research arm of the University of

1 the Philippines, Manila; the Health Sciences Center of the UP System; and the  
2 Philippine Institute of Traditional and Alternative Health Care (PITAHC), to conduct  
3 research on the medical use of cannabis. Participation to any research program on  
4 the part of qualified physicians, patients and caregivers shall be highly encouraged.  
5 In order to carry out this function, the DOH shall provide the necessary funding to  
6 support the conduct of this research. Further, the aforementioned entities may  
7 receive grants, subject to existing policies, which shall be exclusively used for  
8 research purposes.

9  
10 For purposes of medical research and testing, the DDB shall formulate the  
11 regulations in naming the sources and specifying the methods in accessing the  
12 sources of cannabis.

13  
14 **SEC. 19. *Training of Medical Cannabis Physicians, Pharmacists and Caregivers.***

15 – The DOH shall develop an appropriate training program for medical cannabis  
16 physicians, pharmacists and caregivers which shall include the following topics: the  
17 pharmacology of cannabis; contraindications; side effects; adverse reactions;  
18 overdose prevention; drug interactions; dosing; routes of administration; risks and  
19 benefits; warnings and precautions; abuse and dependence, and other related  
20 topics. Completion of the program shall be a precondition in the approval of  
21 registration with DOH and renewal of license to prescribe, dispense and administer  
22 medical cannabis to qualified patients.  
23

24  
25 The DOH shall coordinate with the Commission on Higher Education to integrate  
26 the aforementioned topics on medical cannabis in the medical curriculum of all  
27 medical schools, colleges and universities.  
28

29 **SEC. 20. *Reports.*** – The DOH shall submit an annual report to the Office of the  
30 President and to both Houses of Congress which shall include the following  
31 information:

- 32  
33 a) Number of applications and renewals filed for registry identification cards;  
34  
35 b) Number of registered qualified patients at the time of report;  
36  
37 c) Nature of debilitating medical conditions of the qualified patients;  
38  
39 d) Number of registry identification cards revoked for misconduct;  
40  
41 e) Number of qualified physicians who issued written certifications for qualified  
42 patients;  
43  
44 f) Number of registered MCCCs;  
45  
46 g) Assessment on the use of medical cannabis, research, and treatment of  
47 patients with debilitating medical condition; and  
48  
49 h) Other pertinent information.

1       **SEC. 21. *Joint Congressional Oversight Committee.*** – There is hereby created a  
2 Joint Congressional Oversight Committee to conduct a regular review of the  
3 implementation of this Act.  
4

5       The Joint Congressional Oversight Committee shall be composed of five (5)  
6 Members from the Senate and five (5) Members from the House of Representatives  
7 to be appointed by the Senate President and the Speaker of the House of  
8 Representatives, respectively. The Joint Congressional Oversight Committee shall  
9 be jointly chaired by the Chairpersons of the Senate Committee on Health and  
10 Demography and the House of Representatives Committee on Health.  
11

12       **SEC. 22. *Implementing Rules and Regulations.*** – Within ninety (90) days from  
13 the effectivity of this Act, the DOH, in consultation with the appropriate government  
14 agencies, shall promulgate rules and regulations necessary for the effective  
15 implementation of this Act.  
16

17       **SEC. 23. *Appropriations.*** – The amount necessary to carry out the  
18 implementation of this Act shall be charged against the current year's appropriations  
19 of the DOH. Thereafter, such sums as may be necessary for the continued  
20 implementation of this Act shall be included in the annual General Appropriations  
21 Act.  
22

23       **SEC. 24. *Separability Clause.*** – if any provision or part of this Act is declared  
24 invalid or unconstitutional, the remaining parts or provisions not affected shall remain  
25 in full force and effect.  
26

27       **SEC. 25. *Repealing Clause.*** – For purposes of this Act, pertinent provisions of  
28 Republic Act No. 9165, otherwise known as the "Dangerous Drugs Act of 2002," as  
29 amended, and all other laws, decrees, orders, rules and regulations, or parts thereof,  
30 inconsistent with any provision of this Act are hereby repealed or modified  
31 accordingly.  
32

33       **SEC. 26. *Effectivity.*** – This Act shall take effect fifteen (15) days after its  
34 publication in the Official Gazette or in a newspaper of general circulation.

Approved,