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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, DE JESUS AND SY-ALVARADO, PER COMMITTEE REPORT NO. 402

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:

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

SEC. 2. *Declaration of Policy.* – Pursuant to Section 11, Article XIII of the 1987 Philippine Constitution, it shall be 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Medical Cannabis Advisory Committee, which shall assist and provide directions in the formulation, implementation and assessment of the policies, guidelines and regulations covered under this Act.

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

The Secretary shall appoint the other members of the Medical Cannabis Advisory Committee who shall serve for a term of three (3) years. It shall comprise of three (3) health care practitioners, two (2) experts in the regulation of controlled substances for medical use, who 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; and two (2) representatives from a nationally recognized organization of patients with debilitating medical conditions. The non-ex officio members shall nominate a Vice-Chairperson from among themselves, and shall receive an honoraria in accordance with existing laws, rules and regulations.

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

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

a) Has an established bona fide relationship with the patient;

b) Is licensed by the PDEA to prescribe dangerous drugs; and

c) Has the professional qualification, credential, training and experience to treat any of the debilitating medical conditions enumerated under Section 3 (e) of this Act.

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

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

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

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

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

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

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

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

The qualified 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.

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

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

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

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

The Secretary shall establish a system, in coordination with PDEA, 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 geographic convenience to patients;

b) The qualification, character, and relevant experience of principal officers 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. *Provided,* That no principal officer or board member must have been convicted of any offense under Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act as amended;

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

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

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

f) The sufficiency of the applicant's measures for safety, security, and and prevention of diversion, theft unauthorized entrance, including proposed locations, and security devices;

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

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

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

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

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

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

An MCCC shall guarantee the appropriate dispensation of medical 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 qualified patient or caregiver. The MCCC shall comply with this limitation by encoding or entering all dispensed medical cannabis in the Prescription Monitoring System which shall be established and maintained by the DOH. Said system shall include information such as name, address, ID number of the physician, patient, caregiver, diagnosis, medical cannabis product and formulation, and date of dispensation. All information, entries and records obtained are deemed confidential and protected under R.A. No. 10173 otherwise known as the "Data Privacy Act of 2012" and shall not be combined or linked in any manner with any other list or database and shall not be disclosed to any individual, public or private entity, except as provided under this Act.

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

The DOH and PDEA shall have access to 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.

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

SEC. 13. *Cultivation, Importation, Production and Distribution.* – The DDB shall assist in the formulation of guidelines, in coordination with other government agencies, with respect to cultivation, importation, production and distribution of medical cannabis which shall be included in the Implementing Rules and Regulations of this Act. It shall also identify specific areas allowable for the cultivation of cannabis; *Provided,* That cultivation shall only be permitted in a closed locked 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, day care center, child care facility or an area zoned for residential use.

The PDEA shall issue appropriate license and permit for the cultivation, importation, 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 establishment of a cannabis plant monitoring system. The Cannabis Plant Monitoring System is a system for testing and data collection established and maintained by the cultivation facility and

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.

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

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

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

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

a) The certifying qualified physician for issuing written certifications 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: *Provided*, That the physician must have established a bona fide relationship with the patient and conducted a thorough clinical analysis of the patient's medical conditions;

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

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

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

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

a) A qualified patient to:

1. Possess or smoke cannabis;

2. Operate, navigate, or being in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of cannabis;

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

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

b) A qualified medical cannabis physician to:

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

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

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

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

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

c) A registered MCCC to:

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

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

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

4. Refer patients to an unqualified physician; and

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

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

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

f) Any person, to include foreigners, that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 19. *Training of Medical Cannabis Physicians, Pharmacists and Caregivers.* – The DOH shall develop an appropriate training program for medical cannabis physicians, pharmacists and caregivers which shall include 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 in the approval of registration with DOH and renewal of license to prescribe, dispense and administer medical cannabis to qualified patients.

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

SEC. 20. *Reports.* – The DOH shall submit an annual report to the Office of the President 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 registry identification cards revoked for misconduct;

e) Number of qualified physicians who issued written certifications for qualified patients;

f) Number of registered MCCCs;

g) Assessment on the use of medical cannabis, research, and treatment of patients with debilitating medical condition; and

h) Other pertinent information.

SEC. 21. *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. 22. *Implementing Rules and Regulations.* – Within ninety (90) days from the effectivity of this Act, the DOH, in consultation with the appropriate government agencies, shall promulgate rules and regulations necessary for the effective implementation of this Act.

SEC. 23. *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. 24. *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. 25. *Repealing Clause.* – For purposes of this Act, pertinent provisions of Republic Act No. 9165, otherwise known as the "Dangerous Drugs Act of 2002," as amended, 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. 26. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,