

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

Seventeenth Congress
First Regular Session

HOUSE BILL NO. 180



Introduced by Honorable Rodolfo T. Albano III

EXPLANATORY NOTE

The recorded use of cannabis as medicine goes back to about 2,500-10,000 years ago in traditional Chinese and Indian medicine. Recent studies show that cannabis has established effects on control of epileptic seizures, pain management in multiple sclerosis and arthritis, treatment of symptoms associated with HIV-AIDS and palliative care in end-stage cancer treatment. Potential medical effects based on clinical trials include prevention of cancer from spreading, management of anxiety, slows progression of Alzheimer's disease and control of muscle spasms and tremors. Cannabis use in children with epilepsy and seizure disorders have been shown to be effective without the deleterious side effects of anti-epileptic medications.

Cannabis has many currently accepted medical uses in the US, having been recommended by thousands of licensed physicians and more than 500,000 patients in 26 states including the District of Columbia with medical marijuana laws. At the federal level, a bipartisan bill known as the CARERS Act has been introduced in both Houses legalizing the use of cannabis. Israel, Canada, the Netherlands and the Czech Republic have enacted medical cannabis laws that remove criminal sanctions for the medical use of cannabis, define eligibility for such use, and allow some means of access, in most cases, through a dispensary. Other states in the European Union, such as Finland, Portugal, Spain and Luxembourg, in recognition of the medical value of cannabis, have developed various forms of de facto decriminalization, where possession and use of cannabis, rarely lead to criminal prosecution.

In the Philippines, thousands of patients suffering from serious and debilitating diseases will benefit from legalizing the medical use of cannabis. According to the 2012 Report of the International Agency for Research on Cancer (IARC), there were 98,200 new, diagnosed cancer cases in a year in the country while 59,000 are dying of cancer annually. Cancer treatment in the country is prohibitive. Depending on the type of cancer, cost of treatment ranges from

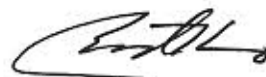
P36,000 to P180,000 for standard 6 cycles of chemotherapy. While PhilHealth helps cover some cases of Cancer in Z case rate, patients who are not eligible still have out of pocket expenses for chemotherapy treatments.

While many patients may still opt for conventional and orthodox treatment, the intention of this bill is to invoke the right of the patient to choose treatment and the duty of the physician to honor the patient's decision as well as to inform the patient of the side effects of such treatment. It is the intention of this bill to have a harmonious partnership between the physician and a patient where no one is above the other. Its objective is for the patient to have access to safe, affordable, available medical cannabis prescribed by a registered physician in cases where cannabis has been found to be effective in prevention, treatment and management of specified symptoms, illnesses and diseases. This is in line with Section 11 of the Philippine Constitution which states that 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 use of cannabis for medicinal purposes is provided for by both existing international and national law. The Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol provides in its Preamble : "Recognizing that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provisions must be made to ensure the availability of narcotic drugs for such purposes." It further provides in Article 4 that "subject to the provisions of this Convention, to limit exclusively to medical and scientific purpose the production, manufacture, export, import, distribution, trade in, use and possession of drugs." On the other hand, The "Dangerous Drugs Act of 2002" recognized the medical use of drugs classified as dangerous drugs including marijuana when it said in Section 2: "The government shall, however aim to achieve a balance in the national drug control program so that people with legitimate medical needs are not prevented from being treated with adequate amounts of appropriate medications, which include the use of dangerous drugs."

This Act should not be deemed in any manner to advocate, authorize, promote, or legally or socially accept the use of cannabis or marijuana for any non-medical use. For this reason, it provides for control measures and regulation on the medical use of cannabis to ensure patient's safety and for effective and efficient implementation of this Act.

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



RODOLFO T. ALBANO III

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1 **AN ACT PROVIDING COMPASSIONATE AND RIGHT OF ACCESS TO**
2 **MEDICAL CANNABIS AND EXPANDING RESEARCH INTO ITS**
3 **MEDICINAL PROPERTIES**
4

5 *Be it enacted by the Senate and House of Representatives of the Philippines in*
6 *Congress assembled:*
7

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

10 SEC. 2. *Statement of Policy.* –Section 11 of the Philippine Constitution
11 explicitly states that it is "The policy of the state to adopt an integrated and
12 comprehensive approach to health development which shall endeavor to make
13 essential goods, health and other social services available to all the people at
14 affordable cost." The State shall protect and promote the right to health of the
15 people and instill health consciousness among them.

16 Section 2 of the Dangerous Drugs Act provides that the state shall
17 provide measures to achieve a balance in the national drug control program so
18 that patients with debilitating medical condition may receive adequate amount
19 of treatment and appropriate medications from the regulated use of dangerous
20 drugs.

1 Toward this end, the State shall legalize and regulate the medical use of
2 cannabis which has been confirmed to have beneficial and therapeutic uses to
3 treat chronic or debilitating disease or medical condition that produces one or more
4 of the following: cachexia or wasting syndrome; severe and chronic pain; severe
5 nausea; seizures, including but not limited to those characteristic of epilepsy; or
6 severe and persistent muscle spasms, including but not limited to those associated
7 with multiple sclerosis.

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

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

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

20 c) *Compassionate* - a virtue combining concepts such as sympathy,
21 empathy, fellow feeling, benevolence, care, love, and sometimes pity and mercy.
22 A profound awareness of another's suffering coupled with a desire to alleviate that

1 suffering.

2 *d) Medical Cannabis Compassionate Center* refers to any entity registered
3 with the Department of Health and licensed to acquire, possess, cultivate,
4 manufacture, deliver, transfer, transport, sell, supply and dispense cannabis,
5 devices or related supplies and educational materials to registered, qualifying
6 patients.

7 *e) Medical Cannabis Safety Compliance Facility* refers to any entity
8 registered with the Department of Health that conducts scientific and medical
9 research on medical use of cannabis and provides testing services for its potency
10 and contaminants relative to its safe and efficient use, cultivation, harvesting,
11 packaging, labelling, distribution and proper security;

12 *f) Debilitating medical condition* means one or more of the following:

13 (1) Cancer; (2) Glaucoma; (3) Multiple sclerosis; (4) Damage to the nervous
14 tissue of the spinal cord, with objective neurological indication of intractable
15 spasticity; (5) Epilepsy; (6) Positive status for human immunodeficiency virus or
16 acquired immune deficiency syndrome; (7) Admitted into hospice care; (8) Post-
17 traumatic stress disorder; (9) Rheumatoid arthritis or similar chronic autoimmune
18 inflammatory disorders; or (10) any other debilitating medical condition or its
19 treatment that is added by the Department of Health as recommended by a panel
20 of doctors constituted for this purpose.

21 *g) Medical use* refers to delivery, possession, transfer, transportation, or use
22 of cannabis and its devices to treat or alleviate a registered qualified patient's

1 medical condition or symptoms associated with the patient's debilitating disease
2 or its acquisition, administration, cultivation, or manufacturing for medical
3 purposes.

4 Section 4. The Secretary of the Department of Health herein referred to as
5 the Secretary shall lead the formulation of regulations to implement this Act.

6 Section 5. There is hereby established in the Department an Advisory
7 Committee on Medical Use of Cannabis, hereinafter referred to as the Advisory
8 Committee to advise the Secretary on formulating regulations under this Act and
9 on any matters related to the implementation of this Act. The members of the
10 Advisory Committee and Subcommittee of the Advisory Committee shall be
11 appointed by the Secretary. It shall include but not limited to health care
12 practitioners, patients or representatives of patients with debilitating conditions,
13 experts in the regulation of controlled substances for medical use, medical
14 cannabis industry professionals and law enforcement agencies. The Secretary
15 shall form a subcommittee to advise the Secretary on clinical matters relating to
16 medical cannabis, the members of which shall predominantly be clinical
17 professionals in appropriate areas of expertise and shall also include
18 representatives of patients. Members of the subcommittee need not be members
19 of the Advisory Committee. Both members of the Advisory Committee and
20 Subcommittee shall serve at the pleasure of the Secretary. Members of the
21 Advisory Committee and Subcommittee may receive reimbursement for their
22 reasonable and necessary expenses incurred as Members of the Advisory

1 Committee or Subcommittee.

2 SEC. 6. *Qualified Medical Cannabis Physician.* – To be competent to
3 certify the patient’s medical need to use cannabis for treatment, a physician
4 shall have the following qualifications:

- 5 a) a doctor’s degree in medicine;
- 6 b) a bona fide relationship with the patient; and
- 7 c) license to prescribe drugs
- 8 d) professional knowledge of the use of medical cannabis

9 SEC. 7. *Qualified Medical Cannabis Patient.* – “Qualifying patient”
10 means a person who has been diagnosed by a certifying physician with bona
11 fide relationship with the patient as having debilitating medical condition as
12 defined in Section 3 (e) and who in the physician’s professional opinion will
13 receive therapeutic or palliative benefits from the medical use of cannabis.

14 SEC. 8. *Identification Cards.* – The Secretary shall issue registered
15 identification (ID) cards to qualified patients after a careful review of the
16 documents required by the Department and included in the implementing rules
17 and regulations of this Act.

18 If the qualified patient is younger than eighteen (18) years of age, the
19 certifying physician shall not recommend the issuance of the ID card unless
20 she/he has explained the potential risks and benefits of the medical use of
21 marijuana to the custodial parent or legal guardian who has the responsibility for

1 health care decisions for the qualifying patient and she/he consents in writing to
2 the following:

- 3 a) Allow the qualified patient's medical use of cannabis;
- 4 b) Serve as the qualified patient's designated caregiver; and
- 5 c) Control the acquisition, dosage, the frequency of medical use of
6 cannabis by the patient.

7 SEC. 9. *Medical Cannabis Patient Caregiver.* – A cannabis patient
8 caregiver must be at least 21 years of age and must not have been convicted of an
9 offense for the use of dangerous drugs under Republic Act (RA) No. 9165. The
10 caregiver shall give consent in writing of her/his willingness to assist the qualified
11 patient in the medical use of cannabis and shall not divert the medical cannabis in
12 her/his possession to any person other than the patient. She/he shall assist only
13 one (1) cannabis patient at a time.

14 The Department shall maintain a registry of cannabis patient's caregivers
15 and shall issue their appropriate ID cards.

16 SEC. 13. *Medical Cannabis Compassionate Center (MCCC).* – An
17 entity shall operate as a Medical Cannabis Compassionate Center after approval
18 of its application and registration with the Department.

19 The Secretary shall establish a system for the evaluation of the
20 application and licensing of a Medical Cannabis Compassionate Center based
21 on the following criteria:

- 22 a) The suitability of the applicant's proposed location including

1 compliance with any local zoning laws and the geographic convenience to
2 patients, if approved;

3 b) The qualification of principal officer and board members' character
4 and relevant experience, including any training or professional licensing related to
5 medicine, pharmaceuticals, natural treatments, botany, or cannabis cultivation and
6 preparation, and their experiences in running a health or medical center;

7 c) The applicant's system for operations and services, including its
8 staffing and training plans, whether it has sufficient capital to operate, and has
9 ability to provide an adequate supply of medical cannabis to the registered
10 patients;

11 d) The sufficiency of the applicant's procedure for accurate record
12 keeping;

13 e) The sufficiency of the applicant's measures for safety, security, and
14 the prevention of diversion, including proposed locations and security devices to
15 be employed;

16 f) The applicant's system for making medical cannabis available on an
17 affordable basis to registered qualified patients; and

18 g) The applicant's procedure for safe and accurate packaging and
19 labelling of medical cannabis, including the measures to ensure that all medical
20 cannabis shall be free from contaminants.

21 The Department or its agents shall have access to MCCC's records and
22 premises at any time of the day or night whenever work is being undertaken

1 therein, and to question any employee and investigate any fact, condition or
2 matter which may be necessary to determine violations or which may aid in the
3 enforcement of this Act or rules and regulations issued pursuant thereto.

4 SEC. 14. *Dispensation.* – A MCCC shall guarantee the appropriate
5 dispensation of cannabis and shall not release more than the prescribed dosage for
6 one month to a registered qualified patient or designated caregiver. The MCCC
7 shall comply with this limitation by maintaining internal confidential record of
8 each entry which include information on the date and time the cannabis was
9 dispensed, the amount of cannabis being dispensed and on whether it was
10 dispensed directly to the patient or to the designated caregiver.

11 SEC. 15. *Medical Cannabis Safety Compliance Facilities (MCSCF).* –
12 Safety compliance facilities may only operate if they have been issued a valid
13 registration certificate by the Department.

14 The Department shall evaluate applications of medical cannabis safety
15 compliance facilities based on the following criteria:

16 a) The suitability of the applicant's proposed location including
17 compliance with any local zoning laws and the geographic convenience to
18 patients, if approved;

19 b) The proposed principal officers' and board members' relevant
20 experiences, including any training or professional licensing related to analytical
21 testing, medicine, pharmaceuticals, natural treatments, botany, or cannabis
22 cultivation, preparation, and testing and their experiences in running a drug

1 testing facility center;

2 c) The sufficiency of the applicant's measures for safety, security, and
3 the prevention of diversion, including proposed locations and security devices to
4 be employed; and

5 d) The proposed safety compliance facility's procedure for its
6 operations and services, including its staffing and training plans, and whether it
7 has sufficient capital to operate.

8 SEC. 16. *Safety Requirements.* – A registered MCCC or MCSCF shall:

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

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

14 c) Display their registration certificates in their premises at all times.

15 SEC. 17. *Location.* – A registered MCCC and MCSCF shall not be
16 located within one thousand (1000) feet of the property line of a pre-existing
17 school, college or university.

18 SEC. 18. *Exemption From Civil and Criminal Liability.* – The
19 following shall be exempt from civil and criminal liability:

20 a) Qualified patient for using cannabis in the prescribed dosage for
21 treatment of debilitating medical condition as determined and certified by a
22 bona fide recommending physician;

1 b) Registered and designated cannabis caregiver for assisting a
2 registered qualified patient and for possessing not more than the exact prescribed
3 dosage of cannabis needed by the qualifying patient;

4 c) The certifying physician for prescribing medical cannabis or
5 providing written certifications stating that in the physician's professional
6 opinion, a patient is likely to receive therapeutic or palliative benefit from the
7 medical use of cannabis to treat or alleviate the patient's serious or debilitating
8 medical condition or symptoms: *Provided*, That the physician has established a
9 bona fide relationship with the patient and conducted a thorough clinical analysis
10 of the patient's medical conditions;

11 d) Registered and licensed medical cannabis compassionate center and
12 its agents for selling cannabis seeds to similar entities that are registered to
13 dispense cannabis for medical use or for acquiring, possessing, cultivating,
14 manufacturing, delivering, transferring, transporting, supplying, selling, or
15 dispensing cannabis or related supplies and educational materials to qualified
16 patients and their designated caregivers.

17 e) Registered medical cannabis safety compliance facility and its agents
18 for possessing and testing cannabis for medical research and compliance
19 purposes.

20 SEC. 19. *Prescription.* – A certifying physician shall not be subject to
21 administrative action by the Philippine Medical Association or by any other
22 occupational or professional licensing board or bureau for prescribing cannabis as

1 treatment to qualified patient.

2 SEC. 20. *Devices.* – Medical Cannabis and its devices which is possessed,
3 owned, or used in connection with the medical use of cannabis under this Act
4 shall not be seized or confiscated. In patient’s medical use of cannabis, the seizure
5 shall not be prevented if it exceeds the amount or dosage prescribed by the
6 qualified physician.

7 SEC. 21. *Confidentiality.* – The following information and records kept
8 based on the Department’s regulations are confidential and shall not be disclosed
9 to any individual or public or private entity, except as necessary for the
10 performance of official duties under this Act:

11 a) Applications and renewals, their contents, and supporting
12 information submitted by qualified patients and designated caregivers;

13 b) Applications and renewals, their contents, and supporting
14 information submitted by or on behalf of MCCC’s in compliance with this Act;
15 and

16 c) The individual names and other information identifying persons to
17 whom the Department has issued registry identification cards.

18 SEC. 22. *Registry.* – The Department shall maintain a confidential list of
19 persons to whom the Department has issued registry identification cards, their
20 addresses, phone numbers, registry identification numbers. These records shall be
21 kept and maintained separately from registrant public data which shall identify
22 cardholders and MCCC’s by their registry identification numbers only and shall

1 not contain names or other personal identifying information.

2 Hard drives or other data-recording media or storage which contain
3 cardholder information that are no longer in use must be destroyed.

4 The data subject of this section shall not be combined or linked in any
5 manner with any other list or database and it shall not be used for any purpose not
6 provided under this Act.

7 SEC. 23. *Electronic Verification System.* – Within one hundred twenty
8 (120) days from the effectivity of this Act, the Department shall establish an
9 electronic verification system. The electronic verification system shall allow the
10 employees and agents of the Department, Medical Cannabis Compassion Centers
11 (MCCC) and Medical Cannabis Safety Compliance Facilities (MCSCF) to enter
12 a registry identification number to determine whether or not the number
13 corresponds with a current and valid registry identification card. The system shall
14 only disclose the following:

15 a) Validity of the identification card;

16 b) Information whether the cardholder is a registered qualified patient
17 or a registered caregiver; and

18 c) The registry identification number of the MCCC designated to serve
19 the qualified patient who holds the card or the registry identification number of
20 the patient who is assisted by the caregiver.

21 The Department shall, at cardholder's request, confirm the person's status
22 as a registered qualified patient or registered and designated caregiver to the

1 following third party: landlord, employer, school, medical professional, PNP
2 personnel, drug enforcement agent or court.

3 **Section 24. Discrimination Prohibited**

4 a) A registered qualifying patient who uses cannabis for medical purposes
5 or a registered designated caregiver shall be afforded all the same rights under the
6 law, as the individual would have been afforded if he or she were solely
7 prescribed pharmaceutical medications, as it pertains to employment, housing and
8 education.

9 b) A person otherwise entitled to custody of or visitation or parenting time
10 with a minor shall not be denied such a right, and there shall be no presumption of
11 neglect or child endangerment, for conduct allowed under this chapter, unless the
12 person's actions in relation to cannabis were such that they created an
13 unreasonable danger to the safety of the minor as established by clear and
14 convincing evidence.

15 c) No school, landlord, or employer may be penalized or denied any benefit
16 under law for enrolling, leasing to, or employing a cardholder.

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

18 a) A qualifying patient to:

19 1. Possess and smoke cannabis and engage in the medical use of
20 cannabis in any mode of public transportation or in any public place;

21 2. Operate, navigate, or being in actual physical control of any motor
22 vehicle, aircraft, or motorboat while under the influence of cannabis: *Provided,*

1 That a registered qualifying patient or visiting qualifying patient shall not be
2 considered to be under the influence of cannabis solely because of the presence
3 of metabolites or components of cannabis that appear in insufficient
4 concentration to cause impairment;

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

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

9 b) An authorized physician to prescribe medical cannabis to any person
10 without establishing a bona fide relationship with the patient and to refer patients
11 or caregivers to a MCCC on which the physician holds any financial interest;

12 c) A registered MCCC to:

13 1. Acquire, possess, cultivate, manufacture, deliver, transfer,
14 transport, supply, or dispense cannabis to any person except to registered
15 qualified patients or through their registered caregivers; and

16 2. Acquire usable cannabis or mature cannabis plants from
17 unregistered MCCC.

18 3. Refer patients to an authorized physician

19 d) Any person to:

20 1. Advertise medical cannabis sales in printed materials, on radio
21 or television, social media, or by paid-in-person solicitation of customers.

22 This shall not prevent appropriate signs on the property of the registered

1 MCCC, listings in business directories including phone books, listings in
2 cannabis-related or medical publications, or the sponsorship of health or
3 charity or advocacy events; and

4 2. Violate the confidentiality of information under Section 21 of
5 this Act.

6 SEC. 26. *Penalty.* – Any person or entity who violates Section 24 of this
7 Act shall be punished with a fine of one hundred thousand pesos (P100,000.00)
8 and revocation of the license or registration certificates to use, possess or sell
9 cannabis for medical purposes under this Act.

10 Any person who violates confidentiality under Section 21 of this Act shall
11 be punished with a fine of not less than ten thousand pesos (P10,000.00) but not
12 more than fifty thousand pesos (P50,000.00).

13 If the offender is a physician the penalty shall include revocation of
14 professional license.

15 The suspension or revocation of registration certificate is a final action of
16 the Department. The Department shall constitute a committee that will review
17 documents and evidence of the case and shall recommend action to be taken by
18 the Secretary.

19 SEC. 27. *Research*—The Department shall within 120 days from the
20 approval of this Act authorize the National Institutes of Health, the research arm
21 of the University of the Philippines, Manila, the Health Sciences Center of the UP
22 System to conduct research on the use of medical cannabis and two other

1 organizations it may deem qualified to do so. They may develop, seek and carry
2 out research programs relating to the medical use of cannabis. Participation of any
3 such research program shall be voluntary on the part of practitioners, patients and
4 designated care givers.

5 SEC. 28. *Training of Medical Cannabis Physicians* –The Department
6 shall provide training for medical cannabis physicians on on the following topics :
7 the pharmacology of marijuana; contraindications; side effects; adverse reactions;
8 overdose prevention; drug interactions; dosing; routes of administration; risks and
9 benefits; warnings and precautions; and abuse and dependence. This shall also be
10 part of the medical curriculum of all medical schools, colleges and universities.

11 SEC. 29. *Reports.* – The Department shall submit to the President of the
12 Philippines and Congress an annual report which shall not disclose any
13 identifying information about cardholders, registered MCCCs, or practitioners,
14 but shall have at a minimum, all of the following information:

- 15 a) Number of applications and renewals filed for registry identification
16 cards;
- 17 b) Number of registered qualifying patients at the time of the report;
- 18 c) Number of registry identification cards that were issued to visiting
19 qualifying patients at the time of the report;
- 20 d) Nature of the debilitating medical conditions of the qualifying
21 patients;
- 22 e) Number of registry identification cards revoked for misconduct;

1 f) Number of physicians providing written certifications for qualifying
2 patients; and

3 g) Number of registered MCCCs.

4 SEC. 30. *Appropriations.* – The amount necessary for the
5 implementation of this Act shall be charged to the current appropriations for the
6 Department of Health. Thereafter, such sum as may be necessary for the
7 continued implementation of this Act shall be included in the annual General
8 Appropriations Act.

9 SEC. 31. *Joint Congressional Oversight Committee.* – There shall be
10 created a Joint Congressional Oversight Committee for Medical Use of
11 Cannabis to oversee, monitor and evaluate the implementation of this Act.

12 The Committee shall be composed of ten (10) members, five (5) shall
13 come from the Senate and five (5) from the House of Representatives, including
14 the Chairpersons and the Vice-Chairpersons of the Committee on Health. The
15 members shall be respectively designated by the Senate President and Speaker
16 of the House of Representatives.

17 The membership of the committee for every House shall have at least two
18 (2) opposition or minority members.

19 SEC. 32. *Implementing Rules and Regulations.* – Within ninety (90)
20 days from the effectivity of this Act, the Secretary of the Department of Health
21 shall, in consultation and coordination with its Advisory Committee composed
22 of relevant civil society organizations, health care practitioners, patients or

1 representatives of patients with debilitating conditions, experts in the regulation
2 of controlled substances for medical use, medical cannabis industry
3 professionals and law enforcement agencies. promulgate rules and regulations
4 necessary for the effective implementation of this Act.

5 SEC. 33. *Separability Clause.* – If any provision or part of this Act is
6 declared invalid or unconstitutional, the remaining parts or provisions not
7 affected shall remain in full force and effect.

8 SEC. 34. *Repealing Clause.* – For purposes of this Act, pertinent
9 provisions of Republic Act No. 9165, otherwise known as the . “*Dangerous*
10 *Drugs Act of 2002,*” as amended, and all other laws, decrees, orders, rules and
11 regulations, or parts thereof, inconsistent with any provision of this Act are
12 hereby repealed or modified accordingly.

13 SEC. 35. *Effectivity.* – This Act shall take effect fifteen (15) days after
14 its publication in the *Official Gazette* or in a newspaper of general circulation.

15 Approved,