



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session



COMMITTEE REPORT NO. **402**

Submitted by the Committee on Health on **02 OCT 2017**

Re: House Bill No. **6517**

Recommending its approval in substitution of House Bill No. 180

Sponsor: Reps. Angelina "Helen" D.L. Tan, M.D. and Rodolfo T. Albano III

Mr. Speaker:

The Committee on Health to which was referred House Bill No. 180 introduced by Rep. Rodolfo T. Albano III, entitled:

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

has considered the same and recommends that the attached House Bill No. **6517** entitled:

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

be approved in substitution of House Bill 180, with Reps. Rodolfo T. Albano III, Jesulito A. Manalo, Jose T. Panganiban, Jr., Maximo B. Rodriguez, Jr., Johnny T. Pimentel, Lorna C. Silverio, Benhur B. Lopez, Jr., Edgar R. Erice, Micaela S. Violago, Emmanuel A. Billones, Jose Christopher Y. Belmonte, Jesus N. Sacdalan, Wilter Wee Palma II, Ricardo T. Belmonte, Jr., John Marvin C. Nieto, Carlos O. Cojuangco, Carmelo B. Lazatin II, Lorna P. Bautista-Bandigan, Conrado M. Estrella III, Abraham N. Tolentino, Ronaldo B. Zamora, Arthur C. Yap, Eric M. Martinez, Manuel Monsour T. Del Rosario III, Ramon V. A. M. Rocamora, Romeo M. Acop, Peter M. Unabia, Mohamad Khalid Q. Dimaporo, Rosenda Ann Ocampo, Fernando V. Gonzalez, Kaka J. Bag-ao, Rogelio J., Espina, M.D., Mercedes C. Cagas, Eric D. Singson, Roger G. Mercado, Frederick W. Siao, Marisol C. Panotes, Jose I. Tejada, Sandra Y. Eriguel, M.D., Luisa Lloren Cuaresma, Robert Ace S. Barbers, Vicente S.E. Veloso, Arlene B. Arcillas, Seth Frederick P. Jalosjos, Nancy A. Catamco, Mario Vittorio A. Mariño, Gwendolyn F. Garcia, Eripe John M. Amante, Gloria Macapagal-Arroyo, Rogelio Neil P. Roque, Jesus F. Celeste, Francis Gerard A. Abaya, Amel U. Ty, Rodante D. Marcoleta, Ramon C. Nolasco, Eleanor C. Bulut-Begtang, Cristina Roa-Puno, Joey Sarte Salceda, Enrico A. Pineda, Mark Aeron H.

Sambar, Scott Davies S. Lanete, M.D., Jocelyn Sy Limkaichong, Luis A. Ferrer IV Noel L. Villanueva, Marlen B. Alonte-Naguiat, Gloria G. Labadlabad, Tricia Nicole Q. Velasco-Catera, Tomasito S. Villarin and Florida P. Robes as authors thereof.

Respectfully submitted,



HON. ANGELINA “Helen” D.L. TAN, M.D.

Chairperson
Committee on Health

Honorable **SPEAKER**
House of Representatives, Quezon City

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

Seventeenth Congress
Second Regular Session

HOUSE BILL NO. 6517

(In Substitution of House Bill No. 180)

Introduced by Reps. Rodolfo T. Albano III, Jesulito A. Manalo, Jose T. Panganiban, Jr., Maximo B. Rodriguez, Jr., Johnny T. Pimentel, Lorna C. Silverio, Benhur B. Lopez, Jr., Edgar R. Erice, Micaela S. Violago, Emmanuel A. Billones, Jose Christopher Y. Belmonte, Jesus N. Sacdalan, Wilter Wee Palma II, Ricardo T. Belmonte, Jr., John Marvin C. Nieto, Carlos O. Cojuangco, Carmelo B. Lazatin II, Lorna P. Bautista-Bandigan, Conrado M. Estrella III, Abraham N. Tolentino, Ronaldo B. Zamora, Arthur C. Yap, Eric M. Martinez, Manuel Monsour T. Del Rosario III, Ramon V. A. M. Rocamora, Romeo M. Acop, Peter M. Unabia, Mohamad Khalid Q. Dimaporo, Rosenda Ann Ocampo, Fernando V. Gonzalez, Kaka J. Bag-ao, Rogelio J., Espina, M.D., Mercedes C. Cagas, Eric D. Singson, Roger G. Mercado, Frederick W. Siao, Marisol C. Panotes, Jose I. Tejada, Sandra Y. Eriguel, M.D., Luisa Lloren Cuaresma, Robert Ace S. Barbers, Vicente S.E. Veloso, Arlene B. Arcillas, Seth Frederick P. Jalosjos, Nancy A. Catamco, Mario Vittorio A. Mariño, Gwendolyn F. Garcia, Eripe John M. Amante, Gloria Macapagal-Arroyo, Rogelio Neil P. Roque, Jesus F. Celeste, Francis Gerard A. Abaya, Arnel U. Ty, Rodante D. Marcoleta, Ramon C. Nolasco, Eleanor C. Bulut-Begtang, Cristina Roa-Puno, Joey Sarte Salceda, Enrico A. Pineda, Mark Aeron H. Sambar, Scott Davies S. Lanete, M.D., Jocelyn Sy Limkaichong, Luis A. Ferrer IV Noel L. Villanueva, Marlen B. Alonte-Naguiat, Gloria G. Labadlabad, Tricia Nicole Q. Velasco-Catera, Tomasito S. Villarin and Florida P. Robes

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

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

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

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

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

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

8
9 Finally, Section 2 Republic Act No. 8423 or the Traditional and Alternative
10 Medicine Act (TAMA) of 1997 provides that it shall be the policy of the State to
11 improve the quality and delivery of health care services to the Filipino people through
12 the development of traditional and alternative health care and its integration into the
13 national health care delivery system. It also provides that the State shall seek a
14 legally workable basis by which indigenous societies would own their knowledge of
15 traditional medicine

16
17 Toward this end, the State shall legalize and regulate the medical use of
18 cannabis which has been confirmed to have beneficial and therapeutic uses to
19 treat a chronic or debilitating disease or medical condition that produces one or
20 more of the following: cachexia or wasting syndrome; severe and chronic pain;
21 severe nausea; seizures, including those characteristic of epilepsy; or severe and
22 persistent muscle spasms, including those associated with multiple sclerosis.

23
24 SEC. 3. *Definition of Terms.* – As used in this Act:

25
26 a) *Cannabis* refers to every kind, class, genus, specie of the plant
27 *Cannabis sativa L.*, *Cannabis americana*, *hashish*, *bhong*, *guaza*, *churrus*, *ganjab*
28 and embraces every kind, class and character of marijuana, whether dried or fresh
29 and flowering, flowering or fruiting tops, or any part or portion of the plant and seeds
30 thereof, and all its geographic varieties, whether as a reefer, resin, extract, tincture or
31 in any form whatsoever;

32
33 b) *Compassionate* refers to a virtue combining concepts such as sympathy,
34 empathy, fellow feeling, benevolence, care, love, and sometimes pity and
35 mercy. A profound awareness of another's suffering coupled with a desire
36 to alleviate that suffering.

37
38 c) *Debilitating medical condition* refers to any disease that produces one or
39 more of the following: cachexia or wasting syndrome; severe and chronic pain;
40 severe nausea; seizures, including those characteristic of epilepsy; or severe and
41 persistent muscle spasms, including those associated with multiple sclerosis.
42 Debilitating medical conditions include the following diseases: 1) cancer; 2)
43 glaucoma; 3) multiple sclerosis; 4) damage to the nervous system of the spinal
44 cord, with objective neurological indication of intractable spasticity; 5) epilepsy;
45 6) positive status for human immunodeficiency virus (HIV) or acquired immune
46 deficiency syndrome (AIDS); 7) post-traumatic stress disorder; 8) rheumatoid
47 arthritis or similar chronic autoimmune inflammatory disorders; 9) diseases
48 requiring admission into hospice care; and 10) any other debilitating medical
49 condition or its treatment that is subsequently identified by the Department of
50 Health as recommended by a panel of doctors constituted for this purpose.

c) *Medical Cannabis Compassionate Center (MCCC)* refers to any entity duly registered and licensed by the Department of Health (DOH) to acquire, possess, deliver, transfer, transport, sell, supply and dispense cannabis, devices or related supplies and educational materials to duly registered qualified patients.

d) *Medical Cannabis Research and Safety Compliance Facility (MCRSCF)* refers to any entity registered with the DOH that conducts scientific and medical research on medical use of cannabis and provides testing services for its potency and contaminants relative to its safe and efficient use, cultivation, harvesting, packaging, labelling, distribution and proper security.

f) *Medical Cannabis* refers to the use of cannabis including its constituents, tetrahydrocannabinol (THC), and other cannabinoids, as a physician-recommended form of medicine or herbal therapy. Medical cannabis shall not be used in its raw form.

g) *Medical use* refers to delivery, possession, transfer, transportation, or use of cannabis and its devices to treat or alleviate a registered qualified patient's medical condition or symptoms associated with the patient's debilitating disease or its acquisition, administration, cultivation, or manufacturing for medical purposes.

SEC. 4. *Regulatory Agencies.* — The following shall be the regulatory agencies for this Act:

a) *Department of Health (DOH).* — The DOH, in consultation with the Food and Drug Administration (FDA), shall be the principal regulatory agency for the use of medical cannabis. It shall register and issue licenses to qualified entities engaged in activities related to the use of medical cannabis. The DOH shall maintain a registry of cannabis patients and their caregivers.

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

b) *Philippine Drug Enforcement Agency (PDEA)* - The PDEA shall have a key role in monitoring and regulating the dispensation of medical cannabis in health facilities. It shall maintain a registry of qualified medical cannabis physicians and caregivers licensed to prescribe and administer medical cannabis to qualified patients under this Act.

SEC. 5. *Advisory Committee on Medical Use of Cannabis.* — There is hereby established in the DOH an Advisory Committee on the Medical Use of Cannabis, hereinafter referred to as the Advisory Committee, which shall assist and provide directions in the formulation and implementation of the policies and regulations covered under this Act. The Directors-General of the FDA and the PDEA or their representatives shall be permanent members of the Advisory Committee.

The Secretary shall appoint the other members of the Advisory Committee which shall include health care practitioners, patients or representatives of patients

1 with debilitating conditions, experts in the regulation of controlled substances for
2 medical use, medical cannabis industry professionals and law enforcement
3 agencies.

4
5 The Secretary shall form a Subcommittee of the Advisory Committee to advise
6 the Secretary on clinical matters relating to medical cannabis, the members of
7 which shall predominantly be clinical professionals in appropriate areas of expertise
8 and shall also include representatives of patients. Members of the Subcommittee
9 need not be members of the Advisory Committee. Both members of the Advisory
10 Committee, and Subcommittee shall serve at the pleasure of the Secretary and may
11 receive honoraria in accordance with existing government rules and regulations.

12
13 SEC. 6. *Qualified Medical Cannabis Physician.* – To be considered
14 competent to certify a patient's medical need to use cannabis for treatment and to
15 prescribe such treatment, a physician shall possess the following qualifications:

- 16
17 a) has an established bona fide relationship with the patient;
18
19 b) is licensed by the PDEA to prescribe medical cannabis to qualified
20 medical cannabis patients; and
21
22 c) professional knowledge of the use of medical cannabis

23
24 SEC. 7. *Qualified Medical Cannabis Patient.* – A qualified medical cannabis
25 patient means a person who has been diagnosed by a certifying physician with
26 bona fide relationship with the patient as having a debilitating medical condition
27 as defined in Section 3 (c) and who, in the physician's professional evaluation,
28 should receive therapeutic or palliative benefits from the medical use of cannabis.

29
30 A patient shall have the right to choose the type of medicine and health care
31 services needed to alleviate the medical condition.

32
33 SEC. 8. *Identification Cards.* – The Secretary shall issue identification (ID)
34 cards to the following:

- 35
36 a) A registered qualified patient who complies with the DOH documentary
37 requirements and the provisions of this Act; and
38
39 b) Qualified caregivers as identified in Section 9 of this Act.

40
41 If the qualified patient is younger than eighteen (18) years of age, the
42 certifying physician is mandated to explain to the patient as well as to the custodial
43 parent or legal guardian who has the responsibility to make health care decisions on
44 behalf of the qualified patient the potential risks and benefits of the medical use of
45 marijuana.

46
47 The custodial parent or legal guardian shall signify, in writing, their consent to
48 the following:

- 49 1. Allow the qualified patient's medical use of cannabis;
50

2. Serve as the qualified patient's designated caregiver; and
3. Regulate the acquisition, dosage, and frequency of medical use of cannabis by the patient.

SEC. 9. *Medical Cannabis Patient Caregiver.* – The qualified patient's designated caregiver as identified in Section 8 of this Act shall be licensed by PDEA to administer dangerous drugs. A cannabis patient caregiver not covered by Section 8 of this Act must be at least 21 years of age, and as far as practicable, a registered nurse duly licensed by PDEA, and must not have been convicted of an offense for the use of dangerous drugs under Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act as amended. The caregiver shall give consent in writing to perform the following:

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

Convicted drug pushers, importers, illegal cultivators and manufacturers, and possessors shall be disqualified as caregivers.

SEC. 10. *Medical Cannabis Compassionate Center (MCCC).* – An entity shall operate as a Medical Cannabis Compassionate Center after the approval of its application and license to operate with the DOH - Health Facilities and Services Regulatory Bureau (DOH-HFSRB). The Secretary shall establish a system for the evaluation of application and licensing of a Medical Cannabis Compassionate Center based on the following criteria:

- a) The suitability of the applicant's proposed location including compliance with any local zoning laws and the geographic convenience to patients;
- b) The qualification, character, and relevant experience of principal officer and board members', including any training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation and preparation, and their experiences in running a health or medical center;
- c) The applicant's effective and efficient system of operations and services, including its staffing and training plans, the sufficiency of its capital to operate, and its ability to provide an adequate and affordable supply of medical cannabis to the registered patients;
- d) The sufficiency of the applicant's procedure for accurate record keeping;
- e) The sufficiency of the applicant's measures for safety, security, and the prevention of diversion, including proposed locations and security devices to be employed;
- f) The applicant's procedure for safe and accurate packaging and

labelling of medical cannabis, including the measures to ensure that all medical cannabis shall be free from contaminants; and

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

SEC. 11. *Access to Medical Cannabis.* – Cannabis shall only be accessed through the following health facilities:

- a) DOH-retained hospitals,
- b) specialty hospitals, and
- c) private tertiary hospitals duly licensed and registered with the DOH for this purpose.

An MCCC shall be authorized by the abovementioned hospitals to dispense medical cannabis within the hospital's premises.

An MCCC shall guarantee the appropriate dispensation of cannabis through a pharmacist with an S3 license issued by the PDEA and shall not release more than the prescribed dosage for one (1) month to a custodial parent, legal guardian or designated caregiver who, as far as practicable, is a registered nurse licensed by the PDEA to administer dangerous drugs.

An MCCC shall comply with this limitation by maintaining internal confidential record of each entry which include information on the date and time the cannabis was dispensed, the amount of cannabis being dispensed and on whether it was dispensed directly to the patient or to the designated caregiver. Such information shall be protected under R.A. No. 10173, otherwise known as the "Data Privacy Act of 2012."

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

SEC. 12. *Medical Cannabis Research and Safety Compliance Facilities (MCRSCF).* – *The Medical Cannabis Research and Safety Compliance Facilities (MCRSCF)* which include private research laboratories may conduct researches Medical Cannabis and operate only if they have been issued a valid registration certificate by the DOH.

The DOH shall evaluate applications of Medical Cannabis Research and Safety Compliance Facilities based on the following criteria:

- a) The suitability of the applicant's proposed location including compliance with any local zoning law, agricultural classification and the geographic

1 convenience to patients;

2
3 b) The proposed principal officers' and board members' relevant
4 experiences, including any training or professional licensing related to analytical
5 testing, medicine, pharmaceuticals, natural treatments, botany, or cannabis
6 cultivation, preparation, and testing and their experiences in running a drug testing
7 facility center;

8
9 c) The sufficiency of the applicant's measures for safety, security, and
10 the prevention of diversion, including proposed locations and
11 security devices to be employed; and

12
13 d) The proposed safety compliance facility's procedure for its operations
14 and services, including its staffing and training plans, and sufficiency of capital to
15 operate.

16 The MCRSCFs should also be compliant with the regulations and
17 requirements of the PDEA Compliance Center.

18
19 SEC. 13. *Safety Requirements.* – A registered MCRSCF shall:

20
21 a) Implement appropriate security measures to deter and prevent the theft
22 of cannabis and unauthorized entrance into areas containing cannabis;

23
24 b) Cultivate or test cannabis in an enclosed, locked location at the
25 physical address or addresses provided during the registration process, which can
26 only be accessed by their employees or agents;

27
28 c) Display their registration certificates in their premises at all times; and

29 d) Allow PDEA to have continuous access to the facility.

30
31 SEC. 14. *Exemption from Civil and Criminal Liability.* – The following shall
32 be exempt from civil and criminal liability:

33
34 a) The certifying physician for prescribing medical cannabis or providing
35 written certifications stating that in the physician's professional opinion, a patient is
36 likely to receive therapeutic or palliative benefit from the medical use of cannabis to
37 treat or alleviate the patient's serious or debilitating medical condition or symptoms:
38 *Provided*, That the physician has established a bona fide relationship with the patient
39 and conducted a thorough clinical analysis of the patient's medical conditions;

40
41 b) A qualified patient for using cannabis in the prescribed dosage for
42 treatment of debilitating medical condition as determined and certified by a bona
43 fide recommending physician;

44
45 c) A registered and designated cannabis caregiver for assisting a
46 registered qualified patient and for possessing not more than the exact prescribed
47 dosage of cannabis needed by the qualifying patient;

48
49 d) A registered Medical Cannabis Research and Safety Compliance
50 Facility and its agents for possessing and testing cannabis for medical research and

1 compliance purposes; and

2
3 e) A duly licensed Medical Cannabis Compassionate Centers and its
4 agents authorized to dispense medical cannabis within the hospital premises as
5 provided by Section 11.

6
7 SEC. 15. *Prohibited Acts.* – It shall be prohibited for:

8 a) A qualified patient to:

9
10 1. possess and smoke cannabis and engage in the medical use of
11 cannabis in any mode of public transportation or in any public place;

12
13 2. operate, navigate, or being in actual physical control of any motor
14 vehicle, aircraft, or motorboat while under the influence of cannabis:
15 *Provided, That* a registered qualified patient or visiting qualified patient shall
16 not be considered to be under the influence of cannabis solely because of
17 the presence of metabolites or components of cannabis that appear in
18 insufficient concentration to cause impairment;

19
20 3. undertake under the influence of cannabis, tasks that would require the
21 use of body or motor functions impaired by the use of cannabis; and

22
23 4. use cannabis for purposes other than treatment of a debilitating medical
24 condition;

25
26 b) A qualified medical cannabis physician to:

27 1. prescribe medical cannabis to any person who is not a qualified patient
28 under this Act;

29
30 2. prescribe medical cannabis to any qualified patient without establishing
31 a bona fide relationship with said patient; and

32
33 3. refer patients or caregivers to a MCCC on which he or she holds any
34 financial interest;

35
36 c) A registered MCCC to:

37
38 1. acquire, possess, deliver, transfer, transport, supply, or dispense cannabis
39 to any person except to registered qualified patients or through their
40 registered caregivers;

41
42 2. acquire usable cannabis or mature cannabis plants from unregistered
43 MCCC; and

44
45 3. refer patients to an unauthorized physician.

46
47 d. any physician who prescribes medical cannabis to any person or patient
48 without the license required in section 6 of this act.

49
50 e. any caregiver, not covered by section 8 of this Act, who administers medical

1 cannabis to any qualified medical cannabis patient without the required
2 license by the PDEA for the purpose, or who, with license, but administers
3 medical cannabis to a person who is not a qualified medical cannabis patient.
4

5 f) Any person, to include foreigners, to:

- 6
7 1. advertise the sale of medical cannabis in printed materials, on radio or
8 television, social media, or by paid-in-person solicitation of customers.
9 This shall not prevent appropriate signs on the property of the registered
10 MCCC, listings in business directories including phone books, listings in
11 cannabis-related or medical publications, or the sponsorship of health or
12 charity or advocacy events;
13
- 14 2. violate the confidentiality of information under R.A. 10173, otherwise
15 known as the "Data Privacy Act of 2012," and
16
- 17 3. purchase and access to medical cannabis in oil formulation or in any form
18 not prescribed by the DOH.
19

20 SEC. 16. *Penalty.* – Any person who violates any of the provisions of Section
21 15 of this Act or its Implementing Rules and Regulations shall, upon conviction and
22 final judgment, be punished with a fine of fifty thousand pesos (P50,000.00) to One
23 hundred thousand pesos (P100,000) or higher at the discretion of the Court.
24 Likewise, the same penalty shall be imposed on:

- 25
26 1. caregivers in violation of section 9 of this Act;
27
- 28 2. MCCCs in violation of section 10 and 11 of this Act; AND
29
- 30 3. MCRSCFs in violation of sections 12 and 13 of this Act.
31

32 In addition, the penalty of imprisonment of six (6) to twelve (12) years shall be
33 imposed on:

- 34
35 1. A qualified patient who commits any of the acts proscribed in paragraphs (a)
36 (1) and (a) (4) of Section 15 of this Act;
37
- 38 2. A qualified medical cannabis physician who commits any of the act proscribed
39 in paragraph (b) (1) and (a) (4) of Section 15 of this Act;
40
- 41
42 3. A caregiver who commits the proscribed acts in paragraph (e) of Section 15
43 of this Act; and
44
- 45 4. A MCCC which commits the act proscribed in paragraph (c) (1) of Section 15
46 of this Act: provided, that the persons liable shall be the members of the board
47 of directors or executive officers of the MCCC, as the case may be.
48

49 Furthermore, the penalty shall include suspension or revocation of
50 professional license or registration of the persons or entities held as offenders

1 hereof.

2 The DOH shall impose administrative sanctions such as suspension or
3 revocation of the license to operate of any private entity found guilty of violating
4 Section 15 of this Act.
5

6 The Department shall constitute a Grievance Committee that will review
7 documents and evidence of cases brought to its attention for recommended
8 resolutions for final action of the Secretary.
9

10 SEC. 17. *Research.*—The DOH shall, within 120 days from the approval of
11 this Act, authorize the National Institutes of Health, the research arm of the
12 University of the Philippines, Manila; the Health Sciences Center of the UP System,
13 the Philippine Institute of Traditional and Alternative Health Care (PITAHC) and two
14 other organizations it may deem qualified, to conduct research on the use of medical
15 cannabis. Participation to any research program on the part of practitioners, patients
16 and designated care givers shall be highly encouraged.
17

18 Private research laboratories may conduct research studies only if their
19 facilities are duly registered and licensed by the DOH as a MCRSCF.
20

21 For purposes of medical research and testing, the Dangerous Drugs Board
22 (DDB) shall formulate the regulations in naming the sources and specifying the
23 methods in accessing the sources of cannabis.
24

25 SEC. 18. *Training of Medical Cannabis Physicians.* —The DOH shall provide
26 training programs for medical cannabis physicians which shall include the following
27 topics: the pharmacology of marijuana; contraindications; side effects; adverse
28 reactions; overdose prevention; drug interactions; dosing; routes of administration;
29 risks and benefits; warnings and precautions; and abuse and dependence. The DOH
30 shall coordinate with the Commission on Higher Education to integrate the
31 aforementioned topics on medical cannabis in the medical curriculum of all medical
32 schools, colleges and universities.
33

34 SEC. 19. *Reports.* – The Department shall submit to the President of the
35 Philippines and Congress an annual report which shall include the following basic
36 information:

- 37 a) Number of applications and renewals filed for registry identification
38 cards;
39
- 40 b) Number of registered qualified patients at the time of the report;
41
- 42 c) Number of registry identification cards that were issued to visiting
43 qualified patients at the time of the report;
44
- 45 d) Nature of the debilitating medical conditions of the patients;
46
- 47 e) Number of registry identification cards revoked for misconduct;
48
- 49 f) Number of authorized physicians who issued written certifications for
50 qualified patients; and

1 g) Number of registered MCCCs.
2

3 SEC. 20. *Joint Congressional Oversight Committee.* – There is hereby
4 created a Joint Congressional Oversight Committee to conduct a regular review of
5 the implementation of this Act.
6

7 The Joint Congressional Oversight Committee shall be composed of five
8 (5) Members from the Senate and five (5) Members from the House of
9 Representatives to be appointed by the Senate President and the Speaker of the
10 House of Representatives, respectively. The Joint Congressional Oversight
11 Committee shall be jointly chaired by the Chairpersons of the Senate Committee
12 on Health and Demography and the House of Representatives Committee on
13 Health.
14

15 SEC. 21. *Implementing Rules and Regulations.* – Within ninety (90) days
16 from the effectivity of this Act, the Secretary of the DOH and the Director-General
17 of PDEA, in consultation with its Advisory Committee, shall promulgate rules and
18 regulations necessary for the effective implementation of this Act.
19

20 SEC. 22. *Separability Clause.*– If any provision or part of this Act is
21 declared invalid or unconstitutional, the remaining parts or provisions not affected
22 shall remain in full force and effect.
23

24 SEC. 23. *Repealing Clause.* – For purposes of this Act, pertinent provisions
25 of Republic Act No. 9165, otherwise known as the “*Dangerous Drugs Act of 2002*,”
26 as amended, and all other laws, decrees, orders, rules and regulations, or parts
27 thereof, inconsistent with any provision of this Act are hereby repealed or modified
28 accordingly.
29

30 SEC. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its
31 publication in the *Official Gazette* or in a newspaper of general circulation.
32

33 *Approved,*

FACT SHEET
6517
House Bill No. _____

(In substitution of House Bill No. 180)
(As approved by the Committee on 25 September 2017)

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

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Committee Referral: **COMMITTEE ON HEALTH**

Committee Chairperson: **REP. ANGELINA "HELEN" D.L. TAN, M.D.**

OBJECTIVES:

- To legalize and regulate the use of medical cannabis to benefit patients suffering from debilitating diseases
- To authorize public and private research entities to undertake research on the medical use of cannabis

- To provide role delineations among participating government regulatory agencies
- To provide penalties for violations of the provisions of this Act

KEY PROVISIONS:

- Mandates the Department of Health (DOH) to be the principal regulatory agency for medical cannabis, in coordination with the Philippine Drug Enforcement Agency (PDEA) as the monitoring and regulatory body in the dispensation of medical cannabis
- Establishes in the DOH an Advisory Committee on Medical Use of Cannabis which shall serve as the advisory body in the formulation and implementation of policies and regulations
- Provides criteria for one to be a qualified medical cannabis physician, patient and caregiver
- Provides for the licensing and operation of Medical Cannabis Compassionate Centers (MCCC) and Medical Cannabis Research and Safety Compliance Center
- Provides penalties for the commission of prohibited acts
- Authorizes the University of the Philippines National Institutes of Health (UP-NIH), the Health Sciences Center of the UP System, the Philippine Institute of Traditional and Alternative Health Care (PITAHC) and other organizations to conduct research on the use of medical cannabis.
- Requires the Secretary of DOH to submit to the President and to the Congress an annual report which shall contain basic information on the use of cannabis

RELATED LAWS:

Republic Act No. 9165 – “Comprehensive Dangerous Drugs Act of 2002”

Republic Act No. 10173 – “Data Privacy Act of 2012”

Republic Act No. 8423 – Traditional and Alternative Medicine Act (TAMA) of 1997