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

SENATE
S.B. No. 230

INTRODUCED BY SENATOR ROBINHOOD PADILLA

AN ACT
GRANTING ACCESS 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

EXPLANATORY NOTE

Marijuana, also known as cannabis, has a long history of human use as herbal medicine before being classified as a drug with a high potential for abuse that could bring a variety of harmful effects to its user. Its first recorded use as medicine in fact dates back to 2737 B.C. when it was prescribed as marijuana tea for the treatment of gout, rheumatism, malaria, and poor memory. Over time, it likewise became popular as medicine throughout Asia, the Middle East, and Africa. Certain Hindu sects in India even use marijuana for religious purposes and for stress relief.

On 02 December 2020, the United Nations Commission on Narcotic Drugs (UN CND) voted to remove cannabis from Schedule IV of their drug classification list. Schedule IV includes dangerous and highly addictive drugs such as heroin and fentanyl. While cannabis is still deemed as a controlled substance by the UN, the reclassification is expected to bolster efforts to study the drug's medical and therapeutic benefits.

The World Health Organization (WHO) noted that several scientific studies support the claim that cannabis consumption is useful in reducing pain and nausea. Cannabis has also been found to effectively treat symptoms of multiple sclerosis and epilepsy.

More than thirty (30) countries including Canada, Denmark, Finland, Israel, Luxembourg, Netherlands, Norway, and Switzerland have approved the use of medical cannabis. In Asia, Thailand has become the first country to decriminalize cannabis for medical use. Cannabinoids, the active chemicals in medical cannabis, are similar to chemicals the body makes that are involved in appetite, memory, movement, and pain. In 2018, the United States Food and Drug Administration (FDA) approved Epidiolex, which is made from Cannabinoids, as a therapy for people with severe seizures. In addition, it approved the use of oral cannabinoids such as dronabinol and nabilone in treating nausea and vomiting as side effects of chemotherapy.

Based on the WHO International Agency for Research on Cancer, there were 153,751 new cancer cases and 92,606 cancer deaths in the Philippines in 2020. To manage serious and debilitating diseases, desperate patients are inclined to illegally obtain marijuana to provide the much-needed remedy. Although experiences abroad provide evidence as to its efficacy, the State must intervene in order to assure that users consume only the proper and needed doses and in a form that is manufactured in an environment approved by the Dangerous Drugs Board (DDB).

The State should, by way of exception, allow the use of cannabis for compassionate purposes to promote the health and well-being of citizens proven to be in dire need of such while at the same time providing the strictest regulations to ensure that abuses for casual use or profiteering be avoided.

In view of the foregoing, the approval of this bill is earnestly sought.

ROBINHOOD PADILLA

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

Section 1. *Short Title.* – This Act shall be known as the *"Medical Cannabis Compassionate Access Act of the Philippines"*.

Section 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.

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

(a) ***Cannabis*** includes every kind, class, genus, species of the plant cannabis sativa, cannabis americana, hashish, bhang, guaza, churrus, ganjab and embraces every kind, class and character of marijuana, 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 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 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;

(c) ***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 or her condition;

(d) ***Debilitating medical condition*** shall be limited to the following:

(1) Cancer;
(2) Glaucoma;
(3) Multiplesclerosis;
(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) Rheumatoid arthritis or similar chronic autoimmune inflammatory disorders;
(8) Diseases requiring admission into hospice care;
(9) Severe nausea of any cause;
(10) Sleep disorders including insomnia and sleep apnea;
(11) Mood disorders including severe anxiety, panic attacks, bipolar disorder, depression, post-traumatic stress disorder, social anxiety disorder;
(12) Recurring migraine headaches; and
(13) Any other debilitating medical condition that is subsequently identified by the Department of Health through the Medical Cannabis Advisory Committee established under this Act;

(e) ***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. This shall not include cannabis in its raw form;

(f) ***Medical Cannabis Compassionate Center (MCCC)*** refers to a center or unit established by the DOH in select public tertiary hospitals authorized to acquire, possess, deliver, transfer, transport, cause the cultivation, manufacture, store, sell, supply, and dispense medical cannabis;

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

(h) ***S2 License*** refers to a license issued by the Philippine Drug Enforcement Agency to a PRC-registered physician to prescribe Medical Cannabis;

(i) ***Written Certification*** refers to a document dated and signed by a PRC-registered physician possessing an S2 License certifying that the qualifying patient has any of the debilitating medical conditions under Section 3 (d) of this Act and recommends the use of medical cannabis for treatment or palliative care.

Section 4. ***Use of Medical Cannabis.*** – The use of medical cannabis is hereby permitted, as herein provided for in this Act, to treat or alleviate a qualified patient's debilitating medical condition or symptoms, which includes its acquisition, possession, transportation, delivery, dispensation, administration, cultivation, or manufacturing for medical purposes.

Section 5. ***Role of Agencies.*** – The following agencies shall have the following roles and responsibilities:

(a) Department of Health (DOH) –
  (1) The DOH shall be the principal regulatory agency in the access and use of medical cannabis.
  (2) It shall establish MCCCs, in public tertiary hospitals.
  (3) The DOH shall 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.
  (4) 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 any medical cannabis product to determine its potency, consistency, safety and effectivity, as well as compliance with packaging and labelling safety requirements. It shall ensure that all medical cannabis products are organic, pesticide free, gluten-free, and tested prior to distribution, dispensation, and sale.

(c) Dangerous Drugs Board (DDB) and Philippine Drug Enforcement Agency (PDEA) – The DDB and PDEA shall monitor and regulate the cultivation, manufacture, storage, distribution, prescription, dispensation and sale of medical cannabis by the MCCCs. It shall establish and maintain an information system especially to track cannabis growth from seed to sale for monitoring and regulation purposes.

Section 6. ***Advisory Committee on Medical Use of Cannabis.*** – The advisory committee on the medical use of cannabis, hereinafter referred to as the Medical Cannabis Advisory Committee (MCAC), shall be established by the DOH.

The MCAC shall assist and provide directions in the formulation, implementation and assessment of the policies, guidelines and regulations under this Act.

The Secretary of the DOH 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 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 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 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 Chairman. The presence of six (6) members shall constitute a quorum.

Section 7. ***Qualified Physician for the Issuance of Written Certification.*** – To qualify as a physician authorized to issue a certification that a patient qualifies to use medical cannabis pursuant to Section 8 of this Act, such physician must be PRC registered and must possess an S2 License.

Section 8. ***Procedure in the Issuance of the Written Certification.*** – The certifying physician shall not issue a written certification for his or her own use, or the use of his or her immediate family or relatives within the fourth civil degree of consanguinity or affinity.

The certifying physician shall maintain a record of all his issued written certifications. He or she shall be responsible for the submission of a clinical study report to the DOH for every qualified patient 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 all certifying physicians shall include a validity period which shall in no case exceed one (1) year from the date of issuance. 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.

The certification may be sooner revoked for any of the following reasons:

(1) Misuse or diversion of the written certification;
(2) Failure to abide by the prescribed dosage and form;

(3) The patient no longer suffers from a debilitating medical condition;
(4) The patient has not received therapeutic or palliative benefit from the use of medical cannabis; and
(5) When the qualified patient has died.

Section 9. ***Form of the Written Certification.*** – For this purpose, the DOH shall develop a standard form of written certification which shall be made available to certifying 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 (d) 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 certification; and (e) name, address, telephone number, handwritten signature.

Section 10. ***Qualified Patient.*** – A qualified patient refers to a person who has been diagnosed by a certifying physician as having a debilitating medical condition as defined in Section 3 (d) and may receive therapeutic or palliative benefits from the use of medical 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 physician is mandated to explain to the patient as well as to the custodial parent or legal guardian of the qualified patient 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.

Section 11. ***Development Fund for the Public Tertiary Hospital and Proceeds from the Operations of the MCCCs.*** – Fifty percent (50%) of the net income derived from the operations of the MCCCs shall be devoted to the development, improvement and/or modernization of the host public tertiary hospital. In no case shall the amount be used for purposes other than those previously mentioned such as but not limited to personnel services, traveling expenses, administrative expenses, or salaries. The remaining fifty percent (50%) derived shall be remitted to the National Treasury.

Section 12. ***Identification Cards.*** – The DOH shall issue registry identification (ID) cards to qualified medical cannabis patients which shall also contain a QR Code unique to every qualified patient.

The registry ID card shall contain the following: name of the cardholder, designation whether the cardholder is the qualified patient, date of issuance and expiration, assigned unique alphanumeric identification number, and photograph of the cardholder. The ID 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.

Section 13. ***Dispensing Medical Cannabis.*** – Prior to dispensing medical cannabis, MCCCs must require presentation of the registry ID card, scan the QR code, examine the details contained therein 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 authorized dosage, medical cannabis product and formulation, the duration of use of medical cannabis, and the complete transaction history of the qualified patient.

Section 14. ***Medical Cannabis Compassionate Center (MCCC).*** – The DOH shall create and establish Medical Cannabis Compassionate Centers in selected public tertiary hospitals, in coordination with the PDEA based on the following criteria:

(a) The suitability of the location including compliance with any local zoning laws and geographic convenience to patients;

(b) The qualification, character, and relevant experience of officers and employees, including any training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation and preparation. *Provided,* That no officer or employee must have been convicted of any offense under Republic Act No. 9165 or the "*Comprehensive Dangerous Drugs Act"* as amended;

(c) The effective and efficient system of operations, services, and its ability to provide an adequate and affordable supply of medical cannabis to registered patients;

(d) The safety, security and prevention of diversion, theft, and unauthorized access to cannabis within the center; and

(e) The procedure of the center to provide for safe and accurate packaging and labeling of medical cannabis, including measures to ensure that all medical cannabis is free from contaminants.

Provided, That all MCCCs shall be government-owned and under the direct supervision and control of the DOH. *Provided further,* That only medical cannabis products actually grown, cultivated, manufactured, packed and labeled by an MCCC may be dispensed and sold in its own dispensary facility.

Provided further, That DOH shall initially establish five (5) MCCCs nationwide. 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.

Section 15. ***Access to Medical Cannabis.*** – Medical cannabis shall only be accessed through Medical Cannabis Compassionate Centers located at public tertiary hospitals.

An MCCC shall guarantee the appropriate dispensation of medical cannabis through a pharmacist with an S2 license and shall not release more than the prescribed dosage for one (1) month to a qualified patient. 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 the name of the certifying physician, the diagnosed medical condition of the qualified patient, the authorized dosage, medical cannabis product and formulation, the duration of use of medical cannabis, and the complete transaction history of the qualified patient. 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 must be able to present the certifying physician's written certification and valid registry ID card as specified under this Act.

Provided further, that those qualified cannabis patients who are unable to physically purchase medical cannabis due to their condition may purchase through an authorized representative. An authorized representative may only purchase upon presenting the written certification, the identification card of the qualified patient and an authorization letter with an attached copy of any government-issued ID written and signed by the qualified patient attesting that his or her condition prevents him or her from directly purchasing medical cannabis.

Section 16. ***Electronic Verification.*** – The DOH shall establish a Prescription Monitoring System which 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 on whether the cardholder is a registered qualified patient.

Section 17. ***Cultivation, Production and Distribution.*** – The DDB shall assist in the formulation of guidelines, in coordination with other government agencies, with respect to the cultivation, 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, daycare center, child care facility or an area zoned for residential use.

The PDEA 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 establishment of a cannabis plant monitoring system.

The DOH 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 the MCCCs may only manufacture or produce medical cannabis in the form of pills and oil from locally grown cannabis. Importation shall be allowed only in the initial stage of the implementation of this Act. All other subsequent importations are strictly prohibited.

Section 18. ***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.

Section 19. ***Authority of the PDEA to Enter Premises.*** – 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.

Section 20. ***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 is individually wrapped at the original point of preparation and conform to existing packaging and labeling requirements of the FDA.

Section 21. ***Exemption from Civil and Criminal Liability.*** – Subject to Section 22 of this Act, the following shall be exempt from civil and criminal liability:

(a) The certifying 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;

(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 and for possessing not more than the exact prescribed dosage of cannabis needed by the qualifying patient; and

(d) The MCCC and its personnel authorized to dispense, cultivate, manufacture, or produce medical cannabis as provided under Sections 11 and 13 of this Act.

Section 22. ***Prohibited Acts.*** – It shall be prohibited for:

(a) A qualified patient to:
  (1) Possess or smoke cannabis in its raw form;
  (2) Use cannabis for purposes other than for treatment of a debilitating medical condition;
  (3) Use of cannabis with other intoxicating or dangerous substances; and
  (4) Selling or giving of medical cannabis

(b) Any physician to:
  (1) Certify and prescribe medical cannabis without an S2 license;
  (2) Certify and prescribe medical cannabis to any person who is not a qualified patient under this Act;
  (3) Prescribe the use of medical cannabis for purposes other than for treatment of a debilitating medical condition;
  (4) Fail or refuse to submit the clinical study report referred to in Section 6 of this Act; and
  (5) Issue a written certification for his or her own use, or the use of his or her immediate family or relatives within the fourth civil degree of consanguinity or affinity.

(c) An MCCC to:
  (1) Acquire, possess, deliver, transfer, transport, supply, or dispense medical cannabis to any person except to registered qualified patients or through their authorized representatives;
  (2) Cultivate, manufacture, and store cannabis/medical cannabis in violation of the provisions of this Act;
  (3) Acquire usable cannabis or mature cannabis plants from other registered MCCC or illegal sources;
  (4) Refer patients to an unqualified physician;
  (5) Dispense without presentation of the certifying physician's written certification and valid registry ID card of the qualified patient or its authorized representative;
  (6) Fail to scan the QR Code of any qualified patient and update the Prescription Monitoring System prior to dispensing cannabis; and
  (7) Import of cannabis in any form.

(d) Any person or entity, 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;

(4) 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

(5) Discriminates any qualified patient from any services in public or private establishments; employment in any public or private institutions; 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.

Section 23. ***Penalty.*** – The penalty of 12 years imprisonment and a fine of Five Hundred Thousand pesos (P500,000.00) to Ten Million pesos (P10,000,000.00) shall be imposed on:

(1) A qualified patient who commits any of the acts prohibited under paragraph (a) of Section 22 of this Act;

(2) Any officer or employee of an MCCC who commits the act prohibited under paragraph (c)(5) of Section 22 of this Act; and

(3) Any person who commits the act prohibited under paragraph (d)(4) of Section 22 of this Act.

The penalty of 20 years imprisonment and a fine of Five Hundred Thousand pesos (P500,000.00) to Ten Million pesos (P10,000,000.00) shall be imposed on:

(1) Any physician who commits any of the acts prohibited under paragraph (b)(1), (b)(2), (b)(3) and (b)(5) of Section 22 of this Act;

(2) Any officer or employee of an MCCC who commits any of the acts prohibited under paragraph (c)(1), (c)(2), (c)(3) and (c)(7) of Section 22 of this Act; and

(3) Any person who commits the act prohibited under paragraph (d)(3) of Section 22 of this Act.

Any person who violates any of the provisions of Section 22 of this Act 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) shall be imposed on:

(1) Any physician who commits the act prohibited under paragraph (b)(4) of Section 22 of this Act;

(2) Any officer or employee of an MCCC who commits any of the acts prohibited under paragraph (c)(4), (c)(5) and (c)(6) of Section 22 of this Act; and

(3) Any person who commits any of the acts prohibited under paragraph (d)(1), (d)(2), and (d)(5) of Section 22 of this Act.

Provided, That the penalty of suspension or revocation of professional license shall be imposed on any physician who commits any of the acts prohibited under paragraph (b) of Section 22 of this Act.

Section 24. *Research and Development.* – The DOH 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. The DOH is hereby authorized to engage consultancy services of foreign cannabis experts for the initial cultivation and production of medical cannabis. *Provided,* That the DOH shall initiate a training program dedicated to train MCCC personnel in the cultivation and production of medical cannabis.

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

Section 25. *Training of Medical Cannabis Physicians, and Pharmacists.* – The DOH shall develop an appropriate training program for physicians, and pharmacists 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 DOH, through the MCCCs, 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 into the medical curriculum of all medical schools, colleges and universities.

Section 26. *Annual 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 MCCCs;

(f) Assessment of the use of medical cannabis, research, and treatment of patients with a debilitating medical condition; and
(g) Other pertinent information.

Section 27. ***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.

Section 28. ***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.

Section 29. ***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.

Section 30. ***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.

Section 31. ***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.

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

Approved,