Office of the Secretary

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NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session **)**

SENATE

COMMITTEE REPORT NO. 210

Prepared and submitted jointly by the Committee on Health and Demography (upon the recommendation of the Subcommittee on the Medical Cannabis Compassionate Access Act) and the Committees on Public Order and Dangerous Drugs, and Finance, on FEB 26 2024

Re: **Senate Bill No.** 2573

Recommending its approval in substitution of Senate Bill No. 230

Sponsor: **Senator Padilla**

Mr. President:

The Committee on Health and Demography, joint with the Committees on Public Order and Dangerous Drugs and Finance, to which was referred **Senate Bill No. 230**, introduced by **Senator Padilla**, entitled:

AN ACT
GRANTING TO MEDICAL CANNABIS AS A COMPASSIONATE ALTERNATIVE MEANS OF MEDICAL TREATMENT, EXPANDING RESEARCH INTO ITS MEDICINAL PROPERTIES, ENUMERATING PROHIBITED ACTS AND PRESCRIBING PENALTIES THEREFOR AND FOR OTHER PURPOSES.

have considered the same and have the honor to report back to the Senate with the recommendation that the attached Bill, **Senate Bill No.** 2573, entitled:

AN ACT
PROVIDING FOR THE MEDICALIZATION OF CANNABIS, EXPANDING ACCESS TO MEDICAL CANNABIS AS A MEANS OF MEDICAL TREATMENT, EXPANDING RESEARCH INTO ITS MEDICINAL PROPERTIES, ENUMERATING PROHIBITED ACTS AND PRESCRIBING PENALTIES THERETO

be approved in substitution of **Senate Bill No. 230**, with **Senator Padilla** as author thereof.

Respectfully submitted,

SEN. ROBINHOOD C. PADILLA
Chairperson, Subcommittee on the Medical Cannabis Compassionate Access Act, Committee on Health and Demography; and Member, Committees on Public Order and Dangerous Drugs, and Finance

WITH RESERVATIONS. MAY Amend.

SEN. CHRISTOPHER BONG GO
Chairperson, Committee on Health and Demography; and Vice-Chairperson, Committees on Public Order and Dangerous Drugs, and Finance

SEN. RONALD "BATO' DELA ROSA
Chairperson, Committee on Public Order and Dangerous Drugs; and Vice-Chairperson, Committee on Finance

SEN. SONNY ANGARA
Chairperson, Committee on Finance

Vice-Chairpersons:

SEN. PIA S. CAYETANO
Vice-Chairperson, Committee on Health and Demography; Senior Vice-Chairperson, Committee on Finance

SEN. JOSEPH VICTOR G. EJERCITO
Vice-Chairperson, Committees on Health and Demography, and Finance; and Member, Committee on Public Order and Dangerous Drugs

SEN. FRANCIS "TOL" N. TOLENTINO
Vice-Chairperson, Committees on Public Order and Dangerous Drugs, and Finance

SEN. JINGGOY EJERCITO ESTRADA
Vice-Chairperson, Committee on Public Order and Dangerous Drugs, and Finance

will interpellate

SEN. LOREN LEGARDA
Senior Vice-Chairperson, Committee on Finance

SEN. IMEE R. MARCOS
Senior Vice-Chairperson, Committee on Finance; and Member, Committee on Health and Demography

SEN. WIN GATCHALIAN
Vice-Chairperson, Committee on Finance

SEN. CYNTHIA A. VILLAR
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. MARIA LOURDES NANCY S. BINAY
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. RISA HONTIVEROS
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

w/ RESERVATIONS

SEN. MARK VILLAR
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. GRACE POE
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

Members:

SEN. MANUEL "LITO" M. LAPID
Committees on Health and Demography, and Finance

SEN. FRANCIS "CHIZ" G. ESCUDERO
Committee on Finance

SEN. RAFFY T. TULFO
Committees on Health and Demography,
and Finance

SEN. RAMON BONG REVILLA JR.
Committees on Health and Demography,
and Finance WITH RESERVATIONS

SEN. ALAN PETER "COMPAÑERO" S. CAYETANO
Committee on Finance

Ex-officio Members:

SEN. LOREN LEGARDA
Senate President Pro-Tempore

will interpellate

SEN. AQUILINO "KOKO" PIMENTEL III
Minority Leader

will interpellate and propose amendments.

SEN. JOEL VILLANUEVA
Majority Leader

HON. JUAN MIGUEL F. ZUBIRI
Senate President

SEN. LOREN LEGARDA
Senior Vice-Chairperson, Committee on Finance

SEN. IMEE R. MARCOS
Senior Vice-Chairperson, Committee on Finance; and Member, Committee on Health and Demography

SEN. WIN GATCHALIAN
Vice-Chairperson, Committee on Finance

SEN. CYNTHIA A. VILLAR
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. MARIA LOURDES NANCY S. BINAY
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. RISA HONTIVEROS
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

SEN. MARK VILLAR
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

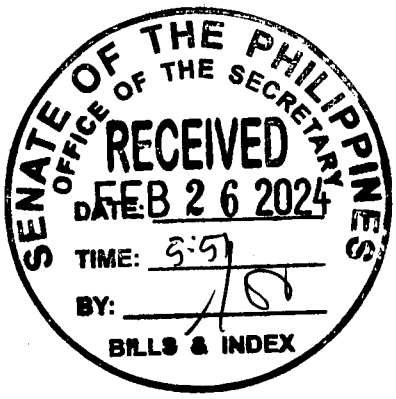
Grace Poe Will interpellate
SEN. GRACE POE
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Public Order and Dangerous Drugs

Members:

SEN. MANUEL "LITO" M. LAPID
Committees on Health and Demography, and Finance

SEN. FRANCIS "CHIZ" G. ESCUDERO
Committee on Finance

NINETEENTH CONGRESS OF THE REPUBLIC OF THE PHILIPPINES)
Second Regular Session)



SENATE

S. B. No. 2573

(In Substitution of Senate Bill No. 230)

Prepared and submitted jointly by the Committees on Health and Demography, Public Order and Dangerous Drugs, and Finance, with Senator Padilla as author thereof

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AN ACT

PROVIDING FOR THE MEDICALIZATION OF CANNABIS, EXPANDING ACCESS TO MEDICAL CANNABIS AS A MEANS OF MEDICAL TREATMENT, EXPANDING RESEARCH INTO ITS MEDICINAL PROPERTIES, ENUMERATING PROHIBITED ACTS AND PRESCRIBING PENALTIES THERETO

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

SECTION 1. *Short Title.* – This Act shall be known as the "*Cannabis Medicalization Act of the Philippines.*"

SEC. 2. *Declaration of Policy.* – It is the policy of the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health, and other social services available to all the people at affordable cost. The State shall protect and promote the right to health of the people and instill health consciousness among them. Pursuant thereto, the State shall legalize and regulate the medical use of cannabis which has been confirmed to have beneficial and therapeutic uses for known debilitating medical conditions.

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

a. *Cannabis* includes every species and variety of the genus cannabis, whether dried or fresh and flowering or fruiting tops, or any part or portion of the plant and seeds thereof, and all its geographic varieties, whether as a reefer, resin, extract, tincture or in any form whatsoever;
b. *Closed Locked and Controlled Facility* refers to a closet, room or other comparable, stationary, and fully enclosed area equipped with secured locks, or other functioning security devices that permit access only to

authorized personnel of the medical cannabis industry players' cultivation, extraction, processing, manufacturing and production sites and dispensary;

c. *Debilitating Medical Condition* refers to a condition that is severe, persistent, and seriously affecting the patient's strength and ability to function and carry on most of daily living activities, as identified and included in the Good Clinical Practice to be formulated and developed by the Philippine Medical Cannabis Authority (PMCA) established under this Act;

d. *Medical Cannabis* refers to cannabis products in their pharmaceutical formulation which shall have detailed and accurate information regarding the concentration of tetrahydrocannabinol (THC) and cannabidiol (CBD) as certified by the Philippine Drug Enforcement Agency (PDEA);

e. *Medical use* refers to the use of medical cannabis as a complementary treatment to alleviate a qualified patient's debilitating medical condition or symptoms, and shall include its acquisition, possession, transportation, delivery, dispensation, administration, cultivation, or manufacturing, research and development for medical purposes;

f. *S2 License* refers to a license issued by the PDEA to a Professional Regulatory Commission (PRC)-registered physician; and

g. *Written Prescription* refers to a document dated and signed by a PRC-registered physician possessing an S2 License, containing the debilitating medical condition of the qualified patient under Section 8 of this Act, the recommended dosage of medical cannabis, and treatment plan for palliative care.

SEC. 4. *Medicalization of Cannabis.* – The use of cannabis for medical purposes is hereby permitted, as herein provided for in this Act, to treat or alleviate a qualified patient's debilitating medical condition or symptoms. The medicalization of cannabis includes its acquisition, possession, transportation, delivery, dispensing, administration, cultivation, or manufacturing by private individuals or entities only for medical and research purposes.

SEC. 5. *Philippine Medical Cannabis Authority.* – There shall be created a Philippine Medical Cannabis Authority, herein referred to as "PMCA" under the Department of Health (DOH), which shall be the principal regulatory agency in the access and use of medical cannabis and in the implementation of this Act. It shall be headed by a Director to be designated by the President of the Republic of the Philippines upon recommendation of the Secretary of Health.

The DOH shall organize the Authority, including its staffing pattern, and shall ensure its knowledge, competence, and experience with the use of cannabis and

regulation of dangerous drugs for medical purposes. Necessary staffing requirements may be requested from the Department of Budget and Management.

The PMCA shall be assisted by an inter-agency Medical Cannabis Advisory Committee.

SEC. 6. *Powers and Functions of the Philippine Medical Cannabis Authority.* – The PMCA shall have the following powers and functions:

a. To formulate and adopt a *Comprehensive Cannabis Medicalization Plan;*
b. To formulate, adopt and implement *rules, regulations, and guidelines* related to medical cannabis plants, its products and by-products, including but not limited to, propagation, cultivation, planting, harvesting, processing, manufacturing, packaging, labeling, distribution, dispensing, and patient licenses or prescription;
c. To establish and maintain an information system especially to track cannabis growth from seed to sale for monitoring and regulation purposes: *Provided,* That the PMCA shall monitor or regulate the cultivation, manufacture, storage, distribution, prescription, dispensation and sale of medical cannabis by licensed dispensaries;
d. To formulate, adopt, publish and implement Standard Operating Procedures for every stage of producing medical cannabis, such as, but not limited, to the following:
    i. Good Clinical Practice (GCP);
    ii. Good Agriculture Practice (GAP);
    iii. Good Manufacturing Practice (GMP);
    iv. Good Distribution Practice (GDP);
    v. Good Waste Disposal Practice (GWDP); and
    vi. Good Security Practice (GSP).
e. To issue licenses to duly registered entities or persons, private or government, that shall engage as medical cannabis industry players through cultivation, manufacturing, production, dispensing, research and development, and importation and sale of medical cannabis;
f. To regularly and continuously conduct research and development on the medical cannabis industry and apply the same to further develop the industry in the country;
g. To conduct or sponsor or arrange or permit training and educational programs on specific aspects of the medical cannabis industry: *Provided,* That the said training and educational programs shall be a prerequisite to permitting licensed physicians to prescribe and other medical practitioners to dispense medical cannabis products or by-products;

h. To establish a Prescription Monitoring System and maintain an electronic database of registered medical cannabis patients, their physicians, and other qualified entities for monitoring and regulation purposes;
i. To hold seminars, workshops, conferences and information dissemination campaigns on the medical cannabis industry, its products, and by-products, particularly on the therapeutic and medical effects of cannabis as authorized in this Act and the risk associated with the use of cannabis for recreational activities;
j. To make recommendations to the Commission on Higher Education to include medical cannabis as a subject or course in the curriculum of universities and colleges for academic degrees in agriculture, medicine, and applied science and technology;
k. To make recommendations to PRC to develop and implement a Continuing Professional Development Program on Medical Cannabis for physicians, pharmacists, and other allied medical and health care professionals;
l. To hire or contract consultants, local or foreign, individuals or entities, for technical capacity building;
m. To import for resale in the Philippines for authorized users medical cannabis products from foreign manufacturers or companies: *Provided,* That the said medical cannabis products comply with the safety and quality standards prescribed by PMCA, in consultation with the Advisory Committee as provided for in this Act: *Provided further,* That the testing of any medical cannabis product to determine its potency, consistency, safety and effectivity, as well as compliance with packaging and labeling safety requirements shall remain with the Food and Drug Administration (FDA);
n. To regulate prices of medical cannabis products in the country;
o. To accept grants and technical assistance in support of medical cannabis research and development; and
p. To perform other functions as may be deemed necessary to aid the implementation of this Act.

SEC. 7. *Advisory Committee on Medical Use of Cannabis.* – There is hereby constituted an advisory committee on the medical use of cannabis, hereinafter referred to as the Medical Cannabis Advisory Committee (MCAC), which shall assist and provide directions in the formulation, implementation and assessment of the policies, guidelines, and regulations under this Act.

The Secretary of Health shall serve as the *ex-officio* chairperson of the MCAC. The Chairman of the Dangerous Drugs Board (DDB), the Directors-General of the FDA and the PDEA, the Secretary of Science and Technology and the Secretary of Agriculture or their respective representatives shall be permanent members of the Medical Cannabis Advisory Committee.

The Secretary shall appoint the seven regular members of the MCAC who shall serve for a term of three (3) years. It shall be comprised of three (3) PRC-registered physicians, two (2) experts in the regulation of controlled substances for medical use, and two (2) representatives from nationally recognized organizations of patients with debilitating medical conditions: *Provided,* That the seven regular members must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, and must distinguish themselves professionally in public, civic or academic service and must have been in the practice of their professions for at least ten (10) years: *Provided, further,* That the regular members shall nominate a Vice-Chairperson from among themselves, and shall receive an honoraria in accordance with existing laws, rules and regulations.

The MCAC shall meet once a month or as often as necessary at the discretion of the Chairperson.

SEC. 8. *Qualified Patient.* – The qualified patient is a person who has been diagnosed by a certifying physician as having a debilitating medical condition as defined in Section 3 (c) and may receive therapeutic or palliative benefits from the use of medical cannabis. Qualified patients shall be registered with the PMCA and assigned a unique alphanumeric identification number and shall be issued a registry card with a quick response (QR) code for verification.

If the qualified patient is a minor or is incapable or incapacitated to fully give his consent, regardless of age, the certifying physician shall explain to the patient and to the custodial parent or legal guardian the potential risks and benefits of using medical cannabis. The custodial parent or legal guardian shall signify, in writing, their consent to allow the qualified patient's medical use of cannabis.

SEC. 9. *Issuance of Written Prescription, Requisites.* – A written prescription allowing the use of medical cannabis shall be recognized and accepted if issued by a physician who:

a. Is duly licensed by the PRC and in good standing;
b. Has no previous or existing criminal or administrative case/s; and
c. Is a holder of an S2 license issued by PDEA and has undergone appropriate medical cannabis training from PMCA.

The certifying physician shall not issue a written prescription for his or her own use, or the use of his or her immediate family or relatives within the second civil degree of consanguinity or affinity.

The certifying physician shall maintain a record of all his issued written prescriptions. He or she shall be responsible for maintaining a record of every qualified

patient prescribed the use of medical cannabis, specifically describing the quantity administered/used, therapeutic/desired effect, and any adverse reaction, at the end of each year.

SEC. 10. ***Validity of Prescription.*** – The written prescription issued by all certifying physicians shall include a validity period which shall in no case exceed one (1) year from the date of issuance.

SEC. 11. ***Grounds for Revocation of Prescription.*** – Any prescription issued by a certifying physician may be revoked based on the following reasons:

a. Misuse or diversion of the written prescription;
b. Failure to abide by the prescribed dosage and form;
c. The patient no longer suffers from a debilitating medical condition;
d. The patient has not received a therapeutic or palliative benefit from the use of medical cannabis; and
e. When the qualified patient has died.

SEC. 12. ***Standardized Written Prescription.*** – The PMCA shall develop and require the use of a standardized format for all written prescriptions and the same shall be made available to all certifying physicians.

The standardized format shall include the following details: (a) name, date of birth, and address of the qualified patient; (b) a statement that the qualified patient has debilitating medical condition as provided in Section 3 (c) and that the qualified patient is under the certifying physician's care for the debilitating medical condition; (c) recommended form and dosage of medical cannabis; (d) issue and expiry date of the prescription; and (e) name, address, telephone number, handwritten signature.

SEC. 13. ***Administration of Medical Cannabis.*** – Medical cannabis may be administered through the following: (a) oral; (b) sublingual; (c) inhalation inhalers; (d) topical; and (e) suppositories.

SEC. 14. ***Medical Cannabis Industry Players.*** – Only duly registered entities or persons shall be allowed to engage as medical cannabis industry players to conduct any of the following acts in relation to medical cannabis: (a) cultivation; (b) manufacturing; (c) production; (d) dispensing; (e) research and development; (f) importation; and (g) dispensing and sale: *Provided,* That all industry players shall apply and be issued appropriate licenses by the PMCA and other national government agencies concerned prior to engagement in any business operations as regards medical cannabis: *Provided further,* That industry players shall be strictly regulated and shall, at all times, comply with the provisions of this Act and the rules, regulations, guidelines and standard operating procedures to be formulated for its implementation.

SEC. 15. ***Cultivation, Production and Manufacturing of Cannabis.*** – The specific areas allowable for the cultivation of cannabis shall be identified by the PMCA: *Provided,* That cultivation shall only be permitted in a closed locked and controlled facility and that cultivation shall not be located within one (1) kilometer of the property line of a pre-existing public or private school, college or university, daycare center, child care facility or an area zoned for residential use: *Provided, further,* That colleges or universities conducting research and development on medical cannabis are exempted from the one (1) kilometer radius requirement.

The PMCA shall issue appropriate licenses and permits for the cultivation, production, and distribution of medical cannabis subject to DDB guidelines. It shall also adopt measures that will ensure the prevention of misuse and illicit traffic of the cannabis plant, such as the establishment of a cannabis plant monitoring system.

The PMCA is hereby authorized to engage consultancy services of foreign cannabis experts for the initial cultivation and production of medical cannabis.

The PMCA shall facilitate the initial importation of seeds required for the cultivation and production of medical cannabis: *Provided,* That the imported seeds are used solely for the initial cultivation of locally grown cannabis: *Provided further,* That importation of seeds shall be allowed only in the initial stage of the implementation of this Act or a period of not more than five (5) years or until the industry players are fully capacitated to independently cultivate locally-grown cannabis.

SEC. 16. ***Medical Cannabis Products.*** – Medical cannabis products shall be in the form of edibles, pills, oil, tincture, flower, topicals, and inhalers. Importation of the same products from countries with stringent regulatory agencies or countries with established medical cannabis regimes or countries already using the same medical cannabis products in the last five years, shall be allowed under this Act. Importation of medical cannabis products from countries not using their own products shall be prohibited.

SEC. 17. ***Medical Cannabis Product Label and Packaging.*** – All medical cannabis products shall be properly and adequately labeled like that of any pharmaceutical products. The label shall contain the following information, among others:

a. CBD and THC content and ratio;
b. Batch and Series number;
c. Date of production and expiration;
d. Clinical Indications and Contraindications;
e. Dosage and Administration Instruction;
f. Storage Instruction; and

g. Other relevant information as may deemed necessary by the PMCA.

SEC. 18. ***Dispensing Medical Cannabis.*** – Prior to dispensing medical cannabis, the authorized dispensaries must require the presentation of the registry ID card, scan the QR code, examine the details, and update the data contained therein after the sale. The QR code shall contain details such as the name of the certifying physician, the assigned unique alphanumeric identification number of the patient, the diagnosed medical condition of the qualified patient, the prescribed dosage, medical cannabis product and formulation, the duration of use, and the complete transaction history of the qualified patient.

SEC. 19. ***Authorized Transport Vehicles.*** – Only authorized transport vehicles shall be authorized to carry and transport medical cannabis plants and products.

SEC. 20. ***Electronic Verification.*** – The PMCA shall establish a Prescription Monitoring System which shall be made accessible to the PDEA Compliance Service and authorized dispensaries where they may electronically verify and determine the validity of the registry ID card and information on whether the cardholder is a registered qualified patient.

SEC. 21. ***Cannabis Plant Monitoring System.*** – The cultivation facilities shall establish and maintain a Cannabis Plant Monitoring System for testing and data collection. It shall be available for inspection of regulatory agencies for purposes of documenting each cannabis plant and for monitoring plant development throughout the life cycle from seed planting to final packaging.

SEC. 22. ***Authority of the PMCA to Enter Premises.*** – To ensure compliance with the provisions of this Act, the PMCA may, at all times, enter every building, room, enclosure, or premises occupied or used for the cultivation, production, preparation, manufacture for sale, storage, and sale of medical cannabis, and to inspect the premises and all equipment, apparatuses, fixtures, furniture, and machinery used for the preparation thereof.

SEC. 23. ***Testing of Medical Cannabis.*** – The PMCA shall test all medical cannabis products prior to their distribution, dispensation, and sale to determine their potency, consistency, safe and effective use. It shall ensure that all medical cannabis products are medical grade and safe for use.

It shall ensure that all medical cannabis products are individually wrapped at the original point of preparation and conform to existing packaging and labeling requirements of the PMCA and FDA.

SEC. 24. ***Exemption from Civil and Criminal Liability.*** – Subject to Section 25 of this Act, the following shall be exempt from civil and criminal liability:

a. The certifying physician, as defined in Section 9 of this Act, for issuing written prescriptions stating that in the physician's professional opinion, a patient is qualified to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate the patient's debilitating medical condition or symptoms;
b. A qualified patient for using medical cannabis in the prescribed dosage and form for treatment of his debilitating medical condition as determined by a certifying physician;
c. An authorized representative for assisting a registered qualified patient for possessing not more than the exact prescribed dosage of cannabis needed by the qualifying patient;
d. The licensed medical cannabis industry players and their personnel authorized to dispense, cultivate, manufacture, or produce medical cannabis as provided under this Act; and
e. Personnel of national government agencies tasked with testing medical cannabis and cannabis products, and other similar undertakings which would require handling, transporting or otherwise possessing cannabis and cannabis products: *Provided,* That the said personnel of national government agencies are authorized by the PMCA to perform such undertakings: *Provided further,* That the said personnel are performing such undertakings while on duty inside an authorized or licensed cultivation, production, testing and dispensing facility.

SEC. 25. ***Prohibited Acts.*** – It shall be prohibited for:

a. A qualified patient to:
    i. Use cannabis for purposes other than for treatment of a debilitating medical condition and outside of the designated treatment facilities;
    ii. Use of cannabis with other illegal intoxicating or dangerous substances; and
    iii. Sell or give away medical cannabis.
b. Any physician to:
    i. Prescribe medical cannabis without an S2 license;
    ii. Prescribe medical cannabis to any person who is not a qualified patient under this Act;
    iii. Prescribe the use of medical cannabis for purposes other than for treatment of a debilitating medical condition;

iv. Prescribe medical cannabis in quantity more than the needed dosage;
v. Fail or refuse to maintain the record of all his or her patients and prescriptions issued referred to in Section 9 of this Act; and
vi. Issue a written prescription for his or her own use, or the use of his or her immediate family or relatives within the second civil degree of consanguinity or affinity.

c. A Medical Cannabis Industry Player to:
i. Operate as a medical cannabis industry player without a license;
ii. Acquire, possess, deliver, transfer, transport, supply, or dispense medical cannabis to any person except to registered qualified patients or through their authorized representatives;
iii. Cultivate, manufacture, and store cannabis/medical cannabis in violation of any of the provisions of this Act;
iv. Acquire usable cannabis or mature cannabis plants from illegal sources;
v. Refer patients to an unqualified physician;
vi. Dispense without presentation of the certifying physician's written prescription and valid registry ID card of the qualified patient or its authorized representative;
vii. Dispense more than the required dosage for a patient; and
viii. Fail to scan the QR Code of any qualified patient and update the Prescription Monitoring System prior to dispensing cannabis.

d. Any person or entity to:
i. Advertise the sale of medical cannabis in any manner, including printed materials, on radio or television, social media, internet or by paid-in-person solicitation of customers, and electronic games: *Provided,* That this shall not be construed to prohibit medical cannabis industry players from posting appropriate signages in their place of business or operation, and from being included in business directories, or sponsoring or organizing health, charity or advocacy events, subject to the guidelines to be issued by the PMCA;
ii. Violate the confidentiality of information under R.A. 10173, otherwise known as the "*Data Privacy Act of 2012*";
iii. Purchase of medical cannabis when not authorized to do so;
iv. Falsifies an identification card issued by the DOH or an S2 license or possesses a falsified identification card and either attempts to use the card to obtain medical cannabis or obtains medical cannabis. Any person using or possessing a falsified identification card shall be presumed the author thereof; and

v. Discriminates any qualified patient from any services in public or private establishment; employment in any public or private institution; or admission to any academic institution: *Provided,* That the qualified patient shall not partake in medical cannabis within the premises of the place of employment or the academic institution.

SEC. 26. *Penalties.* – Violation of any provisions of this Act shall be subject to the penalties provided for under Republic Act No. 9165, as amended, or the "Comprehensive Dangerous Drugs Act of 2002".

SEC. 27. *Research and Development.* – The PMCA shall, within one hundred twenty (120) days from the approval of this Act, use existing research made by reputable international organizations, as well as research made or published by its counterpart in countries wherein medical cannabis is administered.

SEC. 28. *Medical Cannabis Research and Development Fund.* – A portion of the proceeds from licensing and registration of medical cannabis industry players shall be earmarked for the medical cannabis industry research, protection and development.

SEC. 29. *Training of Medical Cannabis Physicians, Pharmacists, and Other Allied Medical and Health Care Professionals.* – The PMCA shall develop an appropriate training program for physicians, pharmacists, and other allied medical and health care professionals on the following topics: the pharmacology of cannabis; contraindications; side effects; adverse reactions; overdose prevention; drug interactions; dosing; routes of administration; risks and benefits; warnings and precautions; abuse and dependence, and other related topics. Completion of the program shall be a precondition for the physician, pharmacists, and other allied medical and health care professionals, as may be licensed, to prescribe, dispense and administer medical cannabis to qualified patients.

The PMCA shall coordinate with the Commission on Higher Education to integrate the aforementioned topics on medical cannabis into the medical curriculum of all medical schools, and academic curriculum for agriculture and applied science and technology in all colleges and universities.

The PMCA shall likewise coordinate with the PRC for the development and implementation of a Continuing Professional Development program on medical cannabis for certified physicians.

SEC. 30. *Annual Reports.* – The PMCA shall submit an annual report to the DOH and to both Houses of Congress, which shall include the following information:

a. Number of applications and renewals filed for registry identification cards;
b. Number of registered qualified patients at the time of report;
c. Nature of debilitating medical conditions of the qualified patients;
d. Number of physicians authorized to issue prescriptions;
e. Number of registry identification cards revoked for misconduct;
f. Number of medical cannabis industry players;
g. Assessment of the use of medical cannabis, research, and treatment of patients with a debilitating medical condition; and
h. Other pertinent information.

SEC. 31. ***Joint Congressional Oversight Committee.*** – There is hereby created a Joint Congressional Oversight Committee to conduct a regular review of the implementation of this Act.

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

SEC. 32. ***Implementing Rules and Regulations.*** – Within ninety (90) days from the effectivity of this Act, the PMCA, in consultation with the appropriate government agencies, shall promulgate rules and regulations necessary for the effective implementation of this Act.

SEC. 33. ***Appropriations.*** – The amount necessary to carry out the implementation of this Act shall be charged against the current year's appropriations of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 34. ***Separability Clause.*** – If any provision or part of this Act is declared invalid or unconstitutional, the remaining parts or provisions not affected shall remain in full force and effect.

SEC. 35. ***Repealing Clause.*** – For purposes of this Act, pertinent provisions of Republic Act No. 9165, as amended, otherwise known as the "Comprehensive Dangerous Drugs Act of 2002," as amended, and Republic Act No. 9711 or the "Food and Drug Administration Act of 2019", and all other laws, decrees, orders, rules and regulations, or parts thereof, inconsistent with any provision of this Act, are hereby repealed or modified accordingly.

SEC. 36. *Effectivity.* – This Act shall take effect after fifteen (15) days from its publication in the Official Gazette or in a newspaper of general circulation.

Approved,