

What parts of the draft rules do you believe are effective?

Open-Ended Response

Hello and thank you for your time reading my input. I am impressed with the DHS's desire to create one of the most legitimate MMJ states in the country however there is much I disagree with. Please read my comments in the following sections and delete the language simply that is incongruent with DHS's desire to help the sick and in many cases the dying! If the language below is maintained in the final rules the DHS will be responsible for the suffering and lesser quality of life for many of Arizona's dying. If that is something that is ok on your conscience go ahead and make them law. I have Hepatitis C and do not have insurance. I simply cannot go see my doctor as required by your regulations if they are kept in place to get my medical card. I wish to begin treatment for my HEP C this spring and was hoping that I could get some relief with Medical Marijuana, however, seeing now that I have to wait an additional year or go see my Dr. who already have an established relationship with 4 times is not only unreasonable it is truly SICK! Are we living in Germany? Is this 1944?

The rules and regulations negate in many ways the entire intent of the law. It is not up to ADHS to recriminalize medical marijuana .

The part about making it difficult to acquire medical cannabis. You guys made it pretty affective for yourselves. Thanks A lot. (Sarcasm)

R9-17-313 – These rules are a fair and economical way to ensure that inventory is controlled and distributed only to qualifying patients. All else is good or acceptable with exception to the comments below. Thank you Health Department for your timely and professional handling of these measures.

The requirement for each Dispensary to employ or contract with a Medical Director (R9-17-302(B)1(g)) is definitely a positive element of the Rules. This should be effective in helping to ensure that all patients receive a high-quality of care, are fully aware and educated of their treatment options, and are employing the best possible strategy to alleviate/treat their medical conditions. Also a dispensary's Medical Director can also serve as an additional watch dog against illegitimate patients. In other words, if a patient somehow managed to obtain a card without a legitimate medical condition, a Medical Director would be more likely to identify and report this situation. This acts as a check against not only illegitimate cardholders but also against those Doctors who may write illegitimate recommendations. Finally, requiring a Medical Director will help ensure that only legitimate dispensaries are licensed in Arizona. Doctors are less likely to risk their reputation and ability to practice medicine by associating with a disreputable dispensary and as such this requirement should serve as a deterrent against potential dispensaries.

The parts pertaining to the physician-patient "ongoing" relationship.

The Arizona Medical Marijuana Act causes me great concern. Please, please use language that will preclude recreational use of the drug.

The parts pertaining to the physician-patient "ongoing" relationship.

Residency requirements.
I think that you have done a great job in keeping out non-professionals. You have made it hard for out of state people to get involved directly with ownership, thank you. I also like that you have to grow 70% of your own product and have a medical director. I also like that people need to operate under GAAP. Keep up the great work.
I just want to say how disappointed I am with the passing of the Medical Marijuana initiative in AZ. I know this is just another way of legalizing marijuana here in AZ as well as other states. I have also been made aware of the fact that in CA, 98% of the use of the medical marijuana is recreational and not for medical use. Above all, I am concerned with the reality of this marijuana falling into the hands of our teenagers in AZ. We must do all that we can to prevent the illegal use of marijuana by our youth! Below are some of my comments for change.
R9-17-313 – These rules are a fair and economical way to ensure that inventory is controlled and distributed only to qualifying patients. All else is good or acceptable with exception to the comments below. Thank you Health Department for your timely and professional handling of these measures.
Most parts look to be effective.
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This section would be more effectively and appropriately handled by local building standards than in these rules R9-17-302. Applying for a Dispensary Registration Certificate Part B.8 A site plan drawn to scale of the dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains

I believe the law is absurd.
While it may be effective to discourage diversion to recreational use, The following section may drive up the price of marijuana and cause shortages. R9-17-302. Applying for a Dispensary Registration Certificate Part B.5 This section requires "a copy of the certificate of occupancy or other documentation issued by the local jurisdiction to the applicant authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site" as part of the application.
I think the Department is on the right track in designing rules that make it harder for the recreational user to get involved. This law was passed by the vote of the people so I hope the Department understands that. I realize the ongoing controversy so it is my hope the Department doesn't let any personal opinions creep into the writing of the laws to intentionally make things more difficult. Doing so would put the Department at odds with the will of the people.
1. Cultivation, sale, transportation, possession and use of marijuana are criminal offenses in the state of Arizona. Medical marijuana is a narrow exception to that policy.
Dispensary rules for starting and operation.
The parts I like are: 1) The medical professional issuing the certification should be given the authority to revoke a patient's certification at any time. In addition, the medical professional should be required to revoke if they haven't seen the patient within 6 months. 2)The legislature should impose criminal penalties for smoking marijuana in the presence of children. Rationale: Children exposed to marijuana use are desensitized to the hazards of marijuana use, and are more likely to use marijuana illegally in the future. Children exposed to marijuana smoke will suffer the same health hazards as exposure to tobacco smoke. Smoking marijuana in the presence of children should be made a serious criminal act..... 3) The legislature should set enhanced penalties for cardholders, caregivers, and dispensary agents that produce, transport, sell, or possess marijuana outside of the terms of their authority granted by the initiative. (I do have a note on this one, it should be considered criminal trafficking)
The following would be effective only in delaying the registration by a qualifying patient and acquisition of marijuana and would result in increased harm and suffering to patients R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver G.13.e.i (1) and (2)

Security is a must and each dispensary should have a security door man with camera outside main entrance, security in actual packaging and retail room for customer. Security at cultivation site 24/7 and security accompanying delivery of product to and from cultivation site and retail dispensary.

THE INTENT OF ADHS TO KEEP THE DISPENSARIES OUT OF THE HANDS OF CRIMINALS IS HONORABLE, HOWEVER, IN THEIR CURRENT FORM ONLY THE WEALTHY, AND OTHERS WITH CRIMINAL BACKING WILL BE ABLE TO OPEN ONE. THE FACT THAT ONLY AZ. RESIDENTS ARE ELIGIBLE IS GOOD BUT IT SHOULD ALSO STATE THAT THEY MUST BE RESIDENTS OF THE COUNTY WHERE THE DISPENSARY IS LOCATED.

There is nothing about this law that will be effective in curtailing crime and illegal substance abuse.

The following would be effective only in delaying the registration by a qualifying patient and acquisition of marijuana and would result in increased harm and suffering to patients R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver F.5.e.i and ii. A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or Has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians, that may include the patient's reaction and response to conventional medical therapies;

All marijuana smoking should be subject to the non-smoking in public places and punishable by strict penalties. Also the prohibition of operating machinery and motor vehicles whild under the influence of marijuana is good

Clear indications for recommending medical marijuana. Strict oversight of dispensary operations, including inventory and financial reporting, physical and video security. Separation of dispensary and recommending personnel – e.g., a medical director cannot recommend marijuana to patients. Zoning requirements.

I do not find any parts that are ineffective.

I am more concerned with how they are NOT effective. See below

I think you have done a wonderful job especially in the timeframe you had to work in. Keep up the good work.

R9-17-101.17. "Physician-patient relationship and R9-18-101.16. "Ongoing" are effective in delaying a Qualifying Patient's acquiring of marijuana as medicine and would result in harm prolonged suffering.

See Improved

I've reviewed the draft rules as a citizen working with the MATForce drug abuse working group in Yavapai County. I'm pleased with the level of thought and detail DHS has provided in the draft. The MATForce working group, with input from the Yavapai County Attorney, has provided suggestions to the draft that are being submitted to DHS in a separate document. I am submitting five suggestions below that may or may not be articulated in the MATForce document, but I feel are of particular importance and significance. It may be appropriate that some suggestions be adopted for consideration as new legislation, rather than as DHS rules. Respectfully, [REDACTED]

Not R9-17-101. Definitions. 15. "Medical director" will be effective in driving up costs to the dispensaries' operations and consequently the price of medicine to patients

Most of the Draft Rules are effective. The sections detailing necessary inventory control measures, quality analysis, product labeling, and sanitary conditions were particularly well written. However a few restrictions are problematic. Specifically, limits on the percentages of marijuana produced that can be transferred to other dispensaries for sale to end users, and the restriction on the percentage of inventory sold that is produced by other registered cultivators. These stipulations as stated in §R9-17-307(C) are not conducive a reputable industry that is easy to regulate and provides a consistently high quality product.

Good overall R9-17-306. Inspections D. The Department shall not accept allegations of a dispensary's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter from an anonymous source. (This is a great clause as it makes for accountability. Not using the system for vindictive or competitive reasons.) R9-17-307. Administration (This whole section is great. It lays out guidelines for establishing professionalism and good working practices and helps establish the industry correctly from the onset. It helps operators understand what will be expected of them on an ongoing basis prior to application so a decision of weather to be a part of this industry is of interest knowing the responsibilities. Other states have had operators before rules which have made it very chaotic for everyone involved. C. A dispensary: 1. Shall cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers; 2. Shall only provide medical marijuana cultivated or acquired by the dispensary to another dispensary in Arizona, a qualifying patient, or a designated caregiver authorized by A.R.S. Title 36, Chapter 28.1 and this Chapter to acquire medical marijuana; 3. May only acquire medical marijuana from another dispensary in Arizona, a qualifying patient, or a designated caregiver; 4. May acquire up to 30% of the medical marijuana the dispensary provides to qualifying patients and designated caregivers from another dispensary in Arizona, a qualifying patient, or a designated caregiver; and 5. Shall not provide more than 30% of the medical marijuana cultivated by the dispensary to other dispensaries. These are all great definitions. There should be some type of measure or time frame such as "1. Shall cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers in any rolling calendar year." The rolling calendar year helps smooth out sales vs. supply. Example when a store first opens it may only be selling 2 pounds per month. As that store gains business over the course of a year it may go as high as 40 or 50 lbs per month and may go up or down based on completion or other market forces. Since it takes roughly 110-120 days from seed to ready the cultivation needs time to adjust for volume fluctuations. It would also be helpful to allow for some inventory helping to smooth supply and demand also. The live database to track that the system is

not abused is awesome. R9-17-314. Product Labeling and Analysis 5. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers, used in the cultivation and production of the medical marijuana; and this is great for everyone. R9-17-317. Cleaning and Sanitation A. A dispensary shall ensure that any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale, of medical marijuana is maintained in a clean and sanitary condition. (Great Section!)

The section on what is required from a dispensary. Locations, sizes, policies and procedures.

The application process outlines seem to be average and well organized, but filled with so much legal jargon for the common citizen to interpret.

- I like the Arizona residency restrictions for dispensary board members and owners.

The part about that each dispensaries having to grow 70% of there own product is not a good idea. I feel that the dispensaries should be able to buy from any grower. If you do the 70% thing it will drive up the cost of the medical marijuana . thank you

The public comment period allows time for them to be changed and made congruent with the law.

Much of it is effective IN being being cruel and unreasonable to medical marijuana patients.

I actually agree with requiring regular follow-up visits with the patient's medical marijuana consulting physician. Seeing patients consistently for continuity of care is recommended for any specialist participating in a patient's care. Consult letters should be sent, with patient consent, to the patient's PCP and their other providers summarizing indications for recommending medical marijuana as an ADJUNCT to their current care plan and inviting open communication between physicians. Requiring a patient to have a full year in the care of the recommending physician consultant would unnecessarily postpone treatment for a qualifying patient. Requiring regularly scheduled office visits and following the current standards of care should apply to Cannibis Consultants, as with any other specialist, involved in the care of the patient. Communication between all physicians caring for the patient would help maintain the physician-patient and physician-physician relationships necessary for the practice of good medicine.

Remains to be seen. There are always unintended consequences.

The 12/17/10 draft is much more narrow than the first draft.

The mandate that the dispensaries have standard operating procedures is very effective. This will hopefully insure that dispensaries are all operating with the same standards in place. I also feel that the mandate that patients are given information relating to marijuana and potential side effects and drug interactions is appropriate. There are many opportunities for dispensaries to be more than just a place to pick up some "weed" but to be a place where they may learn about the medication and their overall health issues. I just don't feel that a medical director (MD or DO) is the only way to achieve that. The verification process is also very effective.

Most of it is fairly well written. I would like to be sure that the medical requirements remain as strict as they are written. Do not start adding anxiety or we will be in the same boat as California where the law is a joke.

Generally, I agree on the numbers and spacing of dispensarys and on the requirements placed on the growers/producers. I also agree on the restrictions placed on where medical marijauna may be consumed.and, of course, with the prohibitions regarding the operation of a motor vehicle while under the influence.

The timeline established is very nicely put together.

In general I agree that there needs to be rules around medical marijuana. So in general they are all effective unless they restrict the purpose of the medicine.

On the whole, the regulations have been very well drafted.

I applaud ADHS for making the move to legalize medical marijuana. I believe it is an effective drug that can help many ailing people and it's prohibition is unnecessary. Having said that, I believe the regulations should be created to support the patients who benefit from the use of medical marijuana by making it an acceptable means to treating their symptoms, rather than approaching it as a illegal substance that should be highly regulated. Thank you for the opportunity to make comments.

Only one visit to the doctor should be required, with medical records that support state medical requirements.

The regulations are exaggerated. Some of the future dispensary owners are putting out between 100,000-200,000 dollars hoping to get the license. I think it would be more realistic and not a conflict of interest to have a registered nurse rather than doctor working at the dispensary. To obtain a license you must see a doctor. The doctor working at the dispensary creates the conflict of interests towards your primary doctor.

The [REDACTED] (A Not For Profit Organization Opening Spring 2011)

January 03, 2011 Arizona Department of Health Services Mr. Will Humble (ADHS Director) 150 N. 18th Ave Phoenix, Arizona 85007 (602) 542-1025 Re: Comments, Questions and Concerns; the 12/17/2010 DRAFT Title 9. Health Services; Chapter 17. Department of Health Services – Medical Marijuana Program Dear Mr. Humble Thank you for the opportunity to submit comments, questions, and concerns regarding: The 12/17/2010 DRAFT Title 9. Health Services; Chapter 17. Department of Health Services – Medical Marijuana Program. You and your staff have done an excellent job, taking on the exhausting and daunting task of implementing Medical Marijuana for the State of Arizona. Taking lessons from Colorado and California implementation of Medical Marijuana Initiatives, the State of Arizona and your office have perfected a safe, compassionate, and very detailed Medical Marijuana Program draft, attempting to explain and discuss every aspect of what will be a very polished final set of Regulations. Enclosed is a List of our Comments and Suggestions. Please Review: R9-17-101. Definitions 8. "Dispensary" means the same as "nonprofit medical marijuana dispensary" as defined in A.R.S. § 36-2801. 13. "Generally accepted accounting principles" means the set of financial reporting standards administered by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or other specialized bodies dealing with accounting and auditing matters. [Comment] - Very Well Written. 15. "Medical director" means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary. [Comment] - SHOULD ALSO AND/OR INCLUDE: the involvement of naturopathic and homeopathic physicians. [Comment] Furthermore- According to the [REDACTED], Medical Marijuana Position Statement: "Until federal legislation changes the classification, marijuana is a Class-I controlled substance. It is illegal and a violation of federal law to possess." Further, [REDACTED] strongly recommends that pharmacists do not get involved in the dispensing of the medical marijuana to avoid a felony conviction that could put their license at risk." (enclosed). It is our belief that this same problem and position regarding conflicting DEA, State and Federal Law will occur with a Designated Medical Director Physician (and/or Pharmacist) – State and Federal Medical License Violations.

Monitoring heavily with qualified top notch security and the locations from residential and schools. That a card holder can have access when needed w medical advisory team.

R9-17-107. Time-frames Seems to be effective.

The restrictions on public use will be effective in the control of non medical, unauthorized use. The scope of Debilitating Medical Conditions will be effective in the control of non medical, unauthorized use.

R9-17-107. Time-frames The Time-frame part is generally effective, but would be more so if the Department were to list any and ALL deficiencies required to be corrected in a deficient application.

R9-17-104. Changing Information on a Registry Identification Card The tracking of a qualifying patient's name and corresponding 20 digit ID number is effective enough. You don't need to change the card and the data base for every change of address.

I like most of the rules but dont make it to hard to get a recomendation. I have had over 30 doctors for pain mgt and refuse narcotics at every one.

R9-17-103. Electronic Submission Electronic Submission may be an effective use od AHDS's resources but not all qualifying patients will have access to a computer without hardship. Many will find an electronic format complex and frustrating. Also, many will not be able to afford to pay for such services.

I feel that as a whole the draft is horribly infective and biased against against medical marijuana patients and places an undue burden on medical marijuana dispensaries. I do not believe it is effective.

R9-17-102. Fees, is generally effective except that 36-2803.5(e) THE DEPARTMENT MAY ESTABLISH A SLIDING SCALE OF PATIENT APPLICATION AND RENEWAL FEES BASED UPON A QUALIFYING PATIENT'S HOUSEHOLD INCOME and this has not been included in the preliminary rules.

Apologies, but so far I have not seen an effective portion of this draft, disputes are all I have noticed.

Specific statements that hold expectations of a medical aspect. Dispensary is held accountable for maintenance and legal disposition of unused marijuana.

The definition of "public place" is effective in many ways but is overly broad in specific parts such as private offices meeting room, etc. The provision to limit in public places only smoking of marijuana and not other forms of intake of marijuana as medicine is an effective expression of Title 36. R9-17-101 Definitions 18. "Public place:" a. Means any location, facility, or venue that is not intended for the regular exclusive use of an individual or a specific group of individuals; b. Includes airports; banks; bars; child care facilities; child care group homes during hours of operation; common areas of apartment buildings, condominiums, or other multifamily housing facilities; educational facilities; entertainment facilities or venues; hotel and motel common areas; laundromats; libraries; office buildings; parks; parking lots; public transportation facilities; reception areas; restaurants; retail food production or marketing establishments; retail service establishments; retail stores; shopping malls; sidewalks; sports facilities; theaters; warehouses; and waiting rooms; and c. Does not include: i. Nursing care institutions, as defined in A.R.S. § 36-401; ii. Hospices, as defined in A.R.S. § 36-401; iii. Assisted living centers, as defined in A.R.S. § 36-401; iv. Assisted living homes, as defined in A.R.S. § 36-401; v. Adult day health care facilities, as defined in A.R.S. § 36-401; vi. Adult foster care homes, as defined in A.R.S. § 36-401; or Private residences.

I believe most of the DHS rules to be effective. They seem to be intelligently designed to ensure the legitimate operation of marijuana dispensaries for medical purposes, while ensuring security and quality. However there is one glaring exception that if not removed from the rules will negate their overarching theme. §R9-17-307(C) places limits on the amount of medical marijuana a licensed

dispensary operator may obtain from or provide to other licensed dispensaries. It will have the effect of burdening DHS, Law Enforcement Agencies, and the dispensary operator, while at the same time keeping the most effective therapies out of the hands of the patients that need them.

1. he bureaucrats' attempts to make patients jump through hoops to get state approval to possess pot. He points out that a doctor in Arizona can prescribe Adderall to a kindergartener after one visit, but the proposed rules would require four doctor visits prior to obtaining a marijuana recommendation. Patients would suffer during the four-visit system 2. The department does not have the authority to deny the involvement of naturopathic and homeopathic physicians 3. numerous studies demonstrating the safety and effectiveness of medical marijuana. Arizona's pharmacies and physician offices dispense addictive, dangerous, and toxic drugs that, unlike marijuana, are potentially deadly, yet Arizona's pharmacies and physician offices are not required to have 12 foot walls, constant on-site transmission of video surveillance, residency requirements for principals, or any of the other cruel, arbitrary, and unreasonable regulations proposed by the department. 4. Nowhere else in the practice of medicine does Arizona require a one-year relationship or multiple visits for the prescription or recommendation of any therapy, including therapies with potentially deadly outcomes. Marijuana is not lethal, but the department usurps authority to treat it with cruel and unreasonable stringency far beyond the stringency imposed upon drugs that are deadly. Plainly, it is dangerous and arbitrary for the department to suggest that a cannabis specialist assume primary care of cancer, HIV/AIDS, ALS, multiple sclerosis, Hepatitis C, and other potentially terminal qualifying conditions when the cannabis specialist may not have the requisite training or experience to do so. The department's regulations are a cruel, unreasonable, and arbitrary usurpation of authority and denial of patients' rights of choice, including their rights to choose other medical providers, other sources of care or information, or even to choose not to seek (or cannot afford to seek) other medical care at all 5. Though many qualifying patients, qualifying patients' parents, and their caregivers suffer financial and medical hardship, the sections make little or no provision for patients, parents, and caregivers without internet skills or internet access. 6. The regulation does not allow for addition of medical conditions that cause suffering, but do not impair the ability of suffering patients to accomplish their activities of daily living. For example, conditions such as Post-Traumatic Stress Disorder (PTSD), Anxiety, Depression, and other conditions may cause considerable suffering, yet still allow patients to accomplish their activities of daily living. 7. R9-17-202.B is cruel, arbitrary, and unreasonable. Qualifying patients may need more than one caregiver to ensure an uninterrupted supply of medicine. R9-17-202.F.5(e)i-ii, R9-17-202.F.5(h) cruel, arbitrary, unreasonable, and usurps patients' rights to choose other providers or sources of information R9-17-202.F.6(k)ii, R9-17-204.A.5(k)ii, R9-17-204.C.1(j)ii, R9-17-302.B.3(c)ii, R9-17-308.7(b), R9-17-308.7(b), and R9-17-309.5(b), are arbitrary and unreasonable. If a caregiver already has a valid caregiver or dispensary agent registry card, no additional fingerprints need to be submitted. R9-17-205.C.2 and R9-17-320.A.3 are arbitrary and unreasonable. A registry card should not be revoked for trivial or unknowing errors. Revocation of a card should not be allowed unless the applicant knowingly provided substantive misinformation. 8. These sections violate the 1998 Arizona Voter Protection Act. The department does not have the authority to establish residency requirements, control the occupation of the principal officers or board members, require surety bonds, require a medical director, require security measures that are an undue burden (security measures for non-toxic marijuana that exceed security measures required for toxic potentially lethal medications stored at and dispensed from Arizona pharmacies and physician offices), require educational materials beyond what the law requires, require an on-site pharmacist, require constant, intrusive, or warrantless surveillance, or regulate the portion of medicine cultivated, legally acquired by a dispensary, or transferred to another dispensary or caregivers. 9. The department has no authority to place an undue burden on recordkeeping for cultivation or to require the use of soil, rather than hydroponics or aeroponics, in

cultivation of medicine. 10. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping by requiring the recording of weight of each cookie, beverage, or other bite or swallow of infused food. 11. department has no authority to require a statement that a product may represent a health risk. 12. n unreasonable or undue burden by requiring security practices to monitor a safe product, medical marijuana, that is not required for toxic, even lethal, products. 13. 1998 Arizona Voter Protection Act. The department has no authority to require the daily removal of non-toxic refuse.

THAT PATIENTS GET MEDICAL MARIJUANA, AND A I HOPE A FAIR AMOUNT. AND IT SHOULD BE NON PROFIT !!!

1) The residency requirement of board members of at least 2 years is a good idea. 2) Fingerprinting requirements are a good idea. 3) Individual restrictions such as individuals who owe back taxes, child support etc are good restrictions.

The [REDACTED] applauds the effort and dedication of the Arizona Department of Health Services to create a regulatory system that will allow for a responsible Medical Marijuana Program. Thank you for the opportunity to comment on and participate in, the rules making process.

In the early stages of drafting the rules are hard but other states like Colo. Mich. can be helpful. 1. My concerns are some of your requirements, that having a physican sign your form whom you've been with for the past two years, some of us come here and I personally am a property owner paying taxes go to Las vegas, Nev. for my V.A. medical dr. and various related services, being closer than Prescott, and Phoenix. Not having a Dr. in Arizona at this point in the draft and having only V.A. Dr's that can't sign a form for mediaci Cannibas. The V.A. has been told by the federal Gov. not to limit our medications or penalize us for using cannibas for symptoms which they recognize helpful in PTSD, Cancer, and ghost pain for related operations, which suffer from, and other related problems. Cannabis has helped me reduce my use of Morphine and Fentinol for pain and have a better nites rest due to PTSD, and a right neck and shoulder modified masectomy. V.A. Dr's can't recommend Cannabis but they do say it's helpful in many cases, to the patient. 2. Snow birds coming from other states that have medical marijuana cards aren't mentioned and many are seniors that have been through Cancer or bebiliating Arthritis, etc. and come here for the Sun and heat, this should be addressed since they bring dollars and buy houses in this current economy, when they have the option to go to any surrounding state for the winter and many stay more than six months. Now that I'm near the end this should have probably been put in draft rules improved.

Google google

i do believe that we need rules on this topic but the people like me that need this meds for real will have a hard time getting this because the pain pills we are taking are killing us and this med will not do that it works better then the pain pills that are killing our liver and kiddnys i have spinal issues such as

formital spinalanosis, degenitive disk deases, bulging disk ,and a huriated L5 had my C5 disk removed and fuzed and iam in pain every day to the point i can not function and have been fighting for my ssd for three years now can not afforded 150. dollars for a applcation fee and rules we can not grow our own

Definition 17. "'Physician-patient relationship" means interaction between a physician and an individual in which the physician has ongoing responsibility for the assessment, care, and treatment of the patient's debilitating medical condition." appears to UNREASONABLY imply that a physician would be RESPONSIBLE for the patient's use of marijuana.

I have family associated the Montana State legislature as well as a connection to one of the major dispensaries in Montana. One key piece of the draft rules which was absent in Montana that they have told me should have been required were the zoning requirements. In Montana, there was public outrage over dispensaries being located near schools so having it present in the Arizona rules is essential. One very effective part of the draft rules is the audit trail. I share the same concern about dispensary cultivated marijuana making it's way on to the black market. To prevent that, there should be a strict audit trail as you have detailed especially around the video surveillance. An excellent example is the 24 hour surveillance of a given sqft area of plants which should be available for the DHS to review at any time via the web as you have listed. Additionally, these videos should be archived indefinitely rather than just for 30 days so that the DHS could review who had access to the plants and what was done with them. I would also be in favor of electronic submission of these archived videos to the DHS via the Internet so that the dispensary wouldn't lose their audit trail due to a catastrophic event such as a fire.

Basically, I like the draft... the guidelines for a dispensary, requirements for a patient to get a MM ID card and the requirements for a licensed physician to follow the patient and write prescriptions. I believe very strongly that medicinal marijuana should be an option for people in chronic pain, who have seizures, have AIDS or are HIV positive, have Alzheimers or any of the other conditions you have listed in the draft rules. This is NOT about getting high... it's about getting relief! There are ways to take marijuana that DON'T get the person high! There are sublingual tincture drops and a concentrated oil. These have a higher CBD level and lower THC level than the 'recreational drug' that people think about. Most of us in pain, have gone through the pharmaceutical route with all of the awful side effects and that's not what we want. I don't want that 'high' feeling, I just want to go back to a normal, functional life. I want to contribute.

I think the requirements to become a dispensary are very good. Particularly the non-refundable \$5000 application fee and the requirement that an principles be an Arizona resident for at least 2 years. I believe that will filter out a lot of glorified smoke shops and investors from other states. In addition, I appreciate the detail that has been put into the regulations. With a new industry, there will always be gray areas but it seems that Arizona is covering a lot of what has been missed in other states.

The definition "ongoing has unintended consequences. "16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least one year and the physician has seen or assessed the patient on at least four visits for the patient's debilitating medical condition during the course of the physician-patient relationship; or The physician assumes primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians that may include the patient's reaction and response to conventional medical therapies." as used in the context these rules is not completely fair to the regulated community.

I like the licensing of the dispensaries... I like the process through which a patient can get an ID card and I believe the requirements for the prescribing physician are reasonable.

ARS 36-2803.4 of the Arizona Medical Marijuana Act requires that the Arizona Department of Health Services rulemaking be "without imposing an undue burden on nonprofit medical marijuana dispensaries...." If you pay special attention to Section 36-2803 "rulemaking," you will notice that the AzMMA does NOT give authority to the Arizona Department of Health Services to define-or redefine-the patient-physician relationship and does NOT give the authority to amend the AzMMA language, e.g., adding "ongoing" to "patient-physician relationship." The Arizona Voter Protection Act specifically DENIES authority for such usurpations

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

While I see some value in the concept of the Medical Director in following definition, "Medical director" means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary this definition is too narrow and would drive up the cost of medicine to glaucoma patients to impractical levels

On the surface, this seems like a legitimate attempt to enact effective rules for medicinal use and cultivation/dispensing of cannabis products. Kudos to Arizonans for their foresight.

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

The time-frame rules seem to be reasonable and effective.

WHAT PARTS OF THE DRAFT RULES DO YOU BELIEVE ARE EFFECTIVE? I believe most of the DHS rules to be effective. They seem to be intelligently designed to ensure the legitimate operation of marijuana dispensaries for medical purposes, while ensuring security and quality. However there is one glaring exception that if not removed from the rules will negate their overarching theme. §R9-17-307(C) places limits on the amount of medical marijuana a licensed dispensary operator may obtain from or provide to other licensed dispensaries. It will have the effect of burdening DHS, Law Enforcement Agencies, and the dispensary operator, while at the same time keeping the most effective therapies out of the hands of the patients that need them.

I believe that the process of verification for patients and dispensaries is adequate.
I thought you did a great job on the first draft with the limited amount of time you had to put it together.
QUESTION: On page 17 of the initiative, is it correct that Corporations do NOT have to comply with the ARS Title 10 of Non-Profit Corporations? I don't think there should be exceptions to a Medical Marijuana Dispensary as to the Laws of this state. QUESTION: Must each board member have a surety bond, or just the Medical Director? Can the Surety Bond be issued to the Corporation? Page 28 of your Draft QUESTION: Are you going to require Manufactures of Medical Marijuana Products to have a Back ground check and an Agent Fee for it's employees?
It appears that the Draft Rules were thoughtfully drafted with the goal of ensuring that the use of marijuana is limited to those with a medical need for drug. The Rules will ensure that the industry does not do anything to degrade its reputation, as they contain many safeguards to prevent illegal or otherwise undesirable behavior in combination with medical marijuana. Despite the numerous positives, some of the language in the rules is so restrictive that it will likely have negative consequences on the safety of the marijuana industry and the overall quality of the product that ends up with patients.
R9-17-101 and R9-17-103 thru 108
I believe most of the DHS rules to be effective. They seem to be intelligently designed to ensure the legitimate operation of marijuana dispensaries for medical purposes, while ensuring security and quality. However there is one glaring exception that if not removed from the rules will negate their overarching theme. §R9-17-307(C) places limits on the amount of medical marijuana a licensed dispensary operator may obtain from or provide to other licensed dispensaries. It will have the effect of burdening DHS, Law Enforcement Agencies, and the dispensary operator, while at the same time keeping the most effective therapies out of the hands of the patients that need them.
The portions involving patient records, security, and facility are effective.
Arizona residency requirement Security and product tracking requirements
Restricting cultivation and distribution to Non-Profit entities only. Provision for having a medical director for a dispensary Provision for oversight and monitoring of cultivation sites
Many of the definitions are helpful. Parts of this this one are not appropriate. 10. "Enclosed" means: a. A building with four walls and a roof or an indoor room or closet; or b. An area surrounded by four solid 12-foot walls constructed of metal, concrete, or stone with a one-inch thick metal gate and a barrier covering the top of the area that is: i. Welded or woven metal wire mesh, with minimum wire thickness of 0.25 inches and maximum gap between wires of 1 inch; ii. Welded metal wire grid, with minimum wire thickness of 0.25 inches and maximum gap between wires of 3 inches; DRAFT 12/17/10 4 12/17/10 iii. Metal chain-link weave, with gauge no less than 9 and no more than 11.5; iv. A panel of metal vertical bars, with minimum bar thickness of 0.5 inches and maximum gap between bars of 4 inches; or v. Constructed of iron or other metallic material and similar to the examples in subsections (10)(b)(i) through (10)(b)(iv), if approved by the Department.

Thank you for taking the time to closely follow the proposed legislation presented in Proposition 203. ADHS did an excellent job incorporating the regulations of the proposition in the Arizona Medical Marijuana Act!

Many of the definitions are effective, but this one is not. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

I have read the rules & regulations. But my brain works differently, so I will say this in my way. January 5, 2011- [REDACTED] There is no way I can entrust my mental needs from the past 20 yrs to a new Dr so I can get MedMJ. (Medical Marijuana). I will continue to medicate unlawfully. And to have to wait a year is foolish. I would most likely die in that time. I have been diagnosed with neurological disorders that keep me confined to home. I have no friends. I stay at home always. My personality dissociation disorder keeps me home bound, very difficult going to get groceries. I have been diagnosed medication resistant. I have had Electro Convulsion Therapy. Side effects stopped treatments. The only relief in life I get is MedMJ. I refuse to drink myself to death. If I am about to have an emotional 'episode' of fear or migraines from past E.C.T's, I medicate. I have no side effects. It is the only drug that gives me some relief. Before, I would take pain & sleeping pills. I hate pills. I am able to have a basic adult life, able to now function on my own independently. I will always be permanently disabled for life. I have to accept this. But I can't accept the pain, panic, anxiety, severe chronic depression etc. NO ONE SHOULD HAVE TO LIVE LIKE THIS. I started to think of suicide... MedMJ saved my life. MedMJ allows me to refocus. I no longer have those thoughts. And for the first time in 8-9 years I am coping with my life.

That we have finally Voted for and have passed a law where AZ residents can seek other relief besides NARCOTICS. I have been in Pain Management since 1994, I HAVE NEVER seen Oxycontin and Morphine and other dangerous addictive drugs passed out like candy by AZ Dr's. I'm happy to see an alternative to the VERY deadly and VERY addictive Pain pills they push on us!!!!!!

Section R9-17-202, I really like the idea of fingerprint ID for all caregivers. I was a healthcare professional in Washington state and I originally supported Initiative 692, Washington's medical marijuana law. We will have to see how enforcement works out since Washington's medical marijuana law was widely abused and rife with theft and fraud.

Making marijuana available for those of us that are chronically ill is a huge step in the right direction. Allowing the amount of marijuana is acceptable as outlined. Allowing the growing of marijuana is acceptable as outlined.

Thank you! We appreciate your attention and diligent work towards making this program best for all.

Residency requirements are a great idea, but concrete proof will strengthen the intent. Try 5 years of lease or mortgage statements or 5 years of AZ tax returns. Firm residency requirements will keep the negative influences from California and Colorado out of Arizona. I do not wish my state to end up like downtown LA. It is a bad model to follow. Now that this 203 has passed we are stuck with it, but we can control what happens to Arizona. We can create a model for CA and CO to follow if we do this properly.

I assume that the surety bond is for one of two purposes. 1) To demonstrate financial capability OR 2) To insure that taxes will be paid if they have not been paid in the past. Either way is OK, but this should be clarified.

It is a good idea to make the accounting records of a dispensary available for inspection.

The draft regulations are deeply flawed and criminally tainted in every respect. The evidence of criminal collusion between the Arizona Department of Health Services and the elitist super-wealthy of the [REDACTED] (see, for example, the 1/4/2011 letter of [REDACTED]) has damaged the current process beyond all repair. The unstated but evident fundamental assumptions are immoral, pathological, and demagogic, utterly incompatible with the moral imperatives of a free nation. These repugnant assumptions are: 1) the lives of Arizona's citizens belong to the State; the State, not the patient, will decide when and what care patients will receive 2) the Arizona Department of Health Services (hereinafter, "the department") is, as its spokesperson has stated, above the law and may disregard the 1998 Arizona Voter Protection Act 3) the department may conspire with the wealthy and elite to their advantage and to the disadvantage of the suffering, dying, and citizens at large. If the department does not rescind the draft regulations immediately, it will be necessary for the good people of Arizona to obtain injunctive relief, to begin the process anew, to promulgate draft regulations that are moral, legal, and to the advantage of Arizona's suffering, dying, and citizens at large in an open, honest, and legal process.

The basic parts of the draft which set up basic rules for clinics and the dispensing of medical marijuana are all that was necessary from day one. Your mission as a health department is to simply help patients get the medical marijuana and accommodate the wishes of voters of Arizona---and not to become a whole new department of police action.

I voted for Proposition 203. The general tone of the draft regulations, as exemplified in the provisions listed below, make it clear that the Health Department is attempting to use the regulatory process to subvert the will of the voters. The law requires the Health Department's rules be enacted in a way that doesn't impose "an undue burden" on the dispensaries. The provisions listed in the "How can the draft rules be improved?" section of this survey do just that. I will certainly support any lawsuit that ensues should your agency's regulations exceed your authority under the law.

What the voters voted for.

Overall, I feel that AZDHS has done a fair, effective job with the rules, and I appreciate Will Humble for his obvious effort (and his blog!) during this exciting time. Thanks for caring what we think. The building provisions for dispensaries and grow sites are reasonable, and I'm glad to see the required bank-type security measures. I *love* the 2-year AZ resident rule for dispensary officers/board members. I like that patients can opt-in to receive clinical study notification; more studies = more data = more informed. I think the rules to add a debilitating medical condition are effective. I think it's good that allegations of a dispensary's noncompliance cannot be anonymous; this protects dispensaries from unreasonable search and seizure. I think it's wise to prohibit medical directors from writing recommendations. I love that all medical marijuana will be labeled by strain, date, and source, but more important, all chemical additives used in cultivation and production - thank you.

You have to be a Lawyer to understand all the rules! I have read them several times and I still do not understand them. I believe you are too harsh on the dispensary owners, with all the rules and regulations. Pharmacy's can provide morphine, oxycontin, vicodin and you simply sign the form. I have been going to my Dr. for over 6 years now, but I can see where there could be problems for people who have to wait a year for approval. From the first day after my accident I would have been better off if I had access to marijauna then all the other junk that I was given to take, and all the meds I have had to take since then. Just remember when you do the final draft that you really consider the patients and make this as painless a process as possible. Since I don't use Marijuana yet I am hoping it won't be so difficult to obtain and try it. I don't even know if it will work for me but if I have to go through [REDACTED] to get it, I may just have to live with the pain because some people are so afraid to do the right thing.

not much.

not much.

not much.

not much.

If you pay special attention to Section 36-2803 "rulemaking," you will notice that the AzMMA does NOT give authority to the Arizona Department of Health Services to define-or redefine-the patient-physician relationship and does NOT give the authority to amend the AzMMA language, e.g., adding "ongoing" to "patient-physician relationship." The Arizona Voter Protection Act specifically DENIES authority for such usurpations.

The procurement of cards for patients, caregivers and dispensaries seem to be well thought out and thorough. The requirement for obtaining the medical certification of need letter are excessive and will not serve the patient well. A high percentage of patients will be unable to obtain this letter of certificate of need based upon the current administrative code draft.

The zoning laws will be effective in keeping medical marijuana away from school grounds. This is a good aspect of the draft. Its good that you have to be a patient before you can become a caregiver, very sensible. Its important for the physician to discuss pros and cons of medical marijuana. Its good that you only have to be 18 to get a mmj card.

The electronic system that will be placed to help keep track of when, where and how much cannabis a patient is using. Also, although I do not fully agree on how it is done but the fact that you are allowing other conditions to be taken into consideration and possibly added to the list of conditions that apply for patients to receive medical cannabis. I also just want to say that even though I do not agree with a lot of the rules being set in this informal draft, I do appreciate the hard work the AzDHS is doing and allowing the public to comment on them to help make these rules functional and beneficial for the people.

It seems blatantly clear that you want only the very rich or maybe the already rich & picked people to be able to get a dispensary. It seems so exaggerated, so far reaching. It seems hard to believe that this could happen in this day & age. It is so set up to be a monopoly that it stinks. Most of the regulations are good but then you go to the extreme & beyond. I'm sorry that middle class people, even the upper middle class have no chance to get a dispensary. As long as you expect someone to put out \$100,000. or more on the chance that they might get a license is ludicrous. This is marijuana not the stuff they sell at pharmacies.

Most of it is fine.

I think all parts of the draft are effective except the fee values, adding a debilitating medical condition, remote access to a dispensary's electronic monitoring system, cultivating a min. of 70% of the medical marijuana a dispensary provides at the dispensary itself, and only three dispensaries per medical director.

The department has maded repeated statements to try and change the bill that was passeed by the Arizona voters. I call to attention Director Humbles own words. Humble has stated numerous times his oppositon to the law the citizens of Arizona passed. He said he would "try and salvage the act." Arizona citizens did not vote for anyting that needs to be "salvaged." This attempt had not having an open comment section is another way the department is tring to limit discussion. he only way people tha need medication is to get on a computer and comment? The department makes misleading satements to the press and to the citizens of Arizona. The lady with behaviorial services when asked at a press conference how many people had died from Marijuana overdoses, babbled about how she would have to "check that out," she then went on to ramble about car accidents. The department claims it is short on funds, yet it is willing to open itself up to lawsuits by not properly enacting the law. In short, the department tasked with health services for the people of arizona, is defying the voters and is defying the law.

i have commented before,,, if there is any search of patients in numbers that would allow increases in estimations the dhs needs to look at all lymphadema patients. i don't understand the complications or needs of "medical approval" i can assert the following is correct; What are the sources of this physical pain from lymphedema? 1. Compression of and to nerves from the swelling 2. Increased pressure and compression of nerves from fibrosis 3. Chronic inflammations that are all to often with lymphedema 4. Cellulitis, lymphangitis and other infections 5. Over exertion of areas of the body as it attempts to cope with the excess strain and weight over an oversized limb 6. Wounds and those weeping sores we all get from time to time

Background check, discription of dispensary, licensed physician approval on use, revocation of ones license if they are not following the law for use of medical marijuana, techniques, and on site help with using marijuana as a possible alternative for perscription pain medication. Nice you had the rulemaking proposal avaiable for public viewing, and downloading on the internet. Posting times for public meetings and where they will be held was helpful. Keeping all those interested in this new law well informed is vital for all of us to work together and stay within the laws.
Sincerely, [REDACTED]

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The draft seems to be very careful to make sure that cannabis is provided only to qualifying patients.

The best part of the application process proposed in the draft is the "Nonrefundable application fees". This is crucial to limiting the number of applicants, especially on the dispensary side, to ensure the best supply of viable applicants comes forth. It puts restraint on someone turning in 50 applications hoping to get one. This reduces your departments work load to ensure the best applicants are awarded licenses. Make sure it is defined more clearly that if an application is turned in that there is no instance a person can receive their application back. The current verbiage in R9-17-102 is clear but does not state equivocally there is no way to receive your application fees back for any reason.

most everything I see is O.K.

Over all the draft looks fairly complete and looks like a good start to have proper controls of this new Medical Marijuana Act.

I think the restrictions are very important but do not go far enough. I didn't see anything that addressed the issue of carcinogens in marijuana smoke and keeping it out of public places, including

parks...

Taken in totality, it appears that AZDHS is working in collusion with ██████ to make this application process as difficult as possible, beyond what is fair and reasonable. What was alleged to be "fair and transparent", has now become biased and opaque, demanding a comprehensive review and explanation. If any of this is even REMOTELY TRUE I as a Citizen of the USA, Resident Voter of the State of Arizona demand an explanation!

AzDHS does NOT have the authority to enact the cruel and unreasonable package of regulations they propose. You seem to want the State of Arizona to FAIL.....before it has even started. This New LAW would allow so many new business to thrive and the economy to take off again. Also providing the State with much needed tax revenue.

None. The rules seem designed to override the wishes of the voters and meddle far too much in the doctor-patient relationship. Who has the right to tell me what doctor I must see? True enough, a doctor cannot prescribe illegal drugs for my care, but since pot is no longer illegal (for medicinal purposes), the state does/should not have the right to prescribe my medication. There are extremely addictive and deadly drugs available for my doctor to prescribe for my health care. Yet the state apparently doesn't feel it needs to enter the doctor-patient relationship in those cases.

Limited areas where marijuana can be grown and dispensed

It's effective in being cruel and unreasonable

Establishment of a Physician-Patient relationship for a minimum period of time

The Caretaker System as well as providing the dispensaries with the ability to cultivate/grow off property with proper security and set up. The ability to deliver is also a benefit for facilities such as assisted living environments where they are not mobile. Just as important is emphasizing the educational programs which will be crucial for the success of this program.

The dispensing of medical marijuana for those who are in need for additional help in managing pain and chronic or acute health conditions.

The dispensing of medical marijuana for those who are in need for additional help in managing pain and chronic or acute health conditions.

The rules that explain residency and Medical Director.

2-year residency is good. Overall the health department has done a phenomenal job with the draft

rules.

The draft rules in general are effective in frustrating the will of the voters who voted in favor of Prop 203 and to some extent an attempt to ignore Arizona Constitution Article 4 Section 1 that prohibit amendments to language in initiatives that become law. However I think the draft rules under Article 3 are very effective in controlling and regulating dispensaries and are consistent with the Departments rulemaking authority but the Department does not have the authority to regulate physician-patient relationships to the extent to redefine its common meaning. The draft definitions under Article 1 R9-17-101 (16), (17) arbitrarily defines and incorporate meaning to a physician patient relationship that would make it difficult, if not impossible, for a qualifying patient to obtain physician certification. A patient has a First Amendment right to seek and obtain medical advice from a physician of his choice. [Conant v. Walters (9th Cir 2002)] Under the current draft rules a patient diagnosed with terminal cancer would have to wait a year before they could obtain a certification from their doctor and furthermore denies them a right to seek medical marijuana consultative care from a physician who would not otherwise be there primary care provider. These definition rules would only be effective to intentionally thwart the will of the Voters and circumvent the Voters Protection Act (1998). Additionally, draft R9-17-202 (F)(5)(e,f,g,h,) attempts to amend ARS 36-2801(18) "Written Certification" with a more restrictive requirement for physicians to include additional language when certifying a qualified patient. The language of the law is clear and the Department has no authority to alter, change, or amend the law.

That you have to have a relationship with your doctor for a certain amount of time.

prohibiting out of state people from coming in and opening 2 or 3 dispensaries and locking out the average person in ARizona from getting a dispensary,

The draft rules clearly delineate which patients are eligible for a recommendation of medical marijuana. The definitions page is very helpful. Very comprehensive.

All are effective except the timelines for Physician/Patient relationship and the 25 mile cultivation provisions.

This is very comprehensive and common sense based. The only issue I see is the one year timeline requirement for treatment by the same physician. In the current insurance/medical care arena it is quite common to change primary care providers frequently. For instance, I have been treated by 4 different primary care providers within the last calendar year through no fault of my own. If the patient's medical records have complete information, the physician can make a determination in one visit. Please reconsider the timeline requirements and allow medical personnel to make the determinations at their discretion.

I believe the dispensary application process is fair.

I feel the draft rules are pretty comprehensive. I appreciate the fact that there is a way to petition for other qualifying medical conditions.

In navajo county, the medical marijuana dispensary should be centrally located in holbrook like the court offices and the sheriff headquarters are. This location would be most convient and fair for anyone in the county to access as a medical marijuana patient. At least, that's my opinion.

ARS 36-2803.4 of the Arizona Medical Marijuana Act requires that the Arizona Department of Health Services rulemaking be "without imposing an undue burden on nonprofit medical marijuana dispensaries...." ARS 28.1 Section 2 "Findings" of the Arizona Medical Marijuana Act requires the department to take notice of the numerous studies demonstrating the safety and effectiveness of medical marijuana. Arizona's pharmacies and physician offices dispense addictive, dangerous, and toxic drugs that, unlike marijuana, are potentially deadly, yet Arizona's pharmacies and physician offices are not required to have 12 foot walls, constant on-site transmission of video surveillance, residency requirements for principals, or any of the other cruel, arbitrary, and unreasonable regulations proposed by the department. R 9-17-101.10 is an undue and unreasonable burden. 9 foot high chain link fencing, open above, constitutes reasonable security for outdoor cultivation. R 9-17-101.15 is unreasonable and usurps authority denied to the department. It violates the 1998 Arizona Voter Protection Act. The department does not have the authority to deny the involvement of naturopathic and homeopathic physicians as defined by ARS 36-2806.12. R 9-17-101.16, R 9-17-101.17, R9-17-202.F.5(e)i-ii, R9-17-202.F.5(h), R9-17-202.G.13(e)I, R9-17-202.G.13(e)iii, R9-17-204.A.4(e)i-ii, R9-17-204.A.4(h), R9-17-204.B, R9-17-204.B.4(f)I, and R9-17-204.B.4(f)Iii are cruel, arbitrary, unreasonable, and usurp authority denied to the department. Those sections violate the 1998 Arizona Voter Protection Act. ARS 36-2801. 18(b) defines an assessment, singular, as sufficient. The Arizona Medical Marijuana Act does not give the department authority and the 1998 Arizona Voter Protection Act denies the department authority to require multiple assessments, require "ongoing" care, or redefine the patient-physician in any way, much less to promulgate a relationship among patient, physician, and specialist that is found nowhere in the practice of medicine. Nowhere in medicine is a specialist required to assume primary responsibility for a patient's care. Nowhere else in the practice of medicine does Arizona require a one-year relationship or multiple visits for the prescription or recommendation of any therapy, including therapies with potentially deadly outcomes. Marijuana is not lethal, but the department usurps authority to treat it with cruel and unreasonable stringency far beyond the stringency imposed upon drugs that are deadly. Plainly, it is dangerous and arbitrary for the department to suggest that a cannabis specialist assume primary care of cancer, HIV/AIDS, ALS, multiple sclerosis, Hepatitis C, and other potentially terminal qualifying conditions when the cannabis specialist may not have the requisite training or experience to do so. The department's regulations are

a cruel, unreasonable, and arbitrary usurpation of authority and denial of patients' rights of choice, including their rights to choose other medical providers, other sources of care or information, or even to choose not to seek (or cannot afford to seek) other medical care at all (whether prior or subsequent to application). R9-17-102.3, R9-17-102.4, R9-17-102.7, R9-17-102.8, R9-17-104.5, R9-17-105.4, R9-17-203.A.3, R9-17-203.B.8, R9-17-203.C.5, R9-17-304.A.11 usurp authority denied to the department. ARS 36-2803.5 only gives authority to the department for application and renewal fees, not for changes of location or amending or replacing cards. R9-17-103, R9-17-202.F.1(h), R9-17-202.G.1(i), and R9-17-204.B.1(m) are cruel, arbitrary, and unreasonable. Though many qualifying patients, qualifying patients' parents, and their caregivers suffer financial and medical hardship, the sections make little or no provision for patients, parents, and caregivers without internet skills or internet access. R9-17-106.A(2) is cruel, arbitrary, and unreasonable. The regulation does not allow for addition of medical conditions that cause suffering, but do not impair the ability of suffering patients to accomplish their activities of daily living. For example, conditions such as Post-Traumatic Stress Disorder (PTSD), Anxiety, Depression, and other conditions may cause considerable suffering, yet still allow patients to accomplish their activities of daily living. R9-17-106.C is cruel, arbitrary, and unreasonable. The regulation only allows suffering patients of Arizona to submit requests for the addition of medical conditions to the list of qualifying medical conditions during two months of every year. R9-17-202.B is cruel, arbitrary, and unreasonable. Qualifying patients may need more than one caregiver to ensure an uninterrupted supply of medicine. R9-17-202.F.5(e)i-ii, R9-17-202.F.5(h) cruel, arbitrary, unreasonable, and usurps patients' rights to choose other providers or sources of information R9-17-202.F.6(k)ii, R9-17-204.A.5(k)ii, R9-17-204.C.1(j)ii, R9-17-302.B.3(c)ii, R9-17-308.7(b), R9-17-308.7(b), and R9-17-309.5(b), are arbitrary and unreasonable. If a caregiver already has a valid caregiver or dispensary agent registry card, no additional fingerprints need to be submitted. R9-17-205.C.2 and R9-17-320.A.3 are arbitrary and unreasonable. A registry card should not be revoked for trivial or unknowing errors. Revocation of a card should not be allowed unless the applicant knowingly provided substantive misinformation. R9-17-302.A, R9-17-302.B.1(f)ii, R9-17-302.B.1(g), R9-17-302.B.3(b), R9-17-302.B.3(d)i-ix, R9-17-302.B.4(c), R9-17-302.B.4(d), R9-17-302.B.15(a), R9-17-302.B.15(b), R9-17-302.B.15(d), R9-17-306.B, R9-17-307.A.1(e), R9-17-307.A.3, R9-17-307.C, R9-17-308.5, R9-17-319.A.2.(a), R9-17-319.B are arbitrary, unreasonable and usurp authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department does not have the authority to establish residency requirements, control the occupation of the principal officers or board members, require surety bonds, require a medical director, require security measures that are an undue burden (security measures for non-toxic marijuana that exceed security measures required for toxic potentially lethal medications stored at and dispensed from Arizona pharmacies and physician offices), require educational materials beyond what the law requires, require an on-site pharmacist, require constant, intrusive, or warrantless surveillance, or regulate the portion of medicine cultivated, legally acquired by a dispensary, or transferred to another dispensary or caregivers. R9-17-310 is arbitrary, unreasonable and usurps authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department has no authority to require a medical director, much less to define or restrict a physician's professional practice. R9-17-313.B.3 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping for cultivation or to require the use of soil, rather than hydroponics or aeroponics, in cultivation of medicine. R9-17-313.B.6 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping by requiring the recording of weight of each cookie, beverage, or other bite or swallow of infused food. R9-17-314.B.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. Especially in the absence of peer-reviewed evidence, the department has no authority to require a statement that a product may represent a health risk. R9-17-315 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an unreasonable or undue burden by requiring security practices to monitor a safe

product, medical marijuana, that is not required for toxic, even lethal, products. R9-17-317.A.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to require the daily removal of non-toxic R9-17-202 5e. A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or ii. Has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians, that may include the patient's reaction and response to conventional medical therapies;

1) Thank you for creating the online Public comments form in a "user friendly" format. 2) Arizona residents appreciate the position of the Arizona Department of Health Services (ADHS) to keep this new endeavor a "uniquely Arizona" industry. Requiring the Medical Marijuana Director and board to be Arizona residents creates an opportunity to promote a standard for other states in the development of future regulations.

I like the fact the ADHS is trying to comply with the law and make marijuana available to those who might really benefit from it without compromising public safety and discouraging recreational use.

i think the residency requirement is a good idea, as are the security requirements for the most part

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ARS 36-2803.4 of the Arizona Medical Marijuana Act requires that the Arizona Department of Health Services rulemaking be "without imposing an undue burden on nonprofit medical marijuana dispensaries...." ARS 28.1 Section 2 "Findings" of the Arizona Medical Marijuana Act requires the department to take notice of the numerous studies demonstrating the safety and effectiveness of medical marijuana. Arizona's pharmacies and physician offices dispense addictive, dangerous, and toxic drugs that, unlike marijuana, are potentially deadly, yet Arizona's pharmacies and physician offices are not required to have 12 foot walls, constant on-site transmission of video surveillance, residency requirements for principals, or any of the other cruel, arbitrary, and unreasonable regulations proposed by the department. R 9-17-101.10 is an undue and unreasonable burden. 9 foot high chain link fencing, open above, constitutes reasonable security for outdoor cultivation. R 9-17-101.15 is unreasonable and usurps authority denied to the department. It violates the 1998 Arizona Voter Protection Act. The department does not have the authority to deny the involvement of naturopathic and homeopathic physicians as defined by ARS 36-2806.12. R 9-17-101.16, R 9-17-101.17, R9-17-

202.F.5(e)i-ii , R9-17-202.F.5(h), R9-17-202.G.13(e)I , R9-17-202.G.13(e)iii , R9-17-204.A.4(e)i-ii, R9-17-204.A.4(h), R9-17-204.B , R9-17-204.B.4(f)I, and R9-17-204.B.4(f)Iii are cruel, arbitrary, unreasonable, and usurp authority denied to the department. Those sections violate the 1998 Arizona Voter Protection Act. ARS 36-2801. 18(b) defines an assessment, singular, as sufficient. The Arizona Medical Marijuana Act does not give the department authority and the 1998 Arizona Voter Protection Act denies the department authority to require multiple assessments, require "ongoing" care, or redefine the patient-physician in any way, much less to promulgate a relationship among patient, physician, and specialist that is found nowhere in the practice of medicine. Nowhere in medicine is a specialist required to assume primary responsibility for a patient's care. Nowhere else in the practice of medicine does Arizona require a one-year relationship or multiple visits for the prescription or recommendation of any therapy, including therapies with potentially deadly outcomes. Marijuana is not lethal, but the department usurps authority to treat it with cruel and unreasonable stringency far beyond the stringency imposed upon drugs that are deadly. Plainly, it is dangerous and arbitrary for the department to suggest that a cannabis specialist assume primary care of cancer, HIV/AIDS, ALS, multiple sclerosis, Hepatitis C, and other potentially terminal qualifying conditions when the cannabis specialist may not have the requisite training or experience to do so. The department's regulations are a cruel, unreasonable, and arbitrary usurpation of authority and denial of patients' rights of choice, including their rights to choose other medical providers, other sources of care or information, or even to choose not to seek (or cannot afford to seek) other medical care at all (whether prior or subsequent to application). R9-17-102.3, R9-17-102.4, R9-17-102.7, R9-17-102.8, R9-17-104.5 , R9-17-105.4, R9-17-203.A.3, R9-17-203.B.8, R9-17-203.C.5, R9-17-304.A.11 usurp authority denied to the department. ARS 36-2803.5 only gives authority to the department for application and renewal fees, not for changes of location or amending or replacing cards. R9-17-103, R9-17-202.F.1(h), R9-17-202.G.1(i), and R9-17-204.B.1(m) are cruel, arbitrary, and unreasonable. Though many qualifying patients, qualifying patients' parents, and their caregivers suffer financial and medical hardship, the sections make little or no provision for patients, parents, and caregivers without internet skills or internet access. R9-17-106.A(2) is cruel, arbitrary, and unreasonable. The regulation does not allow for addition of medical conditions that cause suffering, but do not impair the ability of suffering patients to accomplish their activities of daily living. For example, conditions such as Post-Traumatic Stress Disorder (PTSD), Anxiety, Depression, and other conditions may cause considerable suffering, yet still allow patients to accomplish their activities of daily living. R9-17-106.C is cruel, arbitrary, and unreasonable. The regulation only allows suffering patients of Arizona to submit requests for the addition of medical conditions to the list of qualifying medical conditions during two months of every year. R9-17-202.B is cruel, arbitrary, and unreasonable. Qualifying patients may need more than one caregiver to ensure an uninterrupted supply of medicine. R9-17-202.F.5(e)i-ii , R9-17-202.F.5(h) cruel, arbitrary, unreasonable, and usurps patients' rights to choose other providers or sources of information R9-17-202.F.6(k)ii, R9-17-204.A.5(k)ii , R9-17-204.C.1(j)ii , R9-17-302.B.3(c)ii, R9-17-308.7(b), R9-17-308.7(b), and R9-17-309.5(b), are arbitrary and unreasonable. If a caregiver already has a valid caregiver or dispensary agent registry card, no additional fingerprints need to be submitted. R9-17-205.C.2 and R9-17-320.A.3 are arbitrary and unreasonable. A registry card should not be revoked for trivial or unknowing errors. Revocation of a card should not be allowed unless the applicant knowingly provided substantive misinformation. R9-17-302.A, R9-17-302.B.1(f)ii, R9-17-302.B.1(g), R9-17-302.B.3(b) , R9-17-302.B.3(d)i-ix, R9-17-302.B.4(c), R9-17-302.B.4(d), R9-17-302.B.15(a), R9-17-302.B.15(b), R9-17-302.B.15(d), R9-17-306.B, R9-17-307.A.1(e), R9-17-307.A.3, R9-17-307.C, R9-17-308.5, R9-17-319.A.2.(a), R9-17-319.B are arbitrary, unreasonable and usurp authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department does not have the authority to establish residency requirements, control the occupation of the principal officers or board members, require surety bonds, require a medical director, require security measures that are an undue burden (security measures for non-toxic marijuana that exceed security measures required for toxic potentially lethal medications stored at and dispensed from Arizona pharmacies and physician offices), require educational materials beyond what the law requires, require an on-site pharmacist, require constant, intrusive, or warrantless surveillance, or regulate the portion of medicine cultivated,

legally acquired by a dispensary, or transferred to another dispensary or caregivers. R9-17-310 is arbitrary, unreasonable and usurps authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department has no authority to require a medical director, much less to define or restrict a physician's professional practice. R9-17-313.B.3 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping for cultivation or to require the use of soil, rather than hydroponics or aeroponics, in cultivation of medicine. R9-17-313.B.6 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping by requiring the recording of weight of each cookie, beverage, or other bite or swallow of infused food. R9-17-314.B.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. Especially in the absence of peer-reviewed evidence, the department has no authority to require a statement that a product may represent a health risk. R9-17-315 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an unreasonable or undue burden by requiring security practices to monitor a safe product, medical marijuana, that is not required for toxic, even lethal, products. R9-17-317.A.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to require the daily removal of non-toxic refuse.

It is unclear if a surety bond is required and if so how much. It is also unclear if an individual can open a dispensary or must you have a board including a pharmacist. Lots of employee requirements but wasn't wanting employees just a small business. If I am self employed and have been for 15 years why do I need a paystub I work for myself now. I am a small time entrepreneur and would like to stay that way I don't mind most of the security requirements but the demands you have issued are a little much for us non-cooperations. Lets give the little guy a chance to be the first and have an opportunity to make a living; while helping people and being able to have a good work schedule.

1. having to see an "established" doctor for over a year. 2. FOUR visits before this "established" doctor can write a prescription 3. Dispensary qualifications of walls being built, fences erected etc - when other prescriptions such as narcotics and other addictive drugs are inside any pharmacy without these types of security

Basic framework of Registration & Regulation.

- Resident of AZ for two years - Background checks and fingerprints, no felony offenses - Limiting size of Dispensary - Dr. having a professional relationship with patient - Proving authorities with access to

security and video - Inventory control.

I think this draft is OK for just a rough draft with no input and I am sure it was difficult to put together. However there are several areas that need to be addressed and completely rewritten in order to be in line with the voter initiative and the 1998 Arizona Voter Protection act. In general this draft is unreasonable and not in line with the will of the people and the law that was voted in.

I do not want to change my Doctor.

In my practice of medicine, I see patients about 2 times per year for ongoing psychiatric care. Seeing patients 4 times per year is not needed in my practice. The Doctor patient relationship is established with one visit, establishing a medical record, and/or writing a prescription. I am a specialist in Biological Psychiatry which is not "routine" care. As a specialist in Biological Psychiatry, it would make sense that medical marijuana be prescribed for medical purposes according to the rules designated by the AZ Medical Marijuana Act. Draft rules could be improved by taking the above into consideration.

The rules appear to be very patient friendly, and the online system seems like it will be easy to use for those who are applying for a patient license.

Minimum residency requirement for officers/board members of dispensaries. Requirement for dispensaries to produce 70% of the product they sell.
The fact the law passed. It will hinder ill people from trying to get Medical Marijuana...because they can not afford the high cost of just getting to the pharmacy! This is ridiculous! You are PRICING sick people out of LEGAL marijuana! In total, it will cost everyone who qualifies for the medication, MORE than just going to the local drug dealer just to receive an inferior medication, \$150 for a I.D. card?, and \$200 for a Caretaker??? That is \$350 "I" can't afford and I know others that can not afford the money because they don't have it. I am on Social Security Disability and I am not able to afford the prices of just getting to the dispensary to PURCHASE my medication.
I like the idea that patients will be giving information at dispensaries, but not sure I like the way it will be given out.
i really like the rule for dispensary owners to be Arizona Residence and board members to be Arizona Residence for 2 years i was hoping more like 4 year Residency rule for dispensary owners..
The vast majority of the draft rules, although rather aggressive in reducing the number of potential patients who will be able to benefit from Medical Marijuana, look to be sound and effective.
Much of the rules are clear and concise. A lot of work must have been done to make this happen.
I think the tough restrictions are great. I think having a medical director is good. I think having a top of the line security is great. That the marijuana has to be tested and labeled is great. I liked pretty much all of it except having to actually lease a place before you know you have a license. Also, I would wish these companies were for profit instead of non profit. (for taxes generated.)
Most parts are well written. I strongly support keeping the availability of medical marijuana restricted to legitimate patients, and not allowing it to become a free-for-all such as recreational users might like.
It would be more effective if the rules were not so long winded,
The high number of "hoops" required to jump through in order for a patient to obtain a card should keep the number of people that do not truly have a medicinal need for marijuana to a minimum.

I really like most of it so far and I'm never happy with these sorts of items. So, bravo I believe you're working hard to do this well.
Most of it is well-written and makes sense.
Medical director seems to me like a very helpful and effective idea. Makes the dispensary a much more profesional and educative environment.
not many
I am medical director of a hospice inpatient unit in Tucson. We contract with a pharmacy for delivery of medications needed by our patients. Most of these medications are strong opioids. We anticipate that many of our patients with nausea and chronic pain will benefit from medical marijuana. It would be difficult for these patients to be individually registered with a dispensary. Would it be possible for facilities such as our to register with a particular dispensary that could deliver medical marijuana to our unit (just as the pharmacy delivers medications we prescribe). Orders would be submitted by phone, followed by a signed fax prescription by one of our physicians for medical marijuana for specific patients, rather than each patient who enters are facility being required to register when they are admitted. Most of our patients are close to dying or are admitted with a short life expectancy once symptoms are managed.
What parts are there of the drafted rules? If you don't give people an address to where to read the rules, how do you know the rules.
non ADHS are doing too much by way of interference, than using sensible control measures to implement prop 203. prop 203 was a well written law. taking into account whats going on in california and colorado. but mr humble feels he knows best and in my opinon it will render this law and it's intended purpose ineffective. with little if any economic benefit to the state.
In general the draft rules are clear and detailed with regards to qualifying patients, designated caregivers, fees, electronic database maintenance and submissions, dispensary security, dispensary facility requirements, inventory control, growth facility requirements, etc.

Good that this happened, alot of people need pain management.
The requirements of growing and distributing would seem to be quite straight forward and not require endless bureaucracy. Be very cautious, just like in any market, if you make it expensive for the end user the end user will find another and less expensive way to fill their demand. Then you have a less manageable situation in AZ.
I don't believe the state should have any legal control about the meaning of the doctor/patient relationship at all when it comes to the recommendation of medical marijuana. A person or patient that goes to a doctor to ask for a means to medicate his or her pain or discomfort-in any way that is important to that patient-should be allowable under the law. This means that if a person/patient goes to the doctor on day ONE of their illness-regardless of that illness, he should be able to acquire a recommendation for that illness. A person/patient together with a doctor should be the one to decide the nature of his/her illness and need for the drug, and no law in prop.203 calls for the state to determine what that recommendation should be or how it is made. A patient should be able to get the drug if he/she believes he needs it. Period.
The requirement that there must be a documented preexisting relationship between the doctor and patient is effective, along with the signed affidavit. Also, the restrictions on marijuana use, labeling, and growing is very appropriate. The residency restrictions for dispensary owners will definitely help control the economic gain in the state of Arizona.
How wonderful to include a pharmacist. I know of no other medical professional so versed in the proper, accurate and safe dispensing of any medication.
I believe that R9-17-101 Definitions are Concise and thorough. I believe that R9-17-103 Electronic Submission is the best choice and could be very cost effective. R9-17-107 C(2) I believe that 60 calendar days is sufficient for handling and deficiencies, in fact I think that is very lenient. R9-17-108 Are again very concise and thorough. R9-17-314 These rules are very thorough and I do not see where there should be any changes. R9-17-315 (A)(B)Are common sense measures. R9-17-316 Are very practical and concise. R9-17-317 This is an excellent measure and will protect the patient as well as the dispensary.

many

I apologize this is long but i promise I get to the point. I have seen the same physical since 2006 when I came to Arizona. I recently was diagnosed by my psychiatrist with PTSD. I don't know much about the disease. I thought it was something that Veterans get. Since I have had death threats and my sister's life, had this man come at me with a butcher knife and is now a felon he has black mailed and my doc says he is responsible, On top of this I was diagnosed in California in 1997 with SMI (severe mental illness. I also have bi-polar, multiple personality disorder and I am a cutter.) (I was sexually tortured and surgically operated while awake)...at Marijuana is the only thing that keeps me from going to the extreme of cutting myself and worse having suicide thoughts like last year when I tried to kill myself.. My physician that I go to for my physical problems is now doing rotations in the hospital. She is not no longer taking patients. I have lost 5 dress sizes since last month and now wear children's clothes. My Psychiatrist at my HMO will not put me in the hospital until I can rule out cancer or something else. I have started to waste away. I have no appetite since thanksgiving. Your draft says I have to have seen a doctor at least 4 times. The [REDACTED] says they my medical records from 2006 have been destroyed. What do I do now? My doctor wants to put me on all kinds of drugs with side effects. I have to have marijuana and want to eventually be a holistic gluten - free MJ baker and pay taxes back to the community.

lots of it

I am a project manager currently so I can appreciate all of the work that has been put into the draft rules and hope the comments and recommendations below will be helpful to you. I am thrilled with the section R9-17-302 stating that the principal officer must be an Arizona resident for 2 years. The Draft rules are detailed and specific along with well written. I am very glad you are requiring a medical director for all dispensaries. Thank you for all the hard work and time you have spent on assisting the medical marijuana patients of Arizona. I pray I am never one of them. [REDACTED] Phoenix AZ

very effective but i believe over time parts will prove to be counter productive

i think you did a good job in regulating. but some things are too restrictive and cumbersome

Mr Humble, I would like to congratulate you and your team on a great first draft of the Az Medical Marijuana Act. The rules set forth thus far are comprehensive and are designed to ensure the utmost in professionalism and quality, regulated medical care to the patients who truly need this medicine. Job well done.

Read this comment while you can because Will Humble and his toadys are censoring any comments in regards to their mishandling of AMMA (Arizona Medical Marijuana Act). All Humble cares about is protecting Big Pharma's interest and making life miserable for the seriously ill patients that want access to safe medicine. Keep posting written comments about the Draft Rules and here are the 4 points to comment on that must be eliminated. 1. Surveillance cameras in the dispensaries. Obviously Will Humble fell in love with the Colorado Model of running dispensaries. What he fails to realize is Colorado did not vote in dispensaries but are being licensed by the state to run FOR PROFIT (meaning a business) medical marijuana dispensaries. The good citizens of Arizona voted in a system to have non-profit medical marijuana dispensaries with MINIMUM regulations including security so the cameras have to go. This will end up in an expensive court battle if Humble persists in his mission to take away

our civil liberties. 2. The four visits and one year relationship with your doctor stipulation. Hmmm why does it bother Humble so much that doctors who are licensed to practice medicine can give a recommendation for medical marijuana? This is medicine Mr. Humble not a recreational drug. Just because you blew some weed in college does not make you an expert on why people are using marijuana today. Get off your high horse and do some research into the thousands of medical studies done that show marijuana offers relief to suffering patients. The AMA will have quite a bit to say about this rule and if Humble doesn't remove it I think calls for his firing are in order. 3. The exorbitant fees of \$150.00 for the patient (to be paid every year). What do the other states charge to the patients for a card? I looked it up and the fees run from Free (Oregon) to the top end of \$100.00 so Arizona will have the highest rates in the country imposed on our sick and chronically ill citizens. Nice compassion there Will Humble and again your heartlessness towards our citizens is duly noted. 4. Finally asking for 41 Medical Directors to be on call or on staff to educate the patients about medical marijuana. First of all I doubt there are 41 doctors in Arizona that are knowledgeable about medical marijuana to even do this position. Also once they become the medical director they will no longer be able to recommend the medicine. Nice Catch-22 pull out of the pool all the knowledgeable doctors and leave the patients stuck trying to get a recommendation. Very poor rule and again shows that Humble is a lackey and tool for Big Pharma. Who is giving this guy input anyways? Pull the curtain aside and you'll see [REDACTED] and their hands all over these rules because they are shilling for [REDACTED] a super mega dispensary in Colorado (for profit mind you) that want to come to Arizona and make even more money off our sick patients. Shame on you Humble and resign your position because you are doing a disservice to our State. You were appointed to your position so you have no accountability to the people. You are just a petty little bureaucrat running wild and all you want is people to compliment you on what a wonderful job you are doing. NOT!

The effective parts of the rules are the sanitation parts. I dont believe a lot of the red tape being put around this medicine is truly effective because it seems a lot harsher, almost like a punishment, for being marijuana than it would be if it was another prescription drug like an antibiotic. I believe the rules need to consider this point: How would an "antibiotic dispensary" be treated? (and treat marijuana the same) How would we regulate doctors on prescribing antibiotics? (and treat marijuana the same) The clear and obvious attempt to be tougher on marijuana because it's marijuana is not right, it is discriminatory against one medicine over another. Thank you. [REDACTED] Scottsdale, AZ

The effective parts of the draft cover who qualifies to handle the medical marijuana for any reason.

The rules on security sound effective except the allowing them to grow with only a metal screening for a roof. This is not very secure. It would only take minutes to cut through the roof and steal the marijuana. You would need 24/7 guards to secure a site like this.

I believe article 1, with the definitions are effective. They are pretty "clear cut" and straight forward.

The fact that it is a strong law that will include cities being held accountable for themselves for helping those in need. Plus the fact that this law is gaining attention that it could become the most balanced law in a long time.

I believe this is a great step forward. I also think that tracking the medicine is a great idea.

I like that the dispensaries will be so closely regulated.

I believe the intentions of the Department are good with regards to responsible oversight to avoid many potential abuses of the Act. It appears that the 'boiler plate' is working with regards to timetables and details, as there is more volume resulting from such language than REAL content, but hopefully that's because the Panel is leaving much room, as they apparently SHOULD, for, hopefully, EXPERT FEEDBACK, from the Industry as well as would-be entrepreneurs-- So, 'effective' is hopefully the SPACE which will be filled by sound business practice and better perspective on the nature of this HERB and not by the ill-prepared, financially insolvent Department who is treating the substance of interest like its C1 counterpart, heroine, and over-regulating beyond what gun shops, pharmacies, smoke shops, liquor stores, and bars must adhere to. The premise that this will be a MODEL PROGRAM will be more of a JOKE when decriminalization occurs (and, by the People, it will) and this rigid protocol which only alludes, presumes, and TOUTS ITSELF, as being 'protective and responsible' is seen more accurately as the out-of-touch, ill-informed, reluctant, inadequately funded, unprepared, caught with pants down bureaucracy that is waking from slumber, rearing its head, when this Proposition had all the indicators of passing several times over. Keep trying, though, just know that many of us won't swallow assumptions and weak premise by a patched-together, behind-the-curve Department that threatens to SUFFOCATE a legitimate industry (in several ways) and handicap its potential to benefit patients and the economy. In fact if a significant portion of this 1st ATTEMPT does squeak by, you will ensure a healthy black market by unduly restricting would-be proprietors and DETERRING legitimate business pursuits!

It seems very well constructed and isn't vague in regards to any of the regiments associated with the processes of prop 203.

I like the fact that ADHS will require applicants to be AZ residents for 2 years before applying. That was a concern of mine that non-az residents would be jumping on the bandwagon from Colorado and California and possibly damaging AZ's reputation for running a legit medical dispensary. However, this does not prevent those people from being "agents" and using AZ residents as front people. You may want to consider all agents to be required to have a 1 year AZ residency.

Security checks of the personnel of dispensaries by the State is a good Idea that seems to be sufficient.

Some. You are dealing with a legal MEDICINE, not, an illegal medicine! Stop making the rules so hard for patients to just be 'able' to have the 'right', let alone purchase, their medicine. Funny, I thought the vote made that apparent... Would you want to have to PAY \$350.00 just to be able to go to the "PHARMACY"??? I really don't think you would. I do not either! Use plain old common sense PLEASE!

I have to say that I completely agree with the draft rules that are set in place to insure that only those who really need medical marijuana may acquire it. I agree with inspections of dispensencies and cultivation sites because that insures that everything is up to code and safe for those who will be consuming the medicine. I agree with maybe a more personal relationship with your doctor so that everyone isn't just getting a quickie referral.

Please make the comments and feedback on these draft rules public as a blog, so that the rest of us can read each others comments and suggestions.

This letter constitutes some of my comments on the draft proposal by Arizona Dept. of Health Services regarding its implementation of a Medical Marijuana Program. First and foremost, the name of the plant in question is Cannabis sp., usually either Cannabis sativa, Cannabis indica, or a hybrid thereof. There is no such plant called "marijuana" except in colloquial slang; "marijuana" being a name created by law enforcement authorities after the failure of alcohol prohibition in the 1930's, to demonize a new substance by racial associations. So, let's start with the attitude that we are going to pursue this with a science based objectivity, and not the racist, subjective and obstructionist fear mongering that has been characteristic of governments attitude in the past. I have two specific comments, and then some general ones. I also have some suggestions. Under Article 1, R9=17-106, "Adding a Debilitating Medical Condition", subsection A-7; "Articles published in peer-reviewed scientific journals, reporting the results of research on the effects of marijuana on the medical condition... This would be fine if in fact the federal government had ever sanctioned any objective research, other than simply pursuing a policy of obstruction and denial. For example, it is my belief that Post Traumatic Stress Disorder is a debilitating condition that should be on this list already, and surely should be one of the first new ones to be added. Post Traumatic Stress Disorder affects large numbers of combat veterans, and also numbers of abuse, rape, and incest survivors. In the case of the combat veterans, the largest medical care provider for this group is the Veterans Association. Until very recently, it was the policy of the Veterans Administration to routine deny access to medical treatment to veterans who acknowledged use of Cannabis to relieve the symptoms of PTSD. While the VA has recently "revised" its stance by not actively and routinely denying treatment, they will still not allow it on Federal Property on the grounds that Cannabis remains illegal at the federal level. At the Arizona state level, we have the Access program that provides medical services to low income individuals, and many chronically ill poor people fall under their jurisdiction. Many medications are routinely denied to folks on Access unless they sign an agreement to not use "street drugs" including Cannabis. Anecdotal evidence suggests persons using Cannabis to alleviate the affects of PTSD, can benefit from its use ; however to require "scientific peer reviews" on research that has not been allowed in the first place is simply continuing the obstructionist behavior that has been preventing it all along. By all means, create some scientific research and clinical trials into the therapeutic and palliative affects of Cannabis on PTSD sufferers. But don't require it as a condition when it really doesn't exist, Under section R9-17-202, Section B, it states that "A qualifying patient may only have one designated caregiver at any given time". The problem with this, is that low income people in rural areas thereby have no choice in designated caregivers, because the process for replacing a designated caregiver is time consuming and expensive. A qualifying patient in a rural area should be able to obtain Cannabis from any designated caregiver; and designated caregivers in rural areas should not be tied to a specific patient. I suggest that you allow registration of "designated caregivers" in areas greater than twenty five miles from a dispensary to cultivate up to twelve plants for each of 5 qualifying patients, for a total of 60 plants. If the qualifying patients did not use the full amount grown by the caregiver, the balance of materials could be donated to clinical research programs designated by AHS. It is critical, that AHS not rely solely on indoor production at designated dispensaries, but be also willing to compare the therapeutic effects of locally grown and produced Cannabis from seed. Further on , on page 14, subsection e, It requires "A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient that has existed for at least one year, and the physician has seen or assessed the qualifying patient on at least four visits for the patients debilitating medical condition... I can tell you right now, that some medical providers are going to refuse to participate in providing evaluations for medical Cannabis; a case in point is [REDACTED], which currently has signs in their lobby stating that their policy precludes them from doing evaluations. This means qualifying patients are going to have to establish relationships with new doctors and wait as

much as a year before they will be able to qualify under this stipulation. This is patently unfair, considering that many folks have been waiting for the State of Arizona to get its act together since 1996. This is supposed to be about relieving chronic illness, not devising new administrative and bureaucratic hurdles to obstruct access. We understand the desirability of having adequate medical supervision, and we applaud the record keeping requirements as a way to document the results; but don't throw any new hurdles in front of persons who are already facing challenges. We have had enough red tape, let's not "gift wrap" these new rules in it. How many other medical treatments require "fingerprinting and background checks by the FBI"? You are suggesting treating sick people like registered sex offenders. We have an opportunity before us, if we are up to the task. Cannabis has been used by the common folk as a therapeutic agent for centuries. It was a common ingredient in medicines prior to 1935. The only context in which the name Marijuana is acceptable is when you consider "Mary and John" to be the average person. Cannabis is medicine for the people. The average citizen has been largely shut out of a medical system that operates on a for profit basis. We applaud the idea of a Not for Profit method of providing Cannabis to the chronically ill; but beware of making rules that are so convoluted that many who should benefit cannot comply .

Much too many rules counterproductive to patients in need NOW and in the future. I have chronic depression, glaucoma, constant muscle spasms, pain, osteoarthritis, degenerative spine, disk, joint, disease, spinal-stenosis, neuropathy and RLS and I am on a low income as I am disabled. This appears to be another money maker as is the status quo to arrest patients that choose marijuana due to necessity as opposed to narcotics. Either comply with the "rules" or pound sand. That is the message I see in Mohave County Arizona. I am disgusted with government not following the will of the people and lobbying by elected public officials against said law. Keep it simple. This current micromangement is cruel. The people have spoken! Stop the complicated insanity!

The regulations appear well thought out.

I am satisfied with the the qualifications for physician, caregiver and dispensary administration.

For Heaven's sake make it a legitimate physician/patient relationship and mandate follow up symptom monitoring. - [REDACTED]

Dispensary descriptions, inspections (although should allow reporters of noncompliance a method of remaining unnamed to the dispensary - i.e. require a reason for remaining unnamed (safety, threats, retaliation) and / or require a judicial hearing to determine the need to expose the name.) Very clearly written and straight forward for a government / legal document.

I think you are effectively making it hard for some patients to get into the program.

all of the draft rules are acceptable,

I feel that the fees associated with getting med marijuana cards, dispensaries, and caregivers. These are fair and hopefully the state will get help with the budget.

All the rule are effective except the one about the eligibliity of an veteran.
The draft on a whole seems to be effective except my opinions below.
1) (R9--17--316) Establishing accountability to maintain the safety and quality of edible food products is a good idea, as is all parties following local food preparation law and regulations.
I am a nobody, I voted in favor of Medical Marijuana. Marijuana has been demonized by culture just about 100 years ago. Please don't make this process so restrictive that the people can't use it. I have had three back surgeries and suffer from pain every day. Many people that may benefit from marijuana can not afford multiple visits to acquire doctors approval. A visit, a history equals control.
I like the protection of patients related to how edibles are prepared and handled. It will be good to know what herbicides and other additives are in the products including non-edibles. I think the safeguards for security in the facilities are commonsense and necessary. Generally, the rules seem well thought out. There was so much detailed information, I am sure I need to go over it again.
I feel AZDHS has done a clear, concise job of setting the foundation for an effective law that will benefit not only the patient, but society here in Arizona. As a Clinical Social Worker and active in LD 11 GOP, I feel you have done well to respresent not politics, but compassion. Prop 203/SB 1222 to those who voted Yes is about the Patient, their Rights as Americans; a Plant that has come from the Sovereign and Almighty God, and acknowledging a safer approach to pain management than manufactured Opiates.
That people will be able to add a qualifying condition if the need is there. And have a safe way to get the help they need.

The parts which allow use of marijuana for medicinal use. It appears to be the job of the ADHS to restrict the use of personal discretion to choose an Arizona doctor or a dispensary and to inflict as much cost and future costs as legally allowable as well as limit agricultural growth and even determine statewide growth areas. Does anyone remember we are in Arizona - the arid land? Perhaps it is the job of the Health Department to facilitate medicinal marijuana use as approved by the People of Arizona and this request for public comment is the most effective start to achieve that end and ultimate growth of new industry in agriculture, medicine, health and welfare of this State.

I think the security is excellent.

the dispensary parts.

For the most part, the majority of language in the draft rules appears reasonable. However, I have listed some concerns that I believe may be shared by others. I encourage you to consider the items listed below, (How can draft rules be improved?), and take these issues in to consideration when editing for the final draft.

For the most part, you seem to have everything covered

I am very much in favor of the overall thoroughness of the draft rules and the level of professionalism, security and oversight that they demand.

first i would like to say great job on being profesional in the way that you all have handled this matter.

Rules regarding id, sanitation, and requirements are excellent...

The rules regarding the operation of dispensaries for the most part will ensure safety and security in the operations. The rules appear strict in making sure only qualified patients will receive medical marijuana.

Your inventory and accounting regulations seem good> I have a background in designing inventory systems for retailer. I know the importance of inventory (money) control. I am continuing the application process and will continue with my comments and suggestions. This is my second response.

Congratulations!! It seems that plenty of thought went into the proposed rulemaking. I believe that the proposed rules were well thought out and will be a model for other states,

Honestly, it looks like Arizona is well on it's way to getting this right. I like the controls on dispensaries however, I do not think that having only physicians as medical directors is broad enough. The health department has done a great job at thinking about the rural areas and allowing for personal growth. I thinsk the health department is truly open to working with the citizens to make this happen in a way that will protect others from harm. It's time that people realized that Marijuana does have very positive medical benefits.

Prop 203 is important and medical marijuana can help many chronically/gravely ill patients who often suffer terribly from the side-effects of conventional treatment therapies.

all the rules regarding the certification of the personnel involved seem right on.

allowing people to use the herb is very affective, thank you

I think the rules you are talking about will make it extremely difficult for needy people to get the assistance they need. I have used marijuana for back pain and my son has a bad eye problem that is helped by it. My question is not regarding a dispensary tho. I am 70 years old and want to know if i can just grow and sell to dispensaries and how i go about getting a permit for that.

Strict rules are effective for those who wish to invest in medical marijuana. The state needs to monitor those who invest to keep drug gangs and criminals away from the dispensaries. This is critical

I think the draft rules will be very effective in preventing people from getting medical marijuana. Most of the people who need it will continue to buy it from the illegal drug dealers due to the cost and the beurocratic hoop jumping that these draft rules require. The people of Arizona have voted three times to legalize medical marijuana and each time the government has kept the peoples will from being enacted. It will be easier to get oxycontin, a very dangerous and addictive drug, that it will be to get the relatively harmless and non addictive marijuana.

I believe that most of the draft rules set forth are good. I have reviewed the draft in its entirety, and only find fault in two minor areas.

The problem is NOT the wording of the Act. The problem remains: it is illegal and unconstitutional. The DEA has clearly demarcated marijuana as a controlled substance--not available to any health care practitioner EXCEPT for research purposes. Whenever there is a conflict between State and Federal law, Federal law will trump. To allow for "medical marijuana" we must approach, first, the federal regulatory statutes. The list of controlled substances must be amended--and that list must include a full regulatory authority given to the DEA and FDA. Offering another "medication" to the plethora of narcotics, hallucinogens, to the already-liability-strapped physician is not the correct answer. If AMERICA wants "medical" usage for marijuana then, simply, AMERICA must change the federal statutes first. The inability of the States to enforce current Federal Statutes, and the inability of the Federal Government to enforce Federal Statutes is not an excuse to allow for sloppy, poorly worded law-making. [REDACTED]

I am a veteran with service connected injuries and draw a small pension + medical for injuries sustained in 1976. I have been un-employable since 1993 and am considered by the VA as 100% medically disabled only 40% is considered service connected. I have no other income and am not permitted to work Period. I survive right at poverty level and receive hi dose pain medication containing large doses of Tylenol that upset my stomach. I have used marijuana the last thirty-five years of my life to help control the pain i suffer and will continue to do so for the rest of my life, as for the pain pills i stil have to take them but not nearly the dose subscribed. My VA doctor is well aware of the fact i smoke marijuana but being under Federal Guideline would probably not be willing to make the recomendation. I personally feel there should be a way to make it more available to veterans that have disabilities as well . The annual fees should also be based on a sliding scale so anyone who qualified would be able to afford it, without creating any hardships on those who's finances are barely sufficient to survive on already.

I believe most of the draft is in line with the law as it was voted for with the exception of the items listed in the improvement section.

I think the Department has done a fine job of constructing the beginnings of a well-thought and intelligent program for providing medicine to patients in the State. While there are a few changes I see as necessary, there have been some great considerations made that seem to be intentioned to achieve what the main goal of any medical marijuana program should be- get patients medicine safely and conveniently. I commend you on your sincere efforts to accomplish that. One of the things I truly like about the proposed rules is the foresight that is embedded in certain aspects of the document, such as allowing people to petition for additional conditions to be added and a thorough application process that includes children being able to use medicine where necessary. The rules also can be very effective because they take into account the entire process of production, handling, and dispensing of the medicine. The law is well written and it seems like the AZ Department of Health is taking the process seriously and setting clear regulations and processes in place. This is a breath of fresh air, as many other State agencies have allowed this often hot-button topic to result in the neglect of their programs, leaving patients with little choice or access as a result. Arizona seems to be interested in finding a program that can be a positive force in the community and seems to be very organized. One of the more effective tools will be the allowance of dispensaries to acquire medicine from outside sources, including other caregivers and dispensaries. This is positive, as marijuana is a farmed crop even when done in a controlled environment and can be subject to loss if contaminated or if there are environmental problems. The rules seem to take into consideration the need to get the medicine to patients and that is the most important part.

I think that there absolutely needs to be some kind of cost reduction for the card. Most people can't afford a to pay for their medications and I am one of them. I'm 24 yrs old work for the city at a public

works office and marijuana is my savior. I have 2 herniated discs, degenerative disc disease, a pinched nerve, pancolitis with terminal wall thickening, cysts on my ovaries, kidneys, and thyroid gland, hyperactive thyroid, and the ventricle in the right side of my brain is enlarged. I am the only one out of my 4 person household working. Does it seem to you that I could ever possibly afford \$150 for the card. I have been on endless ammounts of avrious prescriptions and mybody just can't take it no more. I have found that a little marijuana and a few somas a day and I can actually function. Something needs to be done to help out people like me.

They seem to cover all of the important details needed to provide effective oversight of medical marijuana distribution and use.

The draft is very comprehensive and is a good start.

Most of the draft is reasonable but there are some parts that really need to be examined and changed which I will mention below.

Overall, I feel it is a fair and balance.

none

I believe the proposed rules in regards to the patients ability to grow their own medicine if they live 25 miles or further away from a dispensary, is very effective in helping these rural residents! I also feel that the rules governing the dispensary's are adaquate, provided that the dispensaries are up & running within the same time frame cards are to begin being issued, & they are issuing QUALITY medicine from proven reliable sources. I also agree with having the open public discussions that are being held soon; In Phoenix on Feb 15 & 17 & another in Tucson on Feb 16th. I understand that these are two large population centers, BUT I also feel that more effort should be made to get input from the rural residents, including those in the Northern 2/3rds portion of this State!! Which should include; Flagstaff, Show Low, Payson, Prescott, Page, Kingman, Yuma & Lake Havasu City.. This isnt a political fight anylonger, its a medical fight for peoples lives & all Arizona's residents should be included & heard throuout the process!!

I think overall it's pretty solid...wlth the exceptions to the things I've listed below.

The regulations for patient use are very important. The cost and fees should be affordable to all. I agree with proper business zonings for dispensery locations and that the number should be limited.

I am a graduating may with a degree in political philosophy, have focused on policy writing to an extent and have worked on two different political campaigns so am speaking about this policy from a qualified view point. [Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship] This provision is unfair to people like me. I bicycle everywhere for fitness and financial reasons. I've been hit on my bike multiple times and have been in a few car accidents, all within the last few years. I sought medical help to make sure I had no serious injuries, but chronic medium level pain has persisted. I refused to take pain medications because I've seen them tear apart too many lives and my step mother died from a pain pill overdoes; she was a teacher, not some gutter tramp. Because of this, I haven't gone for follow up care regarding this issue and instead have smoked marijuana. So now,

even though I campaigned this past election season for [REDACTED] and really pushed Prop 203 in my own life the entire election season, I will not be able to benefit from this new law because I have been otherwise healthy and thus to treat my pain I will have to engage in criminal activity for another year to satisfy the law, or take prescription pain killers which are both addictive and possible lethal while marijuana is neither. I also have not had a primary care provider for the last four years because I'm a college aged male and other than constant back and knee pain from the car accidents, I've been healthy so the only times I've seen a Dr have been for emergency situations at an ER or at an Urgent Care Clinic.

I think the parts about a receiving and who is eligible are good and how to become eligible are good

Requiring a License Fee

ARTICLE 2. QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS. "A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or ii. Has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians, that may include the patient's reaction and response to conventional medical therapies"

I BELIEVE PATIENTS SHOULD BE EVALUATED BUY A MEDICAL MARIJUANA DOCTOR, BUT NOT HAVE TO SEE THE DOCTOR 4 TIME'S IN A YEAR TO TO RECIEVE A PRESCRIPTION, AND THE PRICE IS TO HIGH OFR THE APPLICATION.

the fact that medical marijuana is being made available at all.

YOUR RULES WILL EFFECTIVELY ENSURE THAT: Patients will continue to be forced to obtain marijuana illegally The smuggled supply of low quality Mexican marijuana will increase in Arizona Juveniles will continue to have access to inexpensive Mexican Marijuana Disrespect for our corrupt and inefficient institutions and their unconstitutional rules will grow Patients and friends will be infuriated when they can not get herbal remedies as the law specifies The price of domestic marijuana will remain high with increased smuggling The courts will remain clogged with criminal marijuana cases Well funded Corporate Lawyer types will sue the ADHS for the 124 outlets that struggle to survive Arguments in court will demonstrate the ADHS rules are unconstitutional and/or are in conflict with the Arizona Statutes, the Uniform Building Code and your own policies and will be struck down. Clinics and patients will play cat and mouse with the ADHS cameras for the next two years resulting in the development of new technologies and methods to thwart taxing agents. Americans who get relief from pot will continue to suffer Arizona ADHS will attempt their first State Run Industry just like in the communist countries Citizens will discover the Heath Department is really a Death Department as highlighted by a Rule that demands you pay \$750.00 and then wait one year to receive your medicine while being force fed by print and word the success of government approved conventional treatments. As the economy continues to collapse the politicians will cut ADHS funding by 50%. Good riddance to you! The other business entities that are regulated by the ADHS will actively support the departments downsizing.

The fees for dispensaries are acceptable.

Overall I like them

I like most of it. My main concern is with what I view as problem areas.

Well, I'm glad we've finally gotten out of the dark ages and legalized a plant that is a gift from God to help us feel better. :)

I believe the rules about having an on going professional relationship with your physician is an effective rule in keeping sure only qualified patients will receive medication, although it is flawed.

A doctor who knows thier patient. The problem here in Montana is that they want to blame the dopers on the surge of possibly not legitimate persons having a card. The problem is the doctors who ok these people, they need to recognize that fact and seems you have done so.

We use [REDACTED] located in Oakland, CA for our testing of our raw products and edibles, they have assisted us in our growing, giving us ideals that will supply our clients with a better product. We have been given input on bettering our techniques being used for production and guidelines on improving our kitchen usage and supplying us with the GMP's needed to produce a great clean product. Also helping us develop a food label that will better assist the public on what the ingredients are and the precise amount of THC, etc that are being used. [REDACTED], I believe will set in motion the guidelines and standards that the business so desperately needs, by helping the states to better assist their citizens and themselves when using a rock solid company that knows what they are doing and their main goal is the industry. Making it a great industry by contributing their own knowledge and experiences in the use of medical Marijuana. This is a great industry and can only get better with the knowledge and determination of great research. This is what [REDACTED] will supply to your company and that's what we want in this industry, great companies that care about what they put out there for their clients to use. "Knowledge is power" [REDACTED]

The overall way that the draft is set up seems to be very strong in the ability to maintain the true reason for the proposition for the use of medical marijuana to truly assist those who really need it. I do see some gray areas in the qualifying that can make it difficult for some people who should be on it but it is not covered under the standard for diseases or conditions.

The description of qualifying diagnosis for Medical MJ script. The 2 part description of a qualifying prescribing physician.

The standards that are set up for the facilities on incoming product, documentation and the record keeping of inventory are so important on tracing the product used from different growers are a huge

safety for the clients. Medical marijuana is and will be in the future the saver of a lot of patients with debilitating medical conditions. I work in a setting that does testing on edibles, raw product (marijuana) I know that items I have tested and submitted results on are good and are what they report to be. I believe this will better suit the business's and the client's. It will better serve the public and assist them in receiving the best quality of product which will increase it's safety. I use the same standard's that are required by the AOAC, our product preparation is the same as for food production companies. Our laboratories are set up with the same equipment that is used in a food analytical lab.

It seems that the qualificatin process for patients, caregivers and dispenosors is quite good! I believe that this system is strong enough to deter folks who may not really qualify from trying to beat the system. The broadness of qualifying ailments seems appropriate, being that each and every dibilitating disease shouldn't be on the list..but an explanation of effects of the disease. Very good.

I find it hard to understand the rules on growing plants, for a couple reasons. 1)I am partially paralyzed, and do not drive a car.2)I follow the Taoist belief, and do not put any unnatural things in my body. This may be a problem with growing it and pesticides. I am in Mesa as a winter visitor. I am considering buying a home in Scottsdale or Gilbert. The only thing that is preventing me from doing so, is uncertainty in getting my medication. I know I have a very unique situation. All I need is someone to relate with or understand. Maybe a list of possible locations, so I can buy a house near by. Thank you for reading my issues, and I know that everything will be okay!

way to long and processes you like a criminal. don't like the way it is written. i will not sign up for it although i do qualify.

For the most part, it does look good, a lot of lawyer talk that the lay-man might have trouble with, but besides that, it actually looks good. I do have a few questions:

most of it is fine - until it comes to the part where patients have to pay.....we are being taxed before we even get anything dispensed.....

The rules seem well thought out and true to the law that was passed. Congratulations.

I think the rules are effective.

I find much of the AZHS draft rules to be effective. It is well written. The department of health has obviously spent a lot of thought and time in creating these draft rules. Unfortunately, the rules appear to have been written with the same theme thorough out the draft. It appears designed to lower the number of patients who will be able to qualify for an ID card. Making strict rules about doctors recommendations and charging high fees for patients effectively lower the number of patients who can afford the high costs of this medicine. If being as anti-medical marijuana as possible by keeping patients out of the program is the goal of Will Humble and AZHS, then they are very effective.

A good start.

allowing patients with chronic medical issues to get the relief they finally deserve

What about the Veterans Administration and the citizens who fight and die and are disabled for LIFE? You are making this IMPOSSIBLE for them. Their doctors can NOT RECOMMEND medical cannabis. How are they supposed to fit into this system of unreasonable restrictions you are demanding?

DHS has proposed a rule that patients must have a one year relationship with the doctor recommending marijuana and must have seen the doctor 4 times. This is a very good rule to prevent doctors from handing out recommendations for a living, which has been a huge problem in other states. So I totally support this regulation and any other regulation that will keep doctors from setting up marijuana practices.

I only comment on the issue that is important to me. The restrictive requirement to obtain a patient marijuana card. A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or ii. Has assumed primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians, that may include the patient's reaction and response to conventional medical therapies" I believe this requirement is unnecessary and unprofessional. A qualifying patient should have access to a participating doctor without unnecessary restrictions just like with any other pain management physicians. Have you ever heard that you need an ongoing relationship for at least a year with your physician in order to have access to any other pain management medication? The answer is no! Then, why should it be different with medical marijuana! If you're worry about recreational marijuana users from accessing marijuana through the Act's provisions, you can be vigilante through other means and not by taking qualifying patients hostage with unnecessary limitations. Medical marijuana is legal in Arizona and qualifying patients should have access to its therapeutic properties without unnecessary and unprofessional restrictions. The language on section 36-2801. 18 (a) (b) clearly stipulate "THAT IN THE PHYSICIAN'S PROFESSIONAL OPINION THE PATIENT IS LIKELY TO RECEIVE THERAPEUTIC OR PALLIATIVE BENEFIT FROM THE MEDICAL USE OF MARIJUANA TO TREAT OR ALLEVIATE THE PATIENT'S DEBILITATING MEDICAL CONDITION OR SYMPTOMS ASSOCIATED WITH THE DEBILITATING MEDICAL CONDITION. THE PHYSICIAN MUST: (a) SPECIFY THE QUALIFYING PATIENT'S DEBILITATING MEDICAL CONDITION IN THE WRITTEN CERTIFICATION. (b) SIGN AND DATE THE WRITTEN CERTIFICATION ONLY IN THE COURSE OF A PHYSICIAN-PATIENT RELATIONSHIP AFTER THE PHYSICIAN HAS COMPLETED A FULL

ASSESSMENT OF THE QUALIFYING PATIENT'S MEDICAL HISTORY". If the physician can do his/her professional duty as require by section 36-2801. 18 (a) (b) in less than a year, why do we need the one year period? It's just waste of time.

I think having rules is very good.

I like the proposed rule that patients must have seen the recommending doctor at least 4 times and known him for at least one year. However, I did not see anyplace that this is enforced. If you need further information on these suggestions, please contact me [REDACTED]

Too many of the parts are too effective. The requirement for a dispensary to produce seventy percent of its product may drive the price to patients to unreasonably high levels. If conventional medications do not completely control intraocular pressure, (let me assure you that they do not always work) treatment with marijuana as authorized by the new law would require very high doses of marijuana. If you drive the price up too high, it will consequently glaucoma treatment too expensive.

DHS has proposed requiring 4 prior visits to a doctor the patient has seen for one year, and this is a very good rule, but the rules should also require ongoing care once the medical marijuana recommendation has been made. This would not be a hardship for the seriously ill, who are usually seeing their doctors regularly anyway. If you need any information or documentation of this suggested change, please contact me at [REDACTED]

In the one section I'm commenting on here, I notice that Alzheimer's disease is not listed, and I agree with this deletion. The possibility of marijuana preventing Alzheimer's disease is only hypothetical. There is no data showing that it actually helps with memory or that it is preventative. Also, patients with a personal history of substance abuse need to be protected from relapsing to addictive drugs as dementia progresses. If DHS does decide to include Alzheimer's disease, then marijuana should only be allowed after one other memory-enhancing drug has been tried and failed, and only in patients who do not have a substance abuse history. [REDACTED]

I beleive Pro 203 will do some good for sick paintent's in Airzona... I hope this dose not become profit for the state. The State is against this law from happening, so they will try to limit access to medicine for MMP's. They have already start by out pricing access to medicine cards.

I'm a physician who will be making several suggestions. The section on how to add a new medical condition is good, but I have two additions to suggest. [REDACTED]

Identifying caregivers and patients. Other than that it is a bureaucratic nightmare.

As a marijuana patient I think it's great that you're developing a system to add new medical conditions to the list. Because marijuana is still (mistakenly) on the schedule 1 it is hard and slow for researchers to study marijuana but slowly they do and they are discovering new uses for this very complex plant.

It's time to start listening to the scientists instead of advocates and politicians.

I beleive the Pro 203 is a good Rule.... This should not an opportunity for the government to make money...

Dear Reader, Two points are too strict: 1. The application fee is beyond my price. I've lived on disability for 4 1/2 years, and I can't afford \$150 or \$250. 2. On disability I can't afford a physician. I haven't seen one in > 2 years, so how can I get the card since I haven't had care with a physician for a year?

With the feeding frenzy of rejected California and Colorado dispensary owners, we feel that the 2 year requirement for board members is an excellent start. We feel that it could even be lengthened to 3 years. Also, there may be some straw members of boards that will be replaced and wording should be added when a board member is added or replaced. We also appreciate the stringent requirements for board members that essentially ensure that they are "good citizens". This will remove many of the drug dealers just wanting to legitimize their current operations.

I think the security measures will be very effective.

Is there any way to view the comments that have been received so far? [REDACTED]

Caregiver section is good. Rules for users under the age of 18 are good. Section on manufacture and testing of edible MM products is very good.

These comments are submitted by [REDACTED] but they are my "own" comments and are not being submitted on behalf of any client. I believe the role of the medical director, and the requirement of a substantial doctor/patient relationship, are essential to ensuring that this remains a "medical" marijuana program.

A residency requirement is a great idea to reduce the flood of opportunists who have zero interest in the long term health of the state of Arizona. It may help us to increase the residency requirements for dispensary principals to five or maybe even ten years. I trust that those who have lived here longer will be more responsible since they care about the impact this will have on the entire state.

I believe that the draft rules are created with good intent to protect the public, however, I feel that some of the rules are arbitrary and need closer examination regarding their effectiveness. I'll address these below:

The part that explains the fees.

The part that explains the fees.

I like the 70% self supplied rule, as it keeps out folks who will not be able to handle cultivation effectively and that is a big part of making this successful. The only way to make it better would be to use a number from 50%-60% so that dispensaries could supply each other with special strains.

Most of it looks OK, but there are key provisions that need modification.

The basic registration of all patients using a State issued card and state-wide computer system for checking their eligibility.

most

The rules are a good starting point for discussion but put a stigma on the doctor or patient who might benefit from medicinal marijuana. Medicinal marijuana should be treated as any approved medication requiring a doctors recommendation. Doctors always refer pain management to specialist without a state required waiting period to treat the patient. Medical marijuana should be available to medical professionals at their discretion as is any other health benefiting medication. Medicinal marijuana has numerous approved uses and should be available from a physician without stigma, undue regulation or oversight (not already in place for other medications).

Dispensary rules and regulations are very explicit by narrowing down the types of facilities and location to a professional atmosphere.

Why combine "Qualifying Patients and Designated Caregivers" under one article ? There seems to be three levels, i.e., Patients, caregivers and dispensaries (plus pharmacies or dispensaries). This would seem to dictate that there be four articles. Proposed: Article 1. General
Article 2. Patient Rules Article 3. Care Giver Rules
Article 4. Dispensary Rules Under the current draft it is confusing to the general reader. The majority will be patients and care givers who read these regulations.

Effective for what? Exclusion? Then yes, it's very effective.

I believe the dispensary system and number of plants patients can grow for themselves is very effective and reasonable.

I live in Montana and have a background in pharmacy. Putting the responsibility on the physicians to determine if a patient should be recommended MMJ is the right thing to do. They are the ones in the position to decide what their patient can benefit from. It is unlawful to interfere with patient/physician relationships when it involves recommendations (prescribing). A compliance specialist is needed to inspect facilities producing marijuana and a strict accounting is necessary, like in a pharmacy. Background checks are necessary to insure a grower can show responsibility.

I commend ADHS for drafting what is arguably the most comprehensive set of regulations governing medical cannabis. Having been intimately involved in the process in California, I know how much work went into this. The regulations ADHS has drafted will raise the bar and bring a high level of professionalism to the industry. The one missing component in the regulations is the lack of a comprehensive product safety component (see comments below).

In general, the rules to protect public health by requiring strict sanitation and processes consistent with food industry standards are appropriate. Efforts to provide for product tracking are reasonable and effective. Efforts to ensure a secure location are effective.

Stay strict on the rules for dispensaries, they seem well written.

In general the entire draft looks logical, enforceable.

The ADHS has done an excellent job so far in the creation of the Arizona Medical Marijuana Program. The draft looks well thought out and written.

Hello, I am [REDACTED] currently a third year pharmacy student (in an accelerated 3 year Pharm D. program) at [REDACTED]. I was ecstatic to find out that Prop 203 passed as it adds another tool for medical professionals to use to provide the best possible therapy for their patients while decreasing adverse drug events and optimizing therapeutic efficacy. It troubles me that politics limit the ability of medical professionals to provide the most effective therapy. As such drugs were made illegal through the observations of the abuse of them. Is that how you understand the true value of something by viewing those that abuse it? Similar to a knife which value is based on the skill of the user, as such a surgeon will use the knife to save a life while a murderer may do the opposite. Does the societal value of the knife get defined by the improper use or do we apply value based off the use by a skilled educated individual. Similar to drugs the societal value of the drug should not be based on the uneducated and immature abuse. With that said I noticed a few inconsistencies with the goals of the draft and how you wish to accomplish them. The medical director is an M.D. or D.O. however it does not include the medical professional whom is best suited for the roles stated in R9-17-310. I feel offended by the oversight of pharmacist in the areas stated in the legislation. Patients seen at the dispensaries must already have been diagnosed and received a recommendation. This will put the patient and pharmacist in a similar relationship as at a general pharmacy. They then can perform standard monitoring on the and even possible Medication Therapy Management (MTM) as done in some retail setting to overall improve the patient's therapy. At this point a pharmacist is best suited to

educate the patient on the medication, route of administration, side effects, and deterring abuse as all of these responsibilities already fall on the pharmacist. The addition of a Pharm D. to the list of medical director's would provide a more effective group to better achieve the goals stated in the draft. I sent this via e-mail as opposed to the comment section on survey monkey to identify myself incase of the want of additional dialogue. Thank You, [REDACTED] [REDACTED]
[REDACTED]

the locations a patient is able to use marijuana

Allowing a patient to have access to the medicine.

The safety parts and regulations

I do believe the part where two physicians must be involved for patients under 18. While both of my girls have my same condition I would hesitate to let them have anything that hasn't been studied much better in children. I also appreciate the need for security and inventory control.

As future dispensary operators, we at [REDACTED] are happy to see that you're giving attention to the educational needs of medical marijuana users. Most people simply do not know much about marijuana's use as medicine although it's been in use for over 5,000 years and no ones ever died from an overdose. We support education and clear rules that help the sick benefit from this wonder drug, medical marijuana. We believe effective rules should include strong security rules, low cost ID cards for patients, rules for education of those with ID cards and also education for dispensary agents.

Around the Schools..and being able to grow it yourself if U don't have a dispensary in your area..I think you should be able to save money and grow it your self anyway..a few plants anyway

mostly all

Keep in mind it is the job of the department to regulate the Arizona Medical Marijuana Act not re-write it. With that being said there are effective procedures that address the way the Act was written. Such as: 1) Applicable Fees 2) Time frame for approval of application 3)Administrative record keeping 4)Qualifying Patient Record keeping 5)Dispensary Inventory Control 6)Product Labeling and Analysis 7)Cleaning and Sanitation These draft rules seem to comply with the Arizona Medical Marijuana Act.

I believe your inventory management recommendations are excellent as a start. This information will be helpful to create a good ROI. Your personal regulations are helpful, however may be hard to find qualified growers in AZ. The really qualified people will come from CA or CO. I would like to see people who have cards from other states be qualified for employment so that we could create success more easily without guessing as much. I understand the importance of local employment. How do we advertise for employment for a dispensary? We would have a run on the place with people who are not

necessarily people we want, especially if we want experience. Tricky one.
The rules for applying seem fair
The simple fact that Arizona passed Medical Marijuana legislation is a huge first step in revitalizing a broken system of prosecuting thousands of otherwise law-abiding citizens. I am thrilled that terminally ill patients now will be able to use marijuana in conjunction with other prescribed treatment as deemed necessary by their respective doctors. Marijuana does improve and indeed saves lives, especially those who are dying of starvation due to appetite loss/wasting syndrome.
If a Dispensary License is not issued the 5000.00 dollar fee should be returned
Documentation of a condition that can be improved by this "medication"
NONE if you ask me. prop 203 is a well written law, that should have met the needs of patients and the concerns of the ADHS and legislators it goes to show that you can't satisfy hardened opponents anyway. Mr humble wants to shed first blood for price increase out the gate. \$150 per MMJ-card? \$200 for patient-caregivers? the governor was right when she said"compassion will soon turn to capitalism" right, and can thank Mr Humble for that. look most patients this law represents are on fixed incomes Mr Humble, find some compassion man. the idea of trying to control the doctor patient relationship by a your system of rules, please quit. if anyone out there is listening, please send letters and e-mails the ACLU lets knock on their door and have them attend our meetings. this guy can't be allowed to dictate such unreasonable and prejudicial rules. it's obvious he doesn't understand the medical marijuana industry nor does he care to learn. inspite of whats going on in california and colorado, this arizona. a totally different time and place, thats needs to allowed to operate on it's own merits. this 70/30 rule, junk rule he obviously learned from his friends in colorado. stupid rule and we shouldn't let him get away with it. anyway its time to make some noise.
i think so far so good. We here in beaver dam and littlefield hope that we are not forgotten and a dispenseiry is allowed to operate out here. thank you for your time.
Most of the controls set in the draft for dispensaries are well written & sound reasonable.
The first part of 2801.10 "Enclosed" means: a. A building with four walls and a roof or an indoor room or closet; or This seems practicable. Leave design and construction of cultivation facilities should be left to professional engineers and architects.
All of the parts of the rule, if any, that are designed to protect the right of qualified patients to receive high quality, usable marijuana IN A TIMELY MANNER. Someone whose physician is simply against marijuana should not be frustrated by a rule requirement for a physician-patient relationship lasting "at least one year" when seeking treatment. Definition 16 seems to preclude finding a new physician and getting medical marijuana within a reasonable time frame. What if patients learns that cancer will

take their life or glaucoma will impair their sight in just a few months?

what ever can be enforced will be effective.

All of the parts of the rule, if any, that are designed to protect the right of qualified patients to receive high quality, usable marijuana.

residency requirement

I do appreciate the work ADHS is doing to regulate the dispensaries. I don't have any problems with the rules affecting dispensaries. I want this law to work for those who really need it.

Very few parts are effective these rules are over (way over) done so the only effectiveness they will have is to be diefunctional and cost the state unbelievable amounts of money, in these economic times we need reasonable rules that are governand and a minimal cost to the people.

I like that the rules are so heavily regulated that only thr rich , will have any chance of opening a store.

The debilitating medical conditions listed in the draft are reasonable. The allowance and process to add other conditions is also reasonable and fair. The entire draft and the process of implementation are largely sound with the exception of the points listed below.

The doctor patient relationship in some form is a very good idea. I have chronic pain and take narcotics, I see a doctor at least every three months. I don't know anyone (who has insurance) and one of the qualifying conditions, who doesn't see a doctor on a regular basis. Also, shouldn't the fact that someone is on permanent disability for chronic pain be enough diagnosis? For some patients only opioids work, but they have side effects that cause serious problems, and not the one's you think. If you want to write a rule, write one that says doctors have to test male patients on opioids for testosterone. It not only causes loss of sex drive, but depression, muscle loss, and many others. The worst thing is that you don't think about making love to your wife, and ask any woman, if you're not making love to them, you either don't love them, or you're sleeping with someone else. It's devastating to relationships, and most pain doctors either don't have a clue, or don't care when you tell them.... Sorry I got off subject..

NOT THIS ONE: 16. "Ongoing" when used in connection with a physician-patient relationship means:
a. The physician-patient relationship has existed for at least one year and the physician has seen or assessed the patient on at least four visits for the patient's debilitating medical condition during the course of the physician-patient relationship; or
b. The physician assumes primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians that may include the patient's reaction and response to conventional medical therapies.

THIS ONE IS NOT! 15. "Medical director" means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary THIS IS ONEROUS AND UNREASONABLE.

Overall you are doing a great job in a difficult situation.

It is good overall. We will set the standard to other states with this I think!

-The \$5000 non-refundable application fee for dispensary licenses is effective - I believe it may discourage less than qualified individuals from receiving a license. -I like the residency requirements.

The list of effective sections is far too long to list. I really believe Arizona drafted, passed, & is in the process of implementing a model medical marijuana law & body of rules & regulations. Hats off to ADHS for such a thorough job in such a short time.

All

All but what is mentioned below

Zoning and all regulations regarding dispensaries and care takers appear proper.

The application process for the dispensary and for patients trying to "qualify" for medical mar seem well thought out.

LEGALIZE IT!

The rigor with which the State requires physicians to have a relationship >1 year with a patient is good, and will reduce abuse of the program.

everything

Registry identification cards along with written certification by a physician. Certification outlining the debilitating medical condition. The ability to check 24 hours a day the certification written by a physician. The oversight of the amount being perscribed.

Price and tax the [REDACTED] out of it and get our state back in the black.

I like your timeline and the ability to input comments on the proposed rules. You are being very transparent and open with the process and that's to be commended.

I believe that the strict regulation that you are going to implement will definitely be effective. Marijuana could spread out of control, if you don't carefully watch who has access to it.

I am not an Az citizen anymore, but it makes me glad to see the open minded views of people accepting a new change. I am a registered MMJ patient in California, and have been for 2 years, I am a Veteran of the Iraq War, and have utilized Cannabis to completely rid myself of recurring Ganglionic Cysts, and have healed many other ailments. I started this because I believe it was my duty to heal myself and not rely upon the VA and take unnecessary money from other Vets who could use it! I cultivate my own Cannabis, and am more than willing to provide folks with education about usage and dosage. Edibles are where the Physical Ailments get healed, Pain Relief, Immunity Boosts, Anti-Oxidant Properties. Inhaled Cannabis focuses more upon Mental Ailments. I will provide you with some information that can help your state with finding information in the safe practice of Cannabis Treatment. Here in California a problem that I see is the testing of Cannabis for contaminants! I have not seen any of this mentioned in your states draft resolution. I am concerned because of the many Neurotoxic Pesticides that are used in the Cannabis Industry! Another problem as well is Powder Mold that occurs during improper curing. It can make a patient very sick. A State or Private Testing Facility is what I urge you to adopt as well for the safety of Cannabis Patients. There are only currently 2 testing Facilities in the US that tests Cannabis for its THC and CBD content! One of these facilities is [REDACTED] in San Francisco Ca. Here are some links that can provide you with further educational material as far as cannabinoid treatment. These websites are the more trustworthy sources.

[REDACTED] [REDACTED]
[REDACTED] Just doing my part as a responsible Cannabis Patient to help other Cannabis Patients and their Communities by providing as much as info as possible!

most of the rules are workable

All the physician involvement.

Of the draft rules that I have read, the best seem to be the control on the dispensaries, with the limit to operations such as patient verification, security, hours of operation and zoning.

It appears that ADHS has done the best possible in drafting these measures. The concern I have is the more far reaching implications and effects of this measure into controlled substance abuse by individuals not authorized to use medical marijuana. The practice of family members using prescription drugs is common and this may be another case where not much can be done to insure this does not happen with medical marijuana.

R9-17-302 Section B #1 subsection f, iv through vii are NOT LEGAL!!!!!!! Those requirements are NOT permissible(as this is personal info that in no way relates or effects this type of business and also is a FEDERAL not STATE issue)) or even pertinent. Perhaps we should also put other arbitrary requirements in like being only born in certain months or only those who have never divorced.

It seems like a good start, regulation and enforcement of course is a priority but putting these dispensary business's with the most qualify knowledgeable and responsible operators seems to have been left out?

I live in California and was thinking of moving to Arizona dose that mean I would have to wait A hole year to become eligible? It seems that a hole year might not be worth the move or would you honor my California card?

These are a broad and balanced set of rules . The separation between medical directors and the reviewing physicians are particularly effective in stoppng direction of patients to use medical marijuana for the profit of the clinic.

I like the requirement for Residency term of 2 years for dispensary directors, agents and principle owners.

-Already sent

Most seem well written

It would appear as though the proposed regulations offered by the State of Arizona will be more than adequate in regulating medical marijuana.

All

I think the rules should be less restrictive. This should be easy for those in need to obtain and significant restrictions only impair the ability for those in need to find relief. Helping those in need obtain pain relief should outweigh the desire from some to ensure that recreational users do not abuse the system.

Hardly any of them seem effective to the end of providing Medical Marijuana to a large portion of the people who need the relief the Program is allegedly providing.

QUESTION: Once you have granted the 120 or 124 Licenses as stated in the initiative (10 pharmacy ratio to 1 dispensary)---will you be making it known to the public who got them? How many licenses will you allow a group to obtain?

I think that most of the items addressed in the informal rules can be effectively enforced. there are, however, several small items yet to be addressed.

The police need to get out of the medical marijuana business and spend their resources on fighting the cartels operating on this side of the border. Their should also be an age requirement of at least 25 years old.

I believe the zoning restrictions are fair as well as some of the security measures. Specifically keeping a certain distances from schools. I also like some pieces of inspecting premises but others i disagree with wholeheartedly as i will explain below.

The most effective rule is the two year residency requirement to procure a license. Thank you for that. What about prior experience working with patients and helping them get off dangerous, addictive prescribed drugs as a point or two in consideration. Doctors have been recommending cannabis to patients for years in Arizona but they have had to hide from people like you, Mr. Humble. So sad. I believe the Proposition 203 requires REASONABLE rules from the Department of Health. A Medical Director on the premises of a dispensary is not necessary nor suggested. The patient already saw the doctor to get their card. Redundant and unnecessary. We already know more than most doctors in this state about the benefits of cannabis and what strains work for what conditions. A \$150 patient card fee is unreasonable and not necessary. 24/7 surveillance cameras are unreasonable and not necessary.

Applying for Registry Identification Cards. Requiring dispensaries to have a Medical Director. This requirement professionalizes the service. Dispensary policy and procedures requirements, and business requirements. These should ensure that only credible organizations operate a dispensary. Unannounced inspections of dispensaries (or cultivation site), if complaints are submitted. This is a good requirement Electronic verification system.

Most of them. I don't feel that the government should be involved in how often I see a doctor. Is that even legal?

The rules preventing illegal transfer and potentially deleterious accusation of illegal transfer are very adequate. Rules regarding inspection are also fair.

The fact patients can now get the medicine. The amount a patient can possess. Dispensary security requirements

i think the effort to limit medical marijuana to those in need is on the right track. i also like the residency requirement for dispensary owners...

Hello, I am a certified executive chef. I would like to produce healthy food incorporating THC for those who wish not to ingest smoke yet would like to experience the medical benefits of marijuana. Q. How do I become licensed to produce edibles using licensed marijuana? Do I need to have a dispensary "license" to produce for the dispensaries or would this fall in to a different category(s). Best!

Prospective dispensary operators must be Arizona residents for two years prior to submitting a dispensary application.

I know you folks are working hard to get these rules in place. I want to say thank you. i hope you read and take my suggestion serious. My email is Thank you

rules making sure that the dispensaries are run by arizona residents

I am sorry, but there is way to much restriction. The writers of 203 and the your agency are gaurnteeing that only the wealthy will be able to open a dispencery. This means the patient will suffer, because the industry will be driven by greed rather than compassion.I have been working to open a dispencery, but it is becomming impossible to do because of all the restriction.

I liked the part where there was going to be feedback as to the effectiveness of the medicine.

Wonderful, that there is a residency requirement

Who will be able to open a dispensary? Only an individual who has been a resident of Arizona for at least two consecutive years before the date of application would be allowed to submit an application for a dispensary license (informal draft rules R9-17-302(A)). In addition, each principal officer and board member would also need to meet this two-year residency requirement. Why is it Arizona residents only that can apply for a dispensary license? Why can't someone with a caregiver or patient MM license in another state apply?

I like the rules regarding proof of Arizona residency for two years. Does this apply to ALL MEMBERS of Limited Liability Corporations?

The relationship and requirements for patient and doctor.

Article 1. General R9-17-101 16. A The physician-patient relationship has exists for at least one year and the physician has seen or assessed the patient on tat least foOur visits for the patient's debilitating medical condition during the course of the physician patient relationship I am a 30-year Disabled Veteran currently rated at 20%. My disability history is documented with chronic pain of my right shoulder and I have received treatment, over the years, for that pain. I understand that the VA will not recommend medical marijuana.

Overall, I am impressed with this draft.

I appreciate how well the rules are written and the obvious effort that was invested in writing them. I have comments on a number of the rules and will submit them separately. I

Overall the draft rules are effective.

R9-17-302.B.3.b The "input" MMPP provided didn't fool you for a second! You saw right through their intentions to create another Cali-rado fiasco here. Steering control of this industry directly into the hands of their out of state consortium that ultimately desire legalization. That would only have caused Arizona to be another out of control medical marijuana state, and sent most of the profits from this new industry directly out of our state and in my opinion mostly into offshore accounts. These unscrupulous profiteers would have barely existed within the state law and totally disregarded Federal regulations that are presently on hold via the 10-19-09 D.O.J. Memo. R9-17-307.C.1 R9-17-307.C.4 R9-17-307.C.5 The same individuals that I mentioned above had plans to set up vast growing operations by subletting small areas to dispensaries. These would be unnecessarily large and obvious public safety hazards and security problems due to the monetary value of marijuana located at one industrial location. You have wisely created a system to allow a Dispensary to deal with a crop failure, an unforeseen and rapid rise in demand, and the possible need to add strains suitable for their patients requirements with these sections. I believe these guidelines are for the best and will help keep the system balanced and in a word honest. I like about 80% of what you have put together as it sits, truly a phenomenal achievement in a short amount of time! With a few exceptions it seems like you are really understanding what needs to be done to keep this as responsible and regulated as possible. I truly anticipate the system you folks put in place here being the National model of how this can best be done! For what it is worth there are groups that truly have the best intentions to help you from the other side of the fence. Being directly involved with a Government agency and to some extent Corporate America again is enough to keep me up at night, but I am genuinely impressed by what the AZDHS is putting in place and it brings me some ease to envision working specifically with your Department.

. I think ADHS under Humble's direction has done a fantastic job so far. Your commitment to public disclosure and input stands as testament to your professionalism and good intentions. I very much like the fact that there must be an "established relationship" between patient and Doctor prior to recommendation. I think some very strict penalties should be given to Dr.'s who attempt to circumvent this rule.

All areas surrounding security appear sound Generally the Draft

Of course this is just a plant and it could be benefical to some patients. As a cancer patient since 2005, Thank God, I would encourage simple guidelines!

Mr Humble why are you making it so hard for people to get access to meds? why why why? my father died of hep c in February(it is a horrible death to watch). the doctors gave him 2 years to live in 98 he went to California got his mmj card and lived till earlier this year. only because of his access to mmj. if

you make it that hard here people wont be able to get the card. Even tho my father had a terminal illness he hated going to the DR's office. And so do a lot of sick patients they don't like being reminded that they are dying. I myself have had constant migraines and A.D.H.D. I self medicate with mmj. and will continue to do so till the day i die regardless if i get access to a card or not. so in essence the rules and regulations you are creating will NEVER STOP PEOPLE FROM GETTING WHAT THEY NEED. I implore you to lighten up on the regulations the state budget would be in the black if you just figured out how to get 10 percent of the proceeds. and let people get access if they apply for a card give it to them. all that you are doing by requiring this patient DR relationship is making people shell out more money for DR's visits. and patients need to be able to grow their own. it can be grown for as little as 30 \$ a oz but the shops will charge hundreds. and i was arrested for cultivation in 98 so i know a lot about this subject. alot more then most. my case was dropped due my cooperation. as a former grower i know what you don't.. if you have any questions or comments i think i can give you some insider info as i have been there and done that . you can reach me at [REDACTED] sincerely [REDACTED]

The parts that I think are the most effective are the required not for profit structure, the required medical director, and the documantation requirements. All these are measures that encourages that the industry be operated by professionals seeking to provide a service for those in need.

It is very good that you are putting a restriction on residency

Medical marijuana should at minimum, meet the same standards as meat and alcohol. Commercial producers of meat and alcohol are inspected by the health department, OSHA, etc... Their products are regulated and taxed. Commercial marijuana growers should meet the same FDA regulations as with any other product. If meat is contaminated, the product can be traced to stores, etc... Retailers also have records of all shipments. The medical marijuana dispensaries should at least have the same regulations as any other product. Your FAQ sheet indicates you are on the right track.

I think the section on dispensary operation is well thought out and effective. Also the application rules seem like they are thorough. Kind of steep priced for patients and caregivers though.

What is the \$150.00 registration fee for? Here I am. Unemployed, a right above the knee amputee for 7 years now, and having to take narcotics to help control the pain for the rest of my life; finding out that marijuana was able to help with the pain much better and was not habit forming or as damaging as narcotics from long term use. Now I have to pay \$150.00 to have a card? I have no income, no disability, no social security,.. nothing! And now I have to come up with an additional \$150.00 to obtain a card. A CARD! Not the actual marijuana, which only God knows what that will cost! You that are in charge of writing these proposals, please keep in mind for whom this bill was made legal for! Not another dept to collects fees to be used for who knows what, and I'm sure you don't know either. The people REALLY needing this medication are probably like me and strapped to the bone with existing

medical bills that are delinquent, not to mention having to house, and feed themselves being a struggle in itself. It is ridiculous that correspondance has to be done "electronically". How about the people in NEED that have NO access to a computer? Do we let them fall by the weigh-side? It should be no more in cost than that of an AZ Drivers Licence or AZ Identification card. Otherwise this is blatant exclusion of those entitled to this medication, just because they are unable to afford a card or even apply for one via a computer! This has to be addressed firstly! [REDACTED]

school location details are absent

The more restrictions, the better! Strict penalties for those abusing the rights. Medical need verified.

Clearly enumerated process for obtaining a prescription, filling it and the rules governing the dispensaries.

i like the parts on the restrictions and rules for dispensaries. the id program etc but im not to happy with the fees! i know it has to pay for itself but \$150 is a bit to steep for patients like myself who is on social security disability. i cant go out and find more work im stuck on a limited income so i would like to see some kind of price reduction for patients who are on social security retirement or disability.

i like the parts on the restrictions and rules for dispensaries. the id program etc but im not to happy with the fees! i know it has to pay for itself but \$150 is a bit to steep for patients like myself who is on social security disability. i cant go out and find more work im stuck on a limited income so i would like to see some kind of price reduction for patients who are on social security retirement or disability.

As a a chronic pain patient for 25 years. Have been been on SSDI for 14 years or so. On Morphine the whole time, and I want to reduce amount of pills I take a day, about 60 different pills a day! Rumor has it that if you live within 30 miles of an outlet, I would not be able to have my own victory garden. Living on \$894. a month. Does not leave me any money to buy the medicine. This is a big concern, as I have a wife a kid and I to buy food and utilities. Will I be able too have a garden.-

i dont think there should be any rules its 2011 for gods sake if people want to smoke pot they should be able to without fear of jail

I think the qualifications are stringent but reasonable. I like that the doctor's opinion is given priority. I also like that an ongoing relationship with the patient is required. This will prevent an unscrupulous doctor from taking advantage or promoting an agenda.

I agree with most of the dispensary rules. Just like a pharmacy, there needs to be regulations on

where each dispensary is located and how it is operated.

That you must have a Arizona board certified doctor give the recommendation to get card. That there is a limit to the amount of marijuana per month that can be purchased each month.

Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver. A statement in a Department-provided format signed by the designated caregiver: i. Agreeing to assist the qualifying patient with the medical use of marijuana; and ii. Pledging not to divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; d. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition; e. For the physician listed in subsection (G)(10): i. A statement, initialed by the physician, that the physician: (1) Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or (2) Has assumed primary responsibility for providing management and routine care of the qualifying patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the qualifying patient's medical record maintained by other treating physicians that may include the qualifying patient's reaction and response to conventional medical therapies; ii. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of the medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for the health care decisions for the qualifying patient; and iii. A statement, initialed by the physician, that the physician plans to continue to assess the qualifying patient and the qualifying patient's use of medical marijuana during the course of the physician-patient relationship; f. For the physician listed in subsection (G)(11), a statement, initialed by the physician, that the physician conducted a comprehensive review of the qualifying patient's medical records from other treating physicians; g. A statement that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition; h. An attestation that the information provided in the written certification is true and correct; and i. The physician's signature and date the physician signed; and 14. The applicable fees in R9-17-102 for applying for a: a. Qualifying patient registry identification card, and b. Designated caregiver registry identification card. 3. A statement in a Department-provided format signed by the qualifying patient pledging not to divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; 4. Separate written certifications from the physicians in subsections (B)(1)(j) and (B)(1)(k) on a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that include: a. The physician's: i. Name, ii. License number including an identification of the physician license type, iii. Office address on file with the physician's licensing board, iv. Telephone number on file with the physician's licensing board, and v. E-mail address; b. Identification of the physician license type; c. The qualifying patient's name and date of birth; d. A statement that the qualifying patient has a debilitating medical condition as defined in A.R.S. § 36-2801; e. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition; f. For the physician listed in subsection (B)(1)(j): i. A statement, initialed by the physician, that the physician: (1) Has a professional relationship with the qualifying patient that has existed for at least one year and the physician has seen or assessed the qualifying patient on at least four visits for the patient's debilitating medical condition during the course of the professional relationship; or (2) Has assumed primary responsibility for providing management and routine care of the qualifying patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the qualifying patient's medical record maintained by other treating physicians that may include the qualifying patient's reaction and response to conventional medical therapies; ii. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of the

medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for the health care decisions for the qualifying patient; and iii. A statement, initialed by the physician, that the physician plans to continue to assess the qualifying patient and the qualifying patient's use of medical marijuana during the course of the physician-patient relationship; g. For the physician listed in subsection (B)(1)(k), a statement, initialed by the physician, that the physician conducted a review of the qualifying patient's medical records from other treating physicians

I am especially impressed with the residency requirements in the draft. I would actually prefer they be more restrictive, requiring 5 years residency. My concern is that our state will get overrun with out of staters, specifically Colorado and California, whose primary interest may not lie in upholding a model medical marijuana system. I believe that Arizona needs to protect the system as its own, as a legitimate new economy in this state we should ensure that Arizonans are the ones benefiting.

We are ██████████, the Arizona non-profit with the website that provides information on research being done around the world with Medical Cannabis. We support research and believe there is much to be learned about Medical Marijuana still. We plan to open high tech C.G.E. (closed growing environment) grow rooms and a full service dispensary in southern Arizona. We are grateful for your work in crafting rules early before card and dispensary permits are issued. We welcome rules and regulations as we seek legitimacy in this emerging Medical Marijuana industry. Thank you for not allowing us to become another California or Colorado with confusing rules that lead to problems. Your security rules are very good and very effective sounding. We support them and will even suggest some additional ones. Record keeping rules will be very effective in properly running the MM program. We think your draft rules can and will be effective. They need a little fine tuning and we commend you for this process allowing you to hear from everyone. May the Arizona Medical Marijuana Program be the best in the nation. Our motto at ██████████ is that patients come first. As patients are the community, lets do the best we can for the community.

i feel that everything that is currently in prop 203 will be effective.

Not much I hope people voice there opion, caregivers need background checks fingerprints, seems like a prison...bee freee

Multiple doctor visits, education material.

All of it. It looks very thorough. I believe that you did a lot of research in order to draft the rules.

It all appears to be effective.
i feel that the rules for stores and format of the rules looks good. i feel that the zoning rules , the sanatairy rules for cooking and id labels were very good ideas.
12 month doctor-patient relationship
A. WITHIN ONE HUNDRED TWENTY DAYS OF THE EFFECTIVE DATE OF THIS CHAPTER, THE DEPARTMENT SHALL ESTABLISH A SECURE, PASSWORD-PROTECTED, WEB-BASED VERIFICATION SYSTEM FOR USE ON A TWENTY-FOUR HOUR BASIS BY LAW ENFORCEMENT PERSONNEL AND NONPROFIT MEDICAL MARIJUANA DISPENSARY AGENTS TO VERIFY REGISTRY IDENTIFICATION CARDS. This is a good idea in my opinion. In California, the patient registration process with the State is voluntary. California has to verify the Physician's recommendation directly with the physician, which is creates delays. The State responsible for the verification and we just check their database
The definitions portion.
None.
1 Where you need to be an Arizona resident for 2 year I like that my attorney told me that he as a couple of clients from out of state forming 30 corporations trying to increase there odds where they will be picked
PROP 203 WAS ABOUT COMPASSION FOR THE SICK AND TERMANNELY ILL. THE WAY THAT THIS IS SET UP WILL CAUSE THEM TO PAY EVEN MORE FOR WHAT THEY NEED. THEY DON` T HAVE MUCH INCOME AS MOST ARE TOO BAD OFF TO WORK. THE IDEA OF PAYING \$150 A YEAR TO BE ABLE TO PURCHASE YOUR MEDICINE, DOES NOT EXIST FOR ANY OTHER MEDICINE THAT I KNOW OF. KUDOS TO YOU AND YOURS ON THIS BRILLIANT PLAN . IF I WERE AN ECONOMIC PSYCHOPATH, SELF CENTERED, EVIL SON OF A BITCH WITH NO CARE OTHER THAN MY OWN PERSONAL WEALTH, I WOULD CALL WHAT YOU PLAN, A STROKE OF GENIUS. YOU GUYS KNOW HOW TO TWIST THE CRUEL KNIFE OF FATE ON PEOPLE WHO` S BODY HAS TURNED AGAINST THEM. SO, What parts of the draft rules do you believe are effective? THE PLAN WILL BE EFFECTIVE IN KEEPING THE ILL AWAY FROM WHAT THEY NEED. IT WILL BE EFFECTIVE IN SHOWING TO THE AVERAGE CITIZEN THAT THE STATE LIKE THE FEDERAL GOVERNMENT ARE SIMPLY UNABLE TO GET IT RIGHT.
Most of the rules are fine.
40 plus pages!? You people are ridiculous! We need to reform our system of law!

I am wearing two hats during this process- 1 as a hopeful, prospective dispensary owner, and 2 as a 21 year sufferer of Crohn's Disease. While I applaud the overall regulations that came out, I hope there can be some meaningful discussion around a few areas. Please remember the #1 goal should be easy and secure access for legitimate, qualified patients. I understand we need to keep this from becoming a "free for all" but please keep from over-regulating this to the point where patients have trouble procuring their meds. Thanks!

R9-17-305 I have a hard time understanding why a medical director is needed to monitor patients or help patients when they have their own personal physician that has recommended marijuana for them. Their personal physician, who understands their personal medical history, is the one who should help them through the different choices of marijuana they may need. This will cause unnecessary cost to the patient because of having to pay for two doctors.

None Im interested in opening a Lab that test for the pureities of medical Marijuana. What type of licenses will i need to apply for and what will the costs be?? In Colorado the labs there applied for a caregivers licenses in order to become a testing facilities. I am a resident of 15 years here in the state and am very interested in this potential business opportunity. Please contact me at :

I asked my Doctor if he was signing up to treat marijuana patents and he said he could not risk his medical license by getting into this controversial law. I have been with this doctor for 18 years and I suffer from Hepatitis C and Glaucoma and other medical problems. No way will I be able to find a doctor that could be as experienced with my medical condition as he is. How will I be able to find this doctor they say I need to have? What if I do find a doctor and they are not in my insurance plan? Three visits and one year then I have to pay it all out of my pocket? That can not happen.

Treating marijuana as the medication it is for these purposes.

My first reading of the rules they seem okay.

I believe for the most part that this has been a comprehensive effort on your Department to ensure that the MM is managed responsibly.

I only have one doctor.....

The amount of detail regarding who can be registered, what documentation has to be provided to be registered for various functions or roles regarding medical MJ.

First and foremost what i have found here in MI. the problem begins with the Dr. having a bonafide relationship , so we here @ [REDACTED] require the certified patint 2 return every 3-mo's 2 c how effective the medical marijuana has been 4 the patient. this is a must 2 keep the recreational user's from gaining access 2 medicine that is certified for patients with debilitaing illnesses.We have turned down many individuals who have border line symptoms, ther r alot of pot Dr;s here because there are no set punishment for the Dr's that don't follow the MMMA. this will solve alot of problems. I own [REDACTED] here and plan on opening a few Family Practices there in AZ. I also have a draft regarding our Non-Profit Dispencery that we operate. we also have property in AZ. and would love 2 offer a insight into some other issues we have incounterd here in MI. My whole goal revolves around the patients who really can't afford the certification as well as the medicine.I also have a talk show every Sunday Eveing from 9pm till 10pm the internet site is [REDACTED] click on listen and enjoy it is our way of informing the people acroos MI and the country on the laws and 2 answer ?'s regarding this new medicine, we also gather testimonials from our patints so our local authorities can review and talk 2 these patients as long as the patient waive's her Hippa rights. IF YOU WOULD LIKE 2 CONTACT ME PERSONALLY PLEASE CALL [REDACTED] THAT'S MY DIRECT LINE OR U CAN VIST OUR [REDACTED] OUR ACT HERE IS THE SAME AS YOURS WITH SAME # OF PLANTS AS WELL AS 2.5 OZS PER PATIENT. This is helpful 2 your community health deptment as well as ours. Thank you for your time.

I do appreciate the concept of having a Medical Director involved with dispensaries who can help educate the public and serve as the "expert" on medical cannabis. Think of the role the U.S. Surgeon General plays in making policy and health decisions. This is a very good idea but how you want to apply it is very flawed. You are stating in your rules that every dispensary must have a Medical Director (who is a physician and presumably an expert on medical cannabis). However this Medical Director (and expert on cannabis) can only work for 3 dispensaries and cannot dispense medical marijuana. If there are going to be approximately 124 dispensaries then you'll need 41 Medical Directors all basically doing the same thing. For one thing there are not 41 physicians in our state that have the expertise in medical cannabis because it has not been implemented yet for doctors to even recommend to patients to have access to medical cannabis. I strongly recommend you have only 1 Medical Director who serves directly under your authority at the Arizona Department of Health. This Medical Director will be the liasion between ADHS and the medical marijuana doctors that are out in the communities who will be recommending the medicine. I can see someone like [REDACTED]

marijuana as a recommended treatment some doctors tend to fail at.

The \$5000 fee is a good thing. It will keep wanna be producers out. the security measures you propose are good.

I think licensing and regulating is appropriate, rather than willy-nilly storefronts popping up everywhere. I think the single best feature of this law is that it falls under your purview, rather than the Corrections dept. Many of us believe they have a vested interest in continuing to demonize cannabis. I think to the extent it has been implemented, that a "hands-off" approach is best.

Everything seems to be spelled out pretty well. It's good that we have rules but it seems the fees might get in the way of helping people in need.

Keeping the Recreational users away from this program, and only people with Cancer or Aids will be able to use this program.

My name is [REDACTED] and I am a resident of Prescott. I commend the decision to require a minimum state residency of two years. This will help to ensure that jobs are provided to state residents rather than out of state owners and workers who hope to capitalize on this industry. I also appreciate the manner in which you have allowed for additional conditions to be potentially added to the current list of allowable conditions.

ARTICLE 1. GENERAL R9-17-101. Definitions In addition to the definitions in A.R.S. § 36-2801, the following definitions apply in this Chapter unless otherwise stated: Comment: ARS 36-2801 is in effect; Any differences must be resolved by strict definition of 36-2801, so lets compare the two: Here are the 18 definitions and only these 18 definitions within the law: 1. Allowable amount of Marijuana 2. Cardholder means "qualifying patient" 3. Debilitating Medical Condition outline which conditions 4. Department means Ariz. Dept. of Health or it's successor 5. Designated Caregiver 6. Enclosed locked facility 7. Excluded felony offenses 8. Marijuana includes the definition of what it is. 9. Medical use means the acquisition, cultivation, possession, manufacture, use, administration, delivery, transfer, or paraphernalia 10. Non-profit Agent 11. Non-profit Medical Marijuana Dispensary. 12. Physician but does not say anything about which state. 13. Qualifying patient means anyone with a debilitating conditon. 14. Registry Identification Card which simply means a card issued by DHS 15. Usable Marijuana means just that. 16. Verification system means a computer system by the DHS 17. Visiting Qualifying Patient means someone from out of state. 18. Written Verification is nothing more than a professional opinion it may help. There are no other definitions under the law. We can write some in, but they are strictly opinions and not carrying the full weight and force of law. 1. "Acquire" means to obtain through any type of transaction and from any source. Comment: There is no specific definition under the law as to acquire. Under #9 of the actual law, it states that acquisition, cultivation, possession etc under Medical use. 2. "Activities of daily living" means ambulating, bathing, dressing, grooming, eating, toileting, and getting in and out of bed. Comment: Again, no where does it say ADL's and that usually relates to the elderly. 3. "Amend" means adding or deleting information on an individual's registry identification card that affects the individual's ability to perform or delegate a specific act or function. Comment: Again, nothing in the law states "amend" although the Voters Protection Act, a 1998 Proposition 105 prevents tampering with public law by lawmakers, the Governor or the Governors agent in the form of appointee's. 4. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday. Comment: Again, the law is pretty specific, you have a 120

days from enactment to get it together. 5. "Change" means adding or deleting information on an individual's registry identification card that does not substantively affect the individual's ability to perform or delegate a specific act or function. 6. Comment: Again, the law doesn't give the authority to change anything without $\frac{3}{4}$ Vote of the legislature. 6. "Cultivation site" means the one additional location where marijuana will be cultivated by and for a dispensary. 7. Comment: The law says nothing about one additional site, it only says Enclosed Locked Facility. 7. "Current photograph" means an image of an individual, in a Department-approved electronic format, taken no more than 60 days before the submission of the individual's application that:

- a. Is capable of producing an image with a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels, Comment: The law does not give a specific requirement for a photograph.
- b. Is two by two inches in size,
- c. Is in natural color,
- d. Is a front view of the individual's full face without a hat or headgear that obscures the hair or hairline with a plain white or off-white background, and
- e. Has between 1 and 1 $\frac{3}{8}$ inches from the bottom of the chin to the top of the head.

8. "Dispensary" means the same as "nonprofit medical marijuana dispensary" as defined in A.R.S. § 36-2801. 9. Comment: Definition under the law is very specific as to what a Dispensary means; 9. "Dispensary agent" means the same as "nonprofit medical marijuana dispensary agent" as defined in A.R.S. § 36-2801 10. Comment: Again, the law is very specific as to what constitutes a Dispensary Agent.. 10. "Enclosed" means:

- a. A building with four walls and a roof or an indoor room or closet; or
- b. An area surrounded by four solid 12-foot walls constructed of metal, concrete, or stone with a one-inch thick metal gate and a barrier covering the top of the area that is:
 - i. Welded or woven metal wire mesh, with minimum wire thickness of 0.25 inches and maximum gap between wires of 1 inch;
 - ii. Welded metal wire grid, with minimum wire thickness of 0.25 inches and maximum gap between wires of 3 inches;
 - iii. Metal chain-link weave, with gauge no less than 9 and no more than 11.5;
 - iv. A panel of metal vertical bars, with minimum bar thickness of 0.5 inches and maximum gap between bars of 4 inches; or
 - v. Constructed of iron or other metallic material and similar to the examples in subsections (10)(b)(i) through (10)(b)(iv), if approved by the Department. Comment: Under 6, the definition under the law, it is not so specific as DHS would like to impliment. Again, under the Voter Protection Act, the State can not make changes to make it more restrictive or difficult to obtain.

11. "Edible food product" means a substance, beverage, or ingredient used or intended for use or for sale for whole or in part for human consumption. Comment: Noting in the Law's definitions does it define "Edible" other than to include it as to useable marijuana. 12. "Entity" means a person as defined in A.R.S. § 1-215. Comment: Again, the law does not expand existing law to include adoped rules as in 41-1001 or adult. 13. "Generally accepted accounting principles" means the set of financial reporting standards administered by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or other specialized bodies dealing with accounting and auditing matters. Comment, Again, no where in the law does it refer to Accounting standards. This is expanded. 14. "Legal guardian" means an adult who is responsible for a minor: Comment: Repetitive, it states it in the law itself. So it's not needed nor it's defintion.

- a. Through acceptance of guardianship of the child through a testamentary appointment or an appointment by a court pursuant to A.R.S. Title 14, Chapter 5, Article 2, or
- b. As a "custodian" as defined in A.R.S. § 8-201.

15. "Medical director" means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary. Comment: No where in the law does it state that the Doctor must be licensed to practice within the Sate of Arizona or anywhere else for that matter. Once again, the State is trying to expand the existing law to improve its position and limiting the scope and breath of a Medical Doctor. A Medical Doctor is a Medical Doctor and includes not only the MD but also a Osteopathic Doctor as well as Naturopathic as well as a homeopathic Doctor. Again, the State trying to limit it scope of its Doctors. 16. "Ongoing" when used in connection with a physician-patient relationship means:

- a. The physician-patient relationship has existed for at least one year and the physician has seen or assessed the patient on at least four visits for the patient's debilitating medical condition during the course of the physician-patient relationship; or
- b. The physician assumes

primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians that may include the patient's reaction and response to conventional medical therapies. Comment: Again, the State trying expand it's powers of limiting the law to prevent Cancer patients and debilitating existing condition patients from receiving "second opinion" from other qualified Doctors as to what may or may not be the best course of treatment of patients. No where in the law does it say that you must have seen the patient for a year or at least four visits in order to get a second opinion or to see if the treatment you are currently being given is the only one. Do you limit all "second opinions to only those Doctors that have seen the patients for a year and at least four times? Of course not, why would you wish to expand the power of the State to prevent medical access and opinions of other doctors to having seen the patient for a year? The voter protection act was passed exactly for this reason, a bureaucratic agency gone a muck. 17. "Physician-patient relationship" means interaction between a physician and an individual in which the physician has ongoing responsibility for the assessment, care, and treatment of the patient's debilitating medical condition. Comment: There is no law that states a person does not have the right to a second opinion on treatment and requires an ongoing responsibility for that patient. An opinion by a Doctor is protected under the First Amendment rights of all citizens and to limit that opinion by stating arbitrary rules that serve only the agenda of a publicly appointed bureaucrat is ludicrous. Why not expand your rules to include that only female doctors can recommend medical marijuana for their patients? Just as nutty. Any expansion of trying to limit the breath and scope of the law will certainly meet challenges and litigation. This for one would seem top of the list to attack. 18. "Public place:" a. Means any location, facility, or venue that is not intended for the regular exclusive use of an individual or a specific group of individuals; b. Includes airports; banks; bars; child care facilities; child care group homes during hours of operation; common areas of apartment buildings, condominiums, or other multifamily housing facilities; educational facilities; entertainment facilities or venues; hotel and motel common areas; laundromats; libraries; office buildings; parks; parking lots; public transportation facilities; reception areas; restaurants; retail food production or marketing establishments; retail service establishments; retail stores; shopping malls; sidewalks; sports facilities; theaters; warehouses; and waiting rooms; and Comment: I can just see a law trying to be passed that would limit where a patient can take his medicine. If you have a heart attack, are you limited to where you can take an aspirin until you can get to a hospital? If you have a toothache, are you limiting where you can take a pain pill? Or is it that you just don't like marijuana and wish to put restrictions on those who are in need of it medically? The rules are to act as a guideline for Medical use. The law was not enacted to regulate the recreational use. We already have criminal penalties in place for recreational use, why not use them? Why create burdens on those who are in need simply for additional punishment for those dumb enough to smoke this stuff for recreation. We have laws and criminal sanctions already. c. Does not include:

I really like the use of food processing facilities for the production of eddibles.

I don't like the having to see that same doctor for up to a year part. I have changed my doctors in the past a lot. It makes since, but what If I changed my doctor recently so that means I have to see him for at least a year before I can be prescribed medical marijuana. I feel that having medical records of your disease and or pain for up to a year would be good enough. I know that I will in fact be changing my insurance thus making me see different doctors in a few months. So I'm going to have to wait a year for the help of medical marijuana? I really think this has to go into more thought.

For the most part the draft rules are fair. I do believe medical patients will be happy with the rules.

The draft seems to be reasonable for the most part. There is one point of contention that I would like to address....

I think having ADHS in the position of overseer to the program has excellent potential, however this departments authority should have control over its entire domain. With laws put in place that will not allow any entity of the state or federal government to step in and remove ADHS from its authority. Absolutely not to be changed unless it is voted on by the people of our state. All revenues generated from doctors fees and yearly renewal fees should have a setaside for research and development. for future studies.

You must be under a doctors care

The security plans are essential and I like that the AZDHS has virtual access to these dispensaries. I am all for more transparency.

I believe that most forms of the draft are awesome.

As a physician I believe there needs to be an active role for a doctor involed with the dispensaries. Most doctors that will be a director will need to get an education on marijuana and the different strains and there benefits. The Halo will be of use for towns wanting dispensaries without having the grow neccessarily in thier town for 25 miles

The registration and control of cards and etc seems to be very effective.

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i like the security and health issues in dispensaries and id card process.

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the amount a patient can get

Registered Patients & Dispensary rules seem clear.

Over all you are doing a very good job

All the rules pertaining to dispensaries, I believe they are strict as well they should be. Thanks.

The part about a doctor can recommend but also not be involved with a dispensary. They have to choose a side to be on, but not both.

Requirement for Dispensary Medical Directors.

reading thru the draft, it seems that rules are clear and understandable .

Requiring people to change doctors to manage their qualifying condition is absurd. Most people have many years invested in there relationship with their doctor (these doctors are specialists not just a Marijuana doctors). I know I am not willing to give that relationship up. No other state requires that the relationship with the recommending physician to be a year in length, and Arizona should strike that from the proposed rules. Anything short of that diminishes benefit of this law. Your supposed to be helping people get relief for what ever the qualifying medical condition they may have, not making their lives more difficult.
For one I am glad it has been implemented. Big concern is the state will require all counties will be reqeued to haveto adhere to implement policy on the official start date. Draft rules and regulations issued by the state. Be diligent in setting locations of dispenserries in areas wher they are safe for citizens and operators alike to conduct safe business. Require law enforcement to treat this busines fairly and respectfully as they would any other business. I would like to see city, county and states to make licensing with forms that a person with average knowledge to apply. Vendors would have to have no criminal backgrounds. Noexceptions on that guideline. Fees, taxes for licenses would be reasonable. And if new establishmestablishments that would try to open around the al ready established dispensary would have to choose another location. Common sense approach, reprecussions to anti accepting people will be prosecuted. Thinkers and non bias people be involved in the process. Thank younger
Basic questions about the Act are covered.
i have filled out one before but thought of an addition i would would like to add to my first comment.
the area for caregivers and patients to grow is written correctly
The list of qualifying conditions to get a medical marijuana card.
The structuring seems fine for everybody but the patients. The procedures, fees and limits (weather I believe they are high, low, unjust or an exquisite display of ignorance) that are in place along with

various other guidelines seem effective in that they are there.

I can't comment on the effectiveness of rules that have not been tested, but in theory, the proposed rules seem to capture most of the intent of the voters in passing Prop 203. Some of the rules appear to be contrary to the intent of the voters, however (see below), so I urge DHS to be vigilant in insuring the intent of the voters is not quashed, again. Please keep in mind the following essential elements: Tens of thousands of Arizona's residents are periodically exposing themselves to criminal sanctions in acquiring marijuana for legitimate medical purposes. Perhaps billions of dollars from medical marijuana users in Arizona are going to drug traffickers in Mexico. Arizona's medical marijuana users do not want to divert money that should be going to the State coffers to criminals, nor do they want to be classified as criminals themselves. Medical marijuana users are also exposed to risks due to toxic contamination of illicit marijuana, inconsistent quality and efficacy, etc. If DHS makes it more expensive and too onerous to acquire marijuana legitimately, where will medical marijuana patients get it? Rest assured, we will get it.

Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident for the two years immediately preceding the date the dispensary submits a dispensary certificate application. VERY HAPPY WITH THIS, DISPENSARYS CAN ONLY BE OPENED BY ARIZONA RESIDENTS!!

I had a chance to re-read through the actual law, and the proposed rules. Mr. Humble and staff have taken a huge liberty in increasing, and decreasing the law. It almost seems that stuff they didn't like or agree with that they added more restrictions, or just added/invented items. I think they forgot we the people voted on Prop 203 the way it was written. Not to have it so restricted that some, or most people wont be able to benefit from the law, which goes against the whole intent of the law. I thought the first thing about required allotted days was interesting, that they had turned the time limits for them to approve applications, and certifications into working days from just days. I'm sorry but the statue says days, and not working, or business days. I'm sorry, but the ADHS does not get to rewrite, and nit pick something that they may not agree with. You must take the law the way it's written. Days and not working/business days! The main issue I have with their proposed rules is the restricting access to the law by trying to define what a patient- doctor relationship is. This part conflicts with Prop 203, as far as any doctor who is licensed to practice medicine MD, DO has the right to recommend MMJ. And the law doesn't say anything about having a relationship with your doctor for at least a year, and have had 4 visits. That same requirement doesn't apply to any other health standard in the country. Or any that I could find by looking up requirements for prescriptions/recommendations. Again, Mr. Humble and staff are taking a huge liberty in defining what they think should apply to Prop 203, especially when it doesn't apply to all other aspects of health care. Also, the part that the MMJ doctor has to become the primary care doctor for the qualifying condition. Most people's doctors won't be so willing to put their names, and required by rules their license number on a patients application. And who not agree with the new law. So your telling me that I can't get relief from something that could help for at least a year? Talk about pain and suffering. The ADHS motto is: Leadership for a Healthy Arizona. Again not all doctors are qualified specialists who have completed some required fellowship training to take on ALL aspects of healthcare. As required by law in Chapter 17 Title 32-1800 Sec 21. I did find the section on the video cameras amusing, and the location of the hand washing stations. I

was thinking... isn't that planning and zoning and who ever deals with building permits. And one issue I couldn't understand was the part that says if you're applying for a caregiver card, dispensary agent, and on behalf a child who is under 18 that they have to signed statement that says they do not currently hold a valid registry identification card, so these people can't be patients as well??? This is just a way for the ADHS to take a more intrusive step into our states MMJ law. I've also seen a few statements from some people, and organizations saying that the ADHS did a good job. And that really completely blows my mind. Did they really read all 47 pages of the ADHS proposed rules? They have taken a law that was just over 30 pages and turned a set of proposed rules into 47 pages of things they want. In a state that has a billion dollar deficit, does the health department really think they should help waste more taxpayer money the state doesn't have? I can already see claims being filed against the ADHS on all aspects of departments proposed rules

None of them. You are allowing the use of a drug that has been shown to be a gateway drug and is causation of crimes to include DUI. You also appear to be allowing the use of a drug that is illegal under the Federal Laws of this country.

I believe that rules and regulations must be in play for the benifit of the program, it needs regulation like all pain medications and guidelines should follow what any physician would recommend for pain management.

The requirements for patients and caregivers seem like they would be effective. I also agree with the 2 year Arizona residency requirement for dispensary owners.

I think that all the rules set in place are very organized and detailed unlike California's laws.

Dispensary and edibles rules are effective. Edibles need to be regulated just as any establishment would that sells food.

R9-17-307. Administration C. A dispensary: 1. Shall cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers; 2. Shall only provide medical marijuana cultivated or acquired by the dispensary to another dispensary in Arizona, a qualifying patient, or a designated caregiver authorized by A.R.S. Title 36, Chapter 28.1 and this Chapter to acquire medical marijuana; 3. May only acquire medical marijuana from another dispensary in Arizona, a qualifying patient, or a designated caregiver; 4. May acquire up to 30% of the medical marijuana the dispensary provides to qualifying patients and designated caregivers from another dispensary in Arizona, a qualifying patient, or a designated caregiver; and 5. Shall not provide more than 30% of the medical marijuana cultivated by the dispensary to other dispensaries.

R9-17-301. Individuals to Act for a Dispensary Regarding Requirements --- All the language included under R9-17-301 ---

Allowing patients to grow their own is a good thing. Also, allowing them to supply to dispensaries is good. The effective parts are the ones that put a stop to wasting public money persecuting marijuana smokers.

The regulations prescribing security and record keeping for growers and dispensaries are generally well-considered and appropriate

I think its affective if it didnt seem like the bureaucrats that who are against the medical marijuana program it is clear there throwing a temper tantrum . It passed again quit looking for reasons to make it more difficult for someone who needs it gets it.

The dispensary rules are great. The level of detail are very well thought through and reminiscent of rules by colorado.

Multiple visits to your doctor to validate the patients needs is a very good idea, but maybe a visit every 2 months for 6 months should be good enough. keeping the dispensaries out of the neighborhoods is a good idea. put them in a commercial area that is away from schools and neighborhoods.

i think you guys are trying to make it hard and so expensive the sick who need to be on it and on fixed incomes like social security cant get it. only people who have money will be able to buy it themselves.

I like the fact that there is a list that a doctor has to refer to and comply with so that the Rx is not indiscriminately given out.

Effective- Being able to sell to dispensaries medical marijuana from the personal growth usage. But I do have a question that may need to be entered or not; how much can a personal patient sell legally to the dispensaries? I am assuming it is based on the twelve plant limit vs quantity, Also I want to know how many seedlings (baby plants) can be sold back to dispensaries? I also want to know if the dispensaries have to pick up the product they are purchasing from quailifying patients or if the patients can diliver legally to dispensaries? Thank you

that you must receive a board certified doctors recommendation to qualify for medical marijuana. a limit of 5 ounces per month can be purchased.

I DO NOT WANT THIS THING EVEN IMPLEMENTED. I WANT PEOPLE WHO ARE PRESCRIBED THIS DOPE TO NOT HAVE A DRIVER'S LICENSE OR BE ALLOWED TO OWN ANY MOTORIZED VEHICLE. THEY SHOULD BE IN THE LAST STAGE OF LIFE AND CONFINED TO A HOSPICE OR HOME WITH 24-HOURS OF PROFESSIONAL CARE. MAKE DOCTORS TAKE THE PERSON'S DRIVER'S LICENSE AND SEND IT TO DPS WHEN THE PRESCRIPTION IS WRITTEN. I DO NOT WANT TO BE A VICTIM OF THIS STUPID LAW!!! THE STREETS AND HIGHWAYS ARE TOO DANGEROUS NOW!!!!!!!!!!!!

none
Overall I think the draft is pretty well written.
The clear language about the conditions that qualify patients to receive medicinal marijuana cards.
I was reading before that patient and caregivers are allowed to grow the plant in their homes. I think that it is safe to have a dispensary act like a pharmacy. Allowed to give the medical marijuana only to people that have a medical history and have already established a record from a doctor in need of use of the marijuana. This way there will be more control over it. Patients can smoke it at home once they pick it up from the dispensary.
Having a medical director for each dispensary is a great idea.
Two years is fair and reasonable to AZ entrepreneur's invested in this cause. --- R9-17-302. Applying for a Dispensary Registration Certificate A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident for the two years immediately preceding the date the dispensary submits a dispensary certificate application. ---
The Patient and Caregiver Registration process is very clear. All that is needed is the State supplied form or website.
The draft rules are well written and easy to understand. I have assisted my own profession with the drafting of rules for our licensure. And often ordinary people believe they need to write in lawyer speak. I'm so glad your office wrote the draft so the people of AZ can understand the rules. I appreciate the very descriptive expectations the state will have of dispensary owners. This demonstrates the seriousness of this type of business. This will assist owners that are new to owning a business and with their own dispensary safety. 2 year residency, You could even make it a longer time period. Proud AZ
I believe most of the rules providing for strict regulation of products are good, having access to security cameras is also a good measure to have taken. Requiring that at least 70% of all product is to be produced by the company is also a good idea. Requiring 2 year residency is the best rule ever made!

The rules seem rather strict, but reasonably under the current circumstances to discourage non-legit "patients"--which should help avoid the creeping de-facto legalization issues experienced in other states. Like the law itself, the proposed ADHS regulations seem comprehensive and designed to accomplish stated goals while avoiding unintended consequences. My comments below will help further mitigate the threat of the latter.

Arizona residency, security, documentation, reporting.

An applicant submitting an application to the Department shall submit the following nonrefundable fees: 1. For registration of a dispensary, \$5,000; Like 2. To renew the registration of a dispensary, \$1,000; Like 3. To change the location of a dispensary, \$2,500; Like 4. To change the location of a dispensary's cultivation site, \$2,500; Like 5. For a registry identification card for a: a. Qualifying patient; \$150; Do not like b. Designated caregiver, \$200; and Like c. Dispensary agent, \$200; Like 6. For renewing a registry identification card for a: a. An applicant submitting an application to the Department shall submit the following nonrefundable fees: 1. For registration of a dispensary, \$5,000; Like 2. To renew the registration of a dispensary, \$1,000; Like 3. To change the location of a dispensary, \$2,500; Like 4. To change the location of a dispensary's cultivation site, \$2,500; Like 5. For a registry identification card for a: a. Qualifying patient; \$150; Do not like b. Designated caregiver, \$200; and Like c. Dispensary agent, \$200; Like 6. For renewing a registry identification card for a: a. Qualifying patient, \$150; Do not like b. Designated caregiver, \$200; and c. Dispensary agent, \$200; like 7. For amending or changing a registry identification card, \$10; and 8. For requesting a replacement registry identification card, \$10. Like b. Designated caregiver, \$200; and c. Dispensary agent, \$200; like 7. For amending or changing a registry identification card, \$10; and 8. For requesting a replacement registry identification card, \$10. Like

Generally well crafted - helpfull detail. I run a [REDACTED] and found many instructive features - especially as related to health, hygiene, and security. HOWEVER GIVEN FEDERAL LAW AND POSSIBLE PREEMPTION ALL STATE GOVERNMENT REGULATIONS REQUIRING INFORMATION PUT INDIVIDUALS AT RISK OF FORFEITING THEIR 5TH AMENDMENT RIGHTS!!

i believe over all you have done a good job. but what i dont see is any talk about the seed bank. this is

very important we should have control over the seeds used to grow in arizona.for various reasons including quality keeping the economics of it in arizona taxing local grown developing new strains etc.

I like the way that Dr.'s are able to recommend MMJ for for use for patients. I think it will eliminate a lot of people that want to use it, that do not really need it.

We would like to commend Director Humble and his staff for addressing the "doc in a box" clinics that appeared almost overnight in California and Colorado. Requiring proof of an existing and ongoing patient-physician relationship is a great way to focus on those patients that are truly going to benefit from medical marijuana. It will also help lend credibility to the measure with the medical community.

Language regarding practice of dispensing to patients and the distribution of certificates and registration cards is clear, succinct, and attainable.

I like that dispensaries will be monitored so well. I think the fees are reasonable. I think overall it is reasonable & pretty well written. I like that it seems to try & keep the cost down for card holders. The whole point should be ways to get people good quality medicine they need @ a reasonable price, safely.

i think not being able to smoke in public is a good idea. i also like the idea of "enclosed growing".

I like the dispensarys location and the fact the amount of them make it easier to keep tabs on.

too complicated to even read the draft. please make it simpler. rules about dr certification is ok, but too complicated and requires too much work for dr's. rules about pt id are ok should be combined with caregivers, their id's are ok also as a patient, I don't care how much ID is required about me, but make it easier on dr's if they deal with patients. good to have an ongoing relationship with dr. The cost for patients is too high and unfair for many patients can't afford that price in addition to all the medicines they already take, why punish the patient??? when they are looking for relief.

I think you've done a great job so far both in your communication and the drafting of the rules.

Over all most are not going to be effective and are open to abuse with strict enforcement which will be way beyond enforce resources.

Effective? How about prohibitive? 15. "Medical director" means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary. 16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least one year and the physician has seen or assessed the patient on at least four visits for the patient's debilitating medical condition during the course of the physician-patient relationship; or b. The physician assumes primary responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical record maintained by other treating physicians that may include the patient's reaction and response to conventional medical therapies.

I like the parts of 1 year being seen by a physician. I also like that the plant needs to be from Arizona.

The fee is reasonable. Valid of copy of state ID and citizenship is great.

I like that dispensaries have to be 500 feet away from schools

No many

You people need to take a breath and relax... cannabis has been used medicinally for hundreds of years. It can't be any worse than a lot of prescription meds out there. No one is going to stop using it because you say so

I never heard of people requiring fingerprints to get Oxy or having to pay for a \$150 license for Oxy.

Last I checked, pharmacies didn't have to put in an additional \$5000 license just to carry a specific medication, patients didn't have to be fingerprinted, and patients didn't have to pay a \$150 fee themselves to get prescription pain killers.

I am very disappointed in the burdensome rules proposed. (1) Many clinics, such as [REDACTED], are restricting their doctors from recommending medical marijuana. So a patient in need will have to wait a year, and see a new doctor 4 times at maybe \$100 - \$150 a visit to get a recommendation, plus they'll have to pay the state \$150 for their license. So much for the poor being

able to get a medical marijuana card

I was afraid that ADHS would make the rules so onerous that obtaining medical marijuana will be nearly impossible. I have been proven correct. From the \$150 patient fee, to the fingerprinting of caregivers, to the current photo ID requirement, to the real-time video cameras, to the extreme liability faced by prescribing physicians, these rules are designed for one purpose only; to inhibit anyone from legally obtaining medical marijuana. No doubt there are also some Arizona sheriff's who will harass and intimidate the lucky few who leap the preliminary hurdles and actually enter a dispensary. The morality police deeply rooted within Arizona government have made a sham of Propostion 203 and of the voters who approved the measure. Screw the voters once again

Well boys and girls here we have it, more government involvement in what should be a no brainer. Are they expecting to balance the budget off the sick and dieing? What are the costs to start a Pharmacy? What restrictions do they have for the Physician in prescribing any other medication? Do you have to spend \$150 to get a card that allows you to get Oxyconen? Just more ways to put their thumb down on people and the way that they want to decide how to reduce their pain. This should be a carbon copy of other working systems in any of the other states that allow medical Marijuana. This draconian restriction will just drive people to illegal sources and ot going out of state to get the medication they want. Have you been to Canada or Mexico for meds yet??

This is another unreasonable rule. Newly-diagnosed patients have to wait a year to get MM? That's just plain ridiculous and unnecessary. The rule here should be no different than it currently is for prescribed narcotics.

So what exactly is the point of this law that we voted for? Did Walgreens and CVS have to jump thru this many hoops to dispense Oxy and Xanax? Do you need to get a card for \$150 dollars in order for the pharmacies to dispense OXY and Xanax? I know two people that are going thru chemo right now, that I've already heard say "that they will not got thru the hassle and will continue getting it from whomever they're getting it from now" What is it we voted for again? You can walk into any URGENT CARE with a bad back and walk out with a script for pain pills (very addicting pills) and then go to CVS and have the pills to alleviate your pain, all with in a couple of hours. Yet to get this medication you "Have to have a RELATIONSHIP with your doctor for at least a year and he has to want to prescribe it to you" WHAT A JOKE!!!! What other medication has all these hurdles in front of it?

Hello, I just herd on 13 news Tucson that I one must be treated by what sounds like the ordering Doctor for a full year before reciveing Medical Marijuana. I hope that there is more to this , I have been treated by V.A. for the last four years and have all Doctors reports,MRI,X-rays, and these reports are going back to 2001 and before. I have a very clear picture of my need for such a drug. It will be bad enough for me to pay for the secound Doctor as it is, plus the cost of the drug at full price. I am on S.S.N. Dissiblity , Please advise me that this is not the case. This is with out dought unfair to all Veterans, do to we are unable to get this drug from tht V.A. system. and have no choice but turn to an out side sorce for the relif of this drug. If you were in great pain and had to wait another year. paying a secound Doctor to put in your time. This system is not right, if it is as said on TV news.

Not many, just a lot of red tape and government bureaucracy. Whether you people like it or not, marijuana is here to stay, get over your self righteous I know what's best for everyone attitude.

Biggest waste of paper of use clouding the issues, making it as confusing as possible. Typical

Government involvement.
~The "2 Year Rule" will help keep out of state interests from flooding the application process. ~The requirement for a Medical Director that is NOT a part of the referral chain. ~The requirement that recommending physicians are actual caregivers not "robo-signers".
Definitely the residency requirements of registering a dispensary. It is obvious that California's methods did not work as planned, so having California money come over would easily bring their issues. They did boycott us as well.
I think sales should be restricted to pharmacies.
about the doctor patient relationship now there wont be as many abusers of the rules
I really like the patient protection clauses in housing, employment, and family court issues. I also like the restricted amount of dispensaries allowed. The guidelines for forming and maintaining a dispensary are very fair.
ALL
R9-17-302. Applying for a Dispensary Registration Certificate A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident for the two years immediately preceding the date the dispensary submits a dispensary certificate application. R9-17-306. Inspections D. The Department shall not accept allegations of a dispensary's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter from an anonymous source.
I like the fact that Arizona residents need clear involvement in the a dispensary.
None of it will be effective except to further the problems for those in need of Medical Marijuana. What is the major problem with you people? Are you so afraid to help people that you sit around in your tax payed office with nothing else to do with your time but to write 47 pages of absolute nonsense. You should hang your head in shame every payday because you do not deserve the position you are in. If you were a person in need of Medical Marijuana you would be the first one in line trying to sign up for it. Shame on you, now go home and look at yourself in a mirror and tell yourself how ignorant and idiotic you really are.
I believe your regulations regarding the dispensaries are pretty well set and some of the rules regarding issuance to patients as well, but I'll discuss those in the next section.

I believe that all parts will be affective.

None of it will be effective except to further the problems for those in need of Medical Marijuana. What is the major problem with you people? Are you so afraid to help people that you sit around in your tax payed office with nothing else to do with your time but to write 47 pages of absolute nonsense. You should hang your head in shame every payday because you do not deserve the position you are in. If you were a person in need of Medical Marijuana you would be the first one in line trying to sign up for it. Shame on you, now go home and look at yourself in a mirror and tell yourself how ignorant and idiotic you really are.

On first pass, although extremely regulated (as perhaps is necessary), the rules appear to be in the best interest of the industry.

90% is effective. It is a must that only Arizona residents are able to obtain dsipensary licenses. I hear that out of state people are trying to come into Az to acquire as many licenes as possible which would hurt the AZ residents. Since it is still illegal to sell medical marijuana why is the the Department requiring applicants to already have a site, lease in place etc. Is it practical to incur those expenses when you have not been approved yet?

I would like to start by saying ADHS is doing a great job staying on schedule and judging by the first draft you are all working hard and doing a great job. I read the first draft with an open mind trying to find areas improvement that would benefit all parties involved. I am a Pharmacist in the valley and much of what I will write draws from my experience dealing with maintaining an accurate inventory of medications and trying to prevent the abuse of the system by fellow employees, patients and physicians.

- 1: The inclusion of a medical director is a great idea. People cannot forget that, although natural, marijuana is a drug. It comes with side effects and the possibility to interact with other medications a patient may be taking. Again, great idea.
- 2: The ability for a physician to revoke a patients dispensary registration card is another winner. I was hoping for something like this. With a traditional prescription, it will expire and requires authorization from the prescriber to refill. Physicians do not give patients a script that will last the full year. They want to follow up with the patient and observe the benefits/problems associated with the drug.
- 3: I like the idea of having inspections of dispensaries and cultivation sites. This will assure inventory and compliance rules are being followed.
4. I like that ADHS is trying to prevent "pot docs" from prescribing to half of the valley. A one year relationship or the requirement for the physician to know the background of the patient and to maintain a relationship with him/her is a good idea. This is a good idea, but I do not believe it will stop the inappropriate recommendations. A "pot doc" will simply require a patient to follow up with them x amount of times throughout the year. For instance; Patient goes to a physician knowing he/she will make the recommendation, get the recommendation and will then have to set up a few more visits throughout the year. I do commend you guys for attempting to slow the work of these unethical practices, however; I could see this as making the practice more beneficial to these types of prescribers. Under this law they would not only get paid to write these unwarranted recommendations, but they will also get paid each time the patient returns. The return visits will be done just to stay legal. They will still make the recommendation on the first visit without any real disease present.

I believe you are going to have bocu problems and all those people who voted for it are mostly non

medical people who want to gain traction in getting pot illegalized.

none, we did not vote for this, we voted for a proposition which clearly and succinctly states the need for and qualifications for medical marijuana. This "draft" as it is called put forth by an overweight, obese, unshaven, bureaucrat who has nothing to do but add 50 more pages of administrative B.S. to the law we the people passed in November for the fourth time. In addition this individual and obviously a lobbying bunch of cronies decides then to tax the product and the individual and the physician all across the board making those for whom the act is created with severe chronic health issues pay for this bureaucracy. This is not freedom for which we fought but Socialism and extreme control and added government who we the suffering people of our state will have to pay. Since when did we vote for the handicapped to be taxed higher than the wealthy so a government health program can benefit? This is not freedom, this is sad...Vote the bum out.

Testing and Security.

The sections dealing with registration of caregivers and dispensaries are very thorough.

I would like to compliment your staff on creating such a thorough draft in a very limited time frame. I think that the information provided and rules suggested are very well thought out and well written. I am especially pleased to see that you are requiring all cardholders and dispensary operators to be 2 year ARIZONA residents. I was especially concerned that we would have an influx of Colorado, for profit owners, coming down here with the wrong intentions. I feel that you have done a great job in eliminating the monetary incentive in this business, and encouraged an environment that reflects the intent of the initiative.

I believe that charging for a marijuana card is a good idea.. This will weed out only a small portion of those who intend to abuse the system and the drug.. I suppose the rational thinking behind such a costly charge is that only the seriously ill will attempt to get a card..

The allocation of dispensaries.

Holy smoke... do you think you could have made this even more complicated and wordy than it is? On first read this is too much and too complicated.

the patient and "certifier" must have an established relationship. the number of dispensaries are limited. dispensaries must have a medical director to dispense information and monitor care

Everything good except what I said below.

It's completely unreasonable. This is so onerous that you've veritably stopped any medical marijuana in this state. Well done saying no to drugs. No sane doctor or patient would try to comply.

So what exactly is the point of this law that we voted for? Did Walgreens and CVS have to jump thru this many hoops to dispense Oxy and Xanax? Do you need to get a card for \$150 dollars in order for the pharmacies to dispense OXY and Xanax? I know two people that are going thru chemo right now, that I've already heard say "that they will not got thru the hassle and will continue getting it from whomever they're getting it from now" What is it we voted for again? You can walk into any URGENT CARE with a bad back and walk out with a script for pain pills (very addicting pills) and then go to CVS and have the pills to alleviate your pain, all with in a couple of hours. Yet to get this medication you "Have to have a RELATIONSHIP with your doctor for at least a year and he has to want to prescribe it to you" WHAT A JOKE!!!! What other medication has all these hurdles in front of it?

Licensed pharmacists are required to dispense medications in order to protect the helath of the public. I am an engineer and it seems only logical to me that since Mary Jane is a drug it should be treated the same as a medication, that is by a licensed pharmacist and pharmacy ONLY. Not just anybody!!!!!!!!!!!!!!

That someone has to be a resident of AZ for 2 years to try and get a dispensary.

Most of them.

None, other than some procedural rules.

I believe the 500 ft from a school for a cultivation/retail is a good distance. Remember, that the location of these establishments will not be in plain sight, they will be identified easily only by those who are looking for them, so 500 ft is an appropriate distance. I am also impressed with the health concerns and general cleanliness of this draft in regards to cultivation sites.

I think the rules are very comprehensive and to the point relating to the requirements for registration and dispensary licensing.

I think the rules that are implied are to help keep the use of Medical Marijuana for medical use and not recreational use. Keeping the criminal element out of the mix will help the cause. Also, the full tracking from seed to patient is great and the requirement of medical oversight.

None

Dudes... this thing it totally on target. Don't change anything, man.

<p>I believe the draft rules look pretty standard. They seem fair on the initial quick read.</p>
<p>There is no way to put a cap on the amount of money that the marijuana should sell for? What about people like me who are on SSI and can hardly even survive now. I still need my medicine. I have MS and if I dont have pot to smoke then I cant walk without falling most of the time. My legs tighten up so bad.</p>
<p>You should ask what parts are ineffective or discriminatory. Stating that you may diqualify an application for a dispensary if: a board member is in default for a government-issued student loan. This implies that the State of AZ is in compliance with Federal guidelines. The Federal Government does not recognise use of marijuana for medical pourposes, nor does it recognize medical marijuana as a defence from federal procecuton. You might as well state that a bad credit score is reason for denial after the \$5000.00 aplication fee is accepted. I assume as is usual that fees are non-refundable.</p>
<p>The cardholder process outlined will be very effective. I also like the two year residency requirement for dispensary businesses. We are seeing a large influx of cross-state businesses attempting to stake their claims in Arizona.</p>
<p>I believe that the law should be strict enough to keep the drugs to a minimum. And for those who really need this medication. The recreational user will always find a way to obtain the drug illegally. I see that other states have sucessfully implemented their marijuana programs and it appears that the revenues from the tax and other means has been good for the states budgets.</p>
<p>a very important rule should be doctor verification by telephone of the patients need for it also to include a forceable ID check to verify the patient and record the id check used</p>
<p>I like the requirement for the medical director on site. I like the requirement for dispensaries to be non-profit organizations.</p>
<p>I think it is a good basis to start with.</p>
<p>The registration process and fee schedule.</p>

I appreciate the thoroughness in putting these rules together: salient points are well stated and easy to understand. The establishment of the program follows clear guidelines.

I feel that all draft rules so far, are fair and effective except for the Registry ID card for Qualifying patient fee of \$150. Many of us are on Medicare and or Medicaid (AHCCCS) and have no other means of income. We are barely able to provide food for ourselves let alone pay such a steep fee. Even if the fee were to be cut in half, it would be somewhat more affordable but still costly.

The majority of the draft rules seems effective. Especially the restrictions on where cultivation can occur.

I think ADHS has done an outstanding job of drafting comprehensive and effective rules. I am sure you will get many comments about how these rules are too restrictive and the requirement of having an established relationship with a physician is unfair however the law is intended to help those with severe and debilitating illness so anyone in that category should have an established relationship. Personally I suffer from severe chronic pain. I see my doctor every month and have done so for years. Everyone I know with legitimate severe chronic pain does the same so please hold firm on that standard.

?

The residency requirement is great but possibly too permissive.

The fact that TCH products will be made available.

Hello, Good Job! Overall... Unclear on... Does the facility need to be in place prior to getting the certification?

Formal medical recommendation holding the issuing doctor responsible for his/her requiring the drug.

Over all Great Read it just once quick. My concern Say I can place My Dr . On my Board. He is practicing and will prescribe Medical Marijuana to his needing Patients. I see the rule as stating this Dr. cannot prescribe Medical Marijuana and also be on the board. Am I right. love it

I have not read the rules of other states for comparison purposes and I just skimmed these rules for certain parts. The idea of a patient-doctor relationship is key in helping AZ become a true medical marijuana state versus what is happening in California and Colorado and probably other states. In other words anyone with \$150 and 10 minutes can get some quack to give them a letter while it appears AZ is trying to make it stricter, truer, and harder for anyone to get a letter. Since 1996 and again On 1998 when nearly 2/3rds of the AZ voters approved a similar law like California's I have waited for this day. Not only to treat my Hep C and pain management but to validate the democracy of majority votes count. Ironically it was so close as compared to the 90's BUT I am glad to see AZ trying to be "The Model" for any future medical marijuana states proving it can be managed and regulated to be something other than a disguise for getting good pot for anyone with a story and lining greedy doctors pockets..

Hi, I liked what i read, if people can stay with the Rules, The State puts out. i believe everthing well work out, I was in Colorado this summer my Home state My Cousin has a Id card, took me into the dispensary, I seen a Guy buy some Weed, He look Very Health 2 me, So i ask him outside, What type of illness he had, He told me, He had a real bad Tooth Ache, That just Blow me away that is what U have 2 look out 4

I FEEL IT SHOULD BE SUGGESTED BY "ADHS", ALL PEOPLE COMMENTING EITHER PRO OR CON SHOULD READ IN DEPTH PROP 203, WHICH CAN BE FOUND BY CLICKING ON THE CENTER OF THE FIRST LINE UNDER Call for Public Comment, UNDERLINED THE Arizona Medical Marijuana Act, ALSO THIS SHOULD GO FOR THE THE SAME SHOULD GO FOR THE "Informal Draft Rules." HOPEFULLY THID WILL LIMIT THE INCORRECT QUESTIONS, WHICH CAN BE FOUND THERE. (AN EXAMPLE SEEN NO MORE THAN 50 TIMES: "YOU ARE PASSING A LAW WHICH WILL LET PEOPLE DRIVE UNDER THE INFLUNCE OF POT") OBIVIOSLY THEY HAVE NOT READ "PROP 203". OR THE "Informal Draft Rules". GET SMART PEOPLE, OUR PEACE OFFICERS HAVE BEEN ABLE TO DETERMINE IS SOMEONE IS DRIVING IMPARED LONG BEFORE THE ""BREATH ANALIZER" GIVE THEM MORE CREDIT, THEY KNOW HOW TO DO THEIR JOB.

For the most part, I think the rules are written very well. However, I do think some issues need clarification.

I feel you guys did a pretty good job.

Compared to other states, I believe that the idea to limit the number of dispensaries could be both/either effective, and/or destructive. It all comes down to who gets approved and why. I think having a medical director on site or at least available to each dispensary during business hours is effective. I would like to see this taken further in order to conduct much needed medical research and also to "weed out" the applicants just in it for the money who will end up with stores looking, feeling, and acting like "legal drug dealers," as we've seen in CA and CO. I think making dispensaries operate as non-profit organizations is effective and could have great potential to humanity. I believe AZ has the potential with this rule to decipher between the entrepreneurs who want their piece of the "green rush" and the entrepreneurs who have their hearts in this industry and strive to further mankind's knowledge of the medical potentials and risks through exhaustive research and donations.

I like the part that says people with chronic pain should be an acceptable problem for medicinal marijuana use.

Seems to be very well written overall. Clearly written so people know how to stay within the law. I like that dispensaries cannot be owned by people from other states. I like the standards & measures for dispensaries listed so that good medicine is sold @ fair prices & ran like a good business should be.

It looks like the most restrictive which in my opinion means the most expensive. The rules given to dispensaries a so cost restrictive they won't be worth opening.

The definition of "enclosed" does not meet the guidelines of prop 203. The "Draft Rules" make it virtually impossible to grow marijuana by natural sunlight. you would be requiring dispensaries to grow under lights which will indeed create a problem with the energy consumption. Considering 6.5 million ounces are projected which equates to over 400K pounds. Each plant grown under lights only produces about 9 -10 ounces per year. This amount would require 650,000 plants to be grown basically indoors!!!! The energy required to produce that quantity under lights and cooling would translate to about 6.5 million SF of space. Considering each SF requires 50 Watts (on avg) year round the amount of energy consumed just by the lights would be 325 million watts per hour!!!! This is 325, 000Kw per hour each and every day, plus you can double that amount for the cooling!!!!.....The average home in Phoenix uses about 65 Kw per day!!!! I suspect, if the rule stays the same and the public is impacted by this ridiculous requirement, you can expect an abundance of lawsuits,,,

overall seems fine except for a few things in my opinion.

the basic guidelines are reasonable but cumbersome. 2 years state residency before owning a dispensary

I want to see all the people involved in the growing process to actually know what they are doing in the growing process. How is the state going to make sure that the quality of the medicine will be good? Is the state going to do as California and have a school to learn the proper way of growing and if so I really feel that all dispensary growers should have to pass a state certified class to produce a quality product. Arizona already requires a food handler card for those working with food or the child care classes to become certified by the state why should this job be any different in this situation. We need quality for the patients or we will be no better than any other state. If I get a card I want to know that my medicine no matter what dispensary I buy from the quality will be the same. I say if you want to grow and be part of the Arizona changes than make Arizona have harsher laws to keep our state from becoming like any other.

This is an excellent start in such a short time frame. Overall the draft looks very good and very fair to all involved parties.

Most parts sound effective and closely modeled on CO existing laws and regulations.

i agree to the doctors over looking all pts receiving recommendation to all dispensaries.

Placement of clinics.

The draft rules seem to be effective although there seems to be a lot of expensive requirements that need to be met before a dispensary application is approved. If an applicant is approved then the floor plans, etc., should be submitted in a reasonable timeframe before beginning operations.

I think most of the rules are perfect.

all parts can be effective if the state stops persecuting individuals with medical conditions.

A resident of Az for at least 2 years a really effective way to help keep other states out of it...

I do believe the security restrictions for dispensary operations as well as inventory control are proper. I also believe the part about chronic pain as it needs to be a result of a debilitating condition/disease is also correct and this should deter individuals who don't necessarily need the treatment for just a

common ailment that can't be unproven.

I love that all board members are required to be state residents. I also enjoyed the statement that this should be a medical marijuana law as opposed to a recreational marijuana law. Forcing the recommending physician to be accountable for the patient is also brilliant. Requiring a physician to be a part of the dispensary will also set us apart from other so called marijuana states. I would like to see the same requirements for all recommending as well as prescribing, regardless of drug.

My initial impression is positive: clearly significant thought and effort has gone into producing these draft rules. A couple of things may need more clarification and control...

The general language is well stated and terms well defined. The oversight is very comprehensive regarding requirements and base measures in policies and procedures. The requirement for a medical director is to be applauded, especially the common sense ethic that such director not be a "recommending" physician.

I think you are off to a great start. It may be easier to follow the lead of the other states that have already put this in place

It is important that the dispensing sites be placed throughout the state and especially in Tucson and Phoenix where they can be easy to get to. Walmart may be a ideal source

I believe that the dispensaries should be tightly regulate and the people who run them.

overall very effective and very thorough

I believe you are on the right track and that the somewhat better safe than sorry approach is well meaning, I think there is a lot of information out there to suggest that you are putting to great a burden on the patient and the delivery system in particular the financial burden of obtaining a medical card. You would never find the "obstacles" for obtaining medical marijuana with one's ability to walk into a medical office and receive a pain killing narcotic. MMJ should be treated like any other medicine. You do not require pharmacies to operate as non profit, you do not require 4 visits to a doctor prior to receiving medical attention for other similar medications so the question is why is this burden extended solely to marijuana? There is no clinical reason for this. Please do your best to treat mmj just as you

would any other controlled substance and let the medical professionals be accountable for assesment and recommendation as you would any other controlled substance in a similar situation.

I think having a medical director on site at all dispensaries is a good idea to prevent abuse, especially since they will not be able to prescribe and potentailly have a conflict of interest.

I think all of the rules are effective. It looks to be a well balanced approach to the use of medical marijuana in Arizona.

I am very impressed with the efforts made thus far regarding this proposed draft.

Theses "stores" should not be allowed to sell paraphernalia in them. Secondly, theses "stores" should have to buy the marijuana from a pharnecutical company. There is a public safety concern when growers are not licensed. In addition to this, private citizens should not be allowed to grow their own plants until their residence is inspected. Homeopthatic doctors should not be allowed to dispense or prescribe marijuana.

The ADHS needs to make Medical Marijuana the same as all other drugs. How in the world do you thing the American people are going to let the government monitor there medical condition. Medical records are between a Doctor and his or her patients.

Registration rules seem effective, but an excessive and tedious process for registrant and registrar.

Keeping recreation drug users from gaining access, but not restricting it so much that ordinary people cant get the help they need.

Your timeline is very excellent and I appreciate the clarity in this. Other than that you have overstepped your bounds with your requirements that a patient see a doctor 4 times to prove an ongoing relationship. Unless the AMA has defined what an "ongoing" relationship is you can not simply take what New Jersey is trying to do and overlay it on our patients. You are going to be sued on behalf of the patients and won't your boss the governor of Arizona be happy when expensive lawsuits are launched which will cost our cash-strapped state millions to defend (i.e. SB 1070 all over again). You need to re-adjust your attitude towards Medical Marijuana and treat it like a medicine not a criminal enterprise. Educate yourself and not spend every waking moment of your time and your staff's time to over regulate this emerging green industry for the sake of keeping out a few people that may abuse the system when applying for a card. You don't use a sledgehammer to kill a fly, so please think this through and retract your draconian rules before it's too late.

registration seems to be ok....medical rules (conditions for doctor to prescribe) is not !

There is considerable focus on security, registration, administration, and access.

Thank you for making it so that only Arizona Residents can apply for Dispensary Licenses.

the rules seem to be pretty effective overall, but there is a a overlooked issue. Coming up with the money needed to rent build-out and operate is a little more than most people have the ability to throw away on the chance that they will get a certificate. I think their should be a contingency plan similar to how a nursing home gets it certification and preliminary certification and then be given at least 30 days to comply and be ready for inspection at which time the applicant is either ready with all their ducks in a row so to say or they loose their certificate.

Im not sure

The majority of the draft is well written.

This is what you have been working so hard on? It is ridiculous from start to finish your draconian rules for having a doctor recommend a substance that is safe and effective and no deaths attributed to ingestion of marijuana. Really Mr. Humble where do you get off putting out this ridiculously restrictive set of rules that no other state or country on the planet uses? We are talking about a state law that was passed that requires minimum oversight and regulation of the patients. Who in the world can afford to see a doctor 4 times to get a regular prescription. Does someone go through these hoops to

get their Oxycontin. You need to lighten up and not treat marijuana like it's crack cocaine and get real. Read up on the subject before you put out 47 pages of draconian rules or else you will be sued for noncompliance of the Arizona Medical Marijuana Act. You are a civil servant not the drug czar. You work for the people on the taxpayer's dime not the DEA. Shame on you for putting out this piece of dreck! Also \$150 for a patient to get their card and even on renewal another \$150. No other medical marijuana charges such high fees and why does a patient with a debilitating medical condition even have to pay for the right to use their medicine? You need to rework these rules and take in consideration this is a law and you were tasked to make it work not put pages and pages of requirements on top of the patients and caregivers.

medical conditions for prescribing medicinal marijuana

The overall approach to regulation appears reasonable and effective.

I think that the patient having to have been under the care of a physician for at least 1 year before obtaining a medical card is a great way to keep it more ethical. I also believe that the owner of the dispensaries having to have been residents of AZ for 2 years is a great way to make this new opportunity effect the local economies; which is fantastic. It is all about localism!

I think a \$5000 application fee is great 2yrs residency is fair I think you guys did a fantastic job on this rough draft. We have been following it very close.

This is test content and can be deleted.

What parts of the draft rules do you believe are effective?

Open-Ended Response

This draft has been well thought out and constructed effectively. Clearly it has been created by educated individuals, and groups, that considered the legal challenges that will be initiated. GREAT WORK.

I believe this is a pretty decent draft with a little help with be functionable

there are alot that are effective thanks for your timely draft

How can you even answer this since until the rules are put into effect you don't know how they will work. You were given a blueprint for putting together the paperwork and database to run a medical marijuana program. Until you accept that medical marijuana is medicine your draft rules will not be effective because you are making the rules too restrictive to screen out 80% of the eligible patients (per your own words). What kind of world do we live in that try to implement a program to stop the small percentage of people that abuse the system. If we followed your logic there would not be public libraries because a small percentage of the users (around 5%) abuse the system by stealing materials (particularly CDs and DVDs), check books out and never return them, damage books, write graffiti in the books and even tear pages out. So your biggest fear is somebody will go to the doctor and fake pain to get some relief? That's what you are worried about? Please Mr. Humble why would someone go to these lengths when they can buy the same product on the streets as what the dispensaries will offer only cheaper. Street dealers don't ask for cards and they have high quality product because even in California the #1 cash crop is cannabis and you think everyone in California is running amok with the medical marijuana cards. Stop watching [REDACTED] and read the book [REDACTED].

the requirements that make sure that a patient has a legitimate medical condition that require the use of medical marijuana. The requirements that a patient get a card to ID themselves as having a qualifying condition. But that is written into the initial rules that were voted upon initially. Most other rules that you, as an agency are trying to implement, in addition to what was voted upon by the voters, is an obvious and unconstitutional attempt to complicate a fairly simple idea and an obvious attempt to subvert the political framework that our nation, and more importantly, the state of Arizona was founded upon. Regardless of what the personal beliefs of those that are placed in charge of writing the rules for Arizona, THE ENTIRE POPULATION OF ARIZONA wants people with cancer and seriously painful conditions to have access to medication that relieves their pain. Arizona voters want the AZ MMJ Act implemented exactly as they VOTED for, not what you feel that you personally want.

With the holidays & several end of/ first of year tasks out of the way, I'll start memorizing the section this weekend. From what I have seen so far, requirements for documentation.

I believe that the draft rules have only partially followed (conformed) with the intent of what we the voters intended. The majority of the 47 pages, however, seem to be well thought out and should be effective. The following comments will address the corrections feel should be made.

Discription of Dispensary requirements and operations! Pricing seems fair!

None

Obviously, you didn't understand the will of the people. We voted and clearly you lost, and now you want to change the rules because you are a sore loser, LOSER!!!

There are many parts of the draft Rules that ensure safeguards to prevwent medical marijuan from being used for non-medical reasons. The requirement tha ta physicaïn with an on-going physicaïn-patient relationship make the recommendation for medical marijuana fro their client is important. Itis also important for a physican to be the medical director for the licensed dispensary. However, this physican can not also give the clients of the Medical Marijuana Dispensary the recommendation for medical marijuana. There are many safeguards for preventing theft and loss of hte marijuana through strict regulations of the Dispensary. The \$150 fee for the registration identification card for the client is a reasonable amount to help defray the cost for administering this program. The [REDACTED] [REDACTED] has estimated that operation costs will run \$ 600,000 in year one, \$ 1.5 million in year two, and \$3.1 million in year three. The \$ 150 is a minimal cost compared to the cost of the marijuana product and may deter non-medical use.

The rules appear to be well written and cover a lot of territory. As a matter of fact, I think they cover a little more than they should. They seem to be overly restrictive and require things that are not required in any other industry or business. I think you should rethink some of the restrictions as they will not hold up in court.

Truly, with all due respect, I wish the first draft had sufficient effective content to warrant response here; such that it is, I shall reserve effort and response for the next section, in hopes that in the next period I'll spend more time in this text box than the next...

N/A

The draft seems comprehensive in its specificity of qualifications for patients, caregivers, pharmacists, sources and grow conditions. Perhaps overly so. I like the medical history transfer option between doctors in lieu of establishing a new, protracted relationship. YEA for progress applying this innocuous substance for medical purposes. Good fortune for futher commercial applications. It has been unjustly oppressed since [REDACTED].

As a non-user, I believe most of the rules are appropriate. The job you have done is admirable given the time constraints.

Hi, and thanks for giving the public a great way to respond with feedback. I believe you overall judgments and policy are quite good and I appreciate how strict it is. This will result in sick people in pain, getting the help they desperately need. I have seen father go through a liver transplant and prior to the transplant he suffered for 5 long years, during which he would take marijuana from time to time to ease the pain of constant itching. The urea from the body is deposited on the skin constantly and makes one extremely dry and itchy to the point you do not know when you are constantly scratching and cannot sleep. Not a fun event at all, but the marijuana gave him enough relief to get some rest which was a great help. At the same time this was going on my dear friend was got Hodgkin disease and his doctor recommended he try marijuana to fight the effects of nausea from the

Chemotherapy. With the use of marijuana he was able to eat food and actually keep it down to digest it. In fact, on one visit to the doctor, his physician remarked how he had actually put on weight. So a recommendation from a doctor in an established doctor-patient relationship per the description in the draft rules is good. Plus, this will deter less scrupulous doctors from giving out random recommendations for marijuana when not warranted. People that are in pain deserve treatment, and we should not soil the medicine they need with problems that other states have. This marijuana should be able to be produced inexpensively while allowing the patient access to it when needed.

R917-201 makes perfect sense in establishing appropriate conditions for issuing medical marijuana but the one year / four office visit relationship requirement is going excessively too far. I agree with the facility security requirements and electronic verification systems to keep facilities safe and keep marijuana sales legitimate and only to individuals with medical marijuana cards. I would like to see a lot of the stress put on the security aspect to make sure the dispensaries are safe and crime free and I feel this to be the most crucial part of the equation when implementing the medical marijuana act in Arizona.

â€¢ The effort to limit the number of Dispensaries, although the number proposed is too low â€¢ The apparent concern for the Dispensaries security, expressed by the excessive security specifications proposed â€¢ The effort to avoid allowing a felon to be involved in the supply or distribution process

This comment effects the doctor patient relationship portion of the draft. I agree with your thinking , but up until recently there has been only conventional mainstream methods available to all. This Act, I believe, is a more natural approach to treating a variety of chronic illness. It opens up a whole new genre of medical practice, however, building a long term relationship initially will take extensive out-of- pocket funds.

THE PART ABOUT DISTANCE FROM SCHOOLS

Most of it is Great!

We could improve on some rule by just plain removing them. They are going to cause more harm than good. I believe that rules R 9-17-101.16, R 9-17-101.17, R9-17-202.F.5(e)i-ii , R9-17-202.F.5(h), R9-17-202.G.13(e)I , R9-17-202.G.13(e)iii , R9-17-204.A.4(e)i-ii, R9-17-204.A.4(h), R9-17-204.B , R9-17-204.B.4(f)I, and R9-17-204.B.4(f)Iii are cruel, arbitrary, unreasonable, and usurp authority denied to the department. Those sections violate the 1998 Arizona Voter Protection Act. ARS 36-2801. 18(b) defines an assessment, singular, as sufficient. The Arizona Medical Marijuana Act does not give the department authority and the 1998 Arizona Voter Protection Act denies the department authority to require multiple assessments, require "ongoing" care, or redefine the patient-physician in any way, much less to promulgate a relationship among patient, physician, and specialist that is found nowhere in the practice of medicine. Nowhere in medicine is a specialist required to assume primary responsibility for a patient's care. Nowhere else in the practice of medicine does Arizona require a one-year relationship or multiple visits for the prescription or recommendation of any therapy, including therapies with potentially deadly outcomes. Marijuana is not lethal, but the department usurps authority to treat it with cruel and unreasonable stringency far beyond the stringency imposed upon drugs that are deadly. Plainly, it is dangerous and arbitrary for the department to suggest that a cannabis specialist assume primary care of cancer, HIV/AIDS, ALS, multiple sclerosis, Hepatitis C, and other potentially terminal qualifying conditions when the cannabis specialist may not have the requisite training or experience to do so. The department's regulations are a cruel, unreasonable, and arbitrary usurpation of authority and denial of patients' rights of choice, including their rights to choose other medical providers, other sources of care or information, or even to choose not to seek (or cannot afford to seek) other medical care at all (whether prior or subsequent to application).
â€¢ Any Arizona physician may in a single visit prescribe "speed," e.g., Adderall, to a kindergartner-without 4 visits spread out over 1 year any Arizona physician may prescribe to a kindergartner a drug that can kill that child by heart attack, stroke, seizures, or other "side effects."
â€¢ Cancer, HIV, Hepatitis C, and ALS patients often do not have 1 year to live.
â€¢ The patients that do live are cruelly being told to change doctors or suffer for 1 year.
â€¢ Deadly and addictive drugs such as the opiates are prescribed in a single visit by Arizona physicians and, despite the best efforts of physicians, some of those deadly and addictive drugs are illegally diverted, but that does not cause the AzDHS to demand 4 visits, 1 year of visits, or that the pain specialist assume primary care of the patient.
â€¢ Marijuana is 100% safe, gives patients good relief, and cures some conditions-Marijuana is not deadly and is not addictive.
â€¢ The alternative offered by the AzDHS to avoid 1 year of suffering, the cannabis specialist takes over the primary care of the pt's qualifying condition, is done nowhere else in medicine-Nowhere else in medicine does a specialist take over a patient's primary care.
â€¢ The AzDHS does not have the authority to define or re-define the patient-physician relationship or the number of doctors visits, or the length of time for those visits-that infringes on the patient's choice
â€¢ The draft regulations are cruel and unreasonable.

I believe the residency requirement is very good.

I believe that the two year residency requirement is essential to keep the revenues produced from the Medical Marijuana industry within the state of Arizona.

I Believe all parts are effected. Minors? I really think a little more restraint, children have a way to come back. Children have RA but I would think that a child would not want to be buzz all the time, especially in a school setting. School authorities would have a fit if something happened to the child,

because of this section Zero Tolerance drugs. Transportation: If the Med Mar is in my car and anything and everything happens and the cops come. Is this going to be hazzled. DUI or what may Come.

Although it is a noble idea to have an Arizona only residency requirement for dispensary owners, I think it seems unfair. I think changing the draft to read at least 75% of licences issued must be Arizona residency is adequate.

On-site inspections Criminal record checks Fingerprinting

The health requirements to obtain a medical card.

I first want to thank the AZDHS, Mr. Humble, and all involved in allowing a safer alternative to prescription pharmaceuticals. I personally appreciate the open dialogue provided. I believe the mandated State Medical Marijuana Card is a major step in the right direction when it comes to providing security, protection of patient and caregivers from prosecution and arrest, as well as to combat against fraudulent attainment of a recommendation and ID. I myself originate from Northern California, and have been one of the legitimate Medical Cannabis patients, as I do suffer from a life long condition known as Spastic Diplegic Cerebral Palsy, Peripheral Nervous System Disorder, a set of conditions that have been extensively improved from Cannabis use. However, I was uneasy about the state of California's lax regulation, and sometimes no regulation. I do also appreciate the reciprocity provision, allowing other qualified patients from either neighboring Med Cannabis states or other Medical Cannabis states across the nation to safely use their medicine in Arizona for up to 30 days.

overall the draft rules are effective

I like the non-profit nature of the dispensaries. I agree with the overview that the intent is focused on medical marijuana and to take necessary steps to keep the focus on medical marijuana. I agree with draft which requires that dispensaries cultivate 70% of their own product. This clause will ensure compliance and help with regulatory control over the product.

Overall, I thought the draft was highly comprehensive and well-written/thought-out.
Everything but the doctor patient part.
R9-17-302 2 year residency requirement will ensure that Arizonans take ownership, and the money stays within our State. R9-17-311 Verification criteria is fantastic.
The draft rules are effective in that they do require two year residency for dispensary applications and the legal requirements for dispensary owners are good, owner need to be held to a high standard and be contributing members of their community with valid nonprofit status and intent.
Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.
MOSTLY OK. I BELIVE HIT WILL HELP WITH MY CANCER AND THE PAIN. I ALSO THINK PEOPLE THAT HAVE BEEN IN 4-5 AUTO ACCIDENTS MOST OF THEM ARE IN LOTS OF PAIN THAT WILL NEVER GO AWAY. I BELIEVE THEY SHOULD HAVE IT. PROBABLY BETTER FOR THEM THAN THESE DRUGS THEY GIVE US! ANYONE THAT NEEDS IT FOR A MEDICAL RESON SHOULD NOT BE DENIED EVEN IF THE DR DOES NOT UNDERSTAND THE PAIN. I HAVE LOTS OF PAIN. CHEMICAL NEROPATHY FROM CHEMO DRUGS, HAVE HAD 6 AUTO ACCIDENTS NONE MY FAULT, AND LOTS PAIN IN BONES ETC FROM MY CANER THAT IS BACK. I MADE IT 4YRS AND NOW IT IS WORSE THAN EVERY. IF I DIE I HOPE IT IS WITH POT TO HELP BE CROSS OVER! [REDACTED]
Residency
I agree with most everything that is in the 1st draft.
I represent [REDACTED]. I have reviewed the rules. My main concern is that there is no criteria establishing the placement of dispensaries throughout the State. Could all of the be placed in Maricopa and Pima counties? This is a significant concern to [REDACTED] as we would become a community of legal medical marijuana growers.
The rules establishing the nature of the doctor-patient relationship are clear and should prevent abuses
Re: "The requirement that dispensaries cultivate 70% of their own product" We intend to produce

100% of our medicinal cannabis, in the event of a crop failure or surge in demand it is nice to have some cushion. We think this is a responsible rule to keep for many reasons! Unregulated home grown marijuana with chemical pesticides and questionable ties to the black market will fill dispensaries unless this rule is kept! I would recommend keeping it 66.7-70%! Re: "The 2 year residency requirement for dispensary applicants" This will greatly reduce the influence of outside interests with ties to organized crime and an agenda to just use this as a stepping stone to push for legalization. Arizona has been hit as hard and harder than almost every other state in this recession! The thousands of underemployed Arizonans should be protected with this regulation! Re: Adding additional medical conditions including mental illness, PTSD, fibromyalgia, depression, etc. You were correct in not addressing this as it is presently a non-issue! Release a public statement explaining that this will be addressed after the rules are in place to get the dispensary/patient licenses distributed! The present tasks at hand are more than enough to keep you busy along with all the other duties your Department has, that haven't all just magically stopped so you can reinvent this wheel! Re: The 25 mile limit for patient/caregiver cultivation (which is actually in the Initiative, not the rules) Not addressing this is the correct course of action as changing the law isn't your duties! Re: The requirement that cultivation facilities be licensed in association with a dispensary Not addressing this is the correct course of action as changing the law isn't your duties! (what are these people smoking?!)

Growing plants in enclosed premises.

I believe much of the regulations are effective and not overly restrictive. In general, as a prospective dispensary operator I welcome state law makers to look at Colorado as a model of successful integration of medicinal cannabis laws and businesses as a model worthy of emulation; as with anything we have the opportunity to improve on that model at the beginning. California presents some interesting challenges and industry opportunities but because of its size and unique situation does not work as an overall model for our state to emulate necessarily. Specific parts of the proposed draft rules will depend how they are implemented and to what degree the state is willing to work with business and patient's right to seek medicine with in a humane manner. Like: R9-17-103 R9-17-102 B. a. b. c.

safety.

I don't know because I only read the draft rules that pertained to me. Based on what I read I do not have a debilitating medical condition on your list.

I believe that the qualification that the medical director be an M.D. is important. I believe that this requirement lends the program some legitimacy in the medical community as well as the public community. The medical director should be able to understand the intricacies of the diseases and conditions that qualify patients as well as the interplay of physiology and pharmacology. A medical doctor has the training to read and decipher the burgeoning medical marijuana research. Also, a medical doctor would be in a position to coordinate social work, hospice care and at-home needs for patients who have particularly debilitating diseases and conditions.

I believe there are people who have been in trouble for specifically marijuana in the past and would

possibly benefit the program if they were allowed a second chance Shorten the rule to five years or less for a felony top work in the field

1. The rules relating to the procedures for obtaining a doctors perscription for medical marijuana and obtaining a registry identification card.

I like that your laws are conservative. I feel that this is justifiable enough for patients who really do benefit from the 400 components that medical marijuana has. I know a lot about pharmaceuticals, and many of them, like opiates, are addictive and harmful to people over time. Long term side effects from many drugs are far more serious than cannabis' occasional couch lock laziness. I am happy that you are allowing an open opinion on what should be added for medical usages, as there are much evidence leading the way of the many uses that cannabis has. There are some with ADHD who even benefit well, and I would rather they smoke cannabis then be zombied by adderall or Ritalin. And you know Adderall is legal meth. If someone is misdiagnosed with ADHD, the long term effects can be detrimental. Over time, research will become less biased from either side, and the health of a person will be more of a priority than money. I also like that we are on the same page and want a legit program going, instead of California's terrible "Just give me the \$150 and you're qualified!" ways. Also how overran by dispensaries they are.

I have read thru the 47 page draft three times. It is obvious that a lot of time and effort has got into this work. I am a pharmacist by profession and I believe that the accountability demanded in these rules have raised the bar to such a level that it would make those responsible proud. I know there is much skepticism about this entire issue and I believe that an educated public, shown the length you have gone to, to make this as functional and professional as possible would be supportive. Therefore, I believe the draft rules are very effective.

see below

Most of these rules will be effective if your purpose is to allow only wealthy patients and drug cartels to be involved in a voter approved proposition. The rules regarding a minor being a qualified patient appear to be the pertinent.

I believe most of the reg.s are logical, such as a limit to dispensary numbers, distance from schools and rehab centers, etc. however, see below...

should draft and propose legislation that provides specific and enhanced criminal penalties for cardholders smoking marijuana in public. 23 24 LEGISLATIVE ACTION

R9-17-302. Applying for a Dispensary Registration Certificate B.3.5 A copy of the certificate of occupancy or other documentation issued by the local jurisdiction to the applicant authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site;

Dear Mr. Humble: I am writing this letter on behalf of a client who intends to provide information and services for patients in connection with the Arizona Medical Marijuana Program. We have thoroughly reviewed the text of Prop 203, as well as the 12/17/10 Draft Rules (the "Draft Rules"). The following are my comments and suggestions. Overall, the Draft Rules do not appear to place the interests of Arizona at the forefront. In their current draft form, the rules are designed to benefit a few wealthy individuals, and they essentially lock out smaller Arizona entrepreneurs from competition and access to opportunities to make Arizona's Medical Marijuana Program a model for future state programs. The current rules stifle competition and would create a de facto monopoly by artificially locking the wholesale to the retail business with the 70/30 requirement proposed under DR9-17-307, which has no basis in Prop 203. This will not only stifle competition, but will also result in artificially inflated prices for medical marijuana. The effect will be that few licensees will benefit, and patients and caregivers in outerlying areas will suffer. This artificial cost structure will no doubt negatively impact the industry in the long term. What is very troubling about the rules is how they propose to establish guidelines for issuing dispensary licenses. In its current form, the rules require an applicant to possess a certificate of occupancy or some other documentation issued by a local authority authorizing occupancy as a condition for obtaining a dispensary license. DR R9-17-302(B)(5) The applicant must also submit site plans and floor plans for the dispensary and the cultivation site to be eligible. DR R9-17-302(B)(8 - 11) This rule favors those few who have the financial wherewithal to (a) locate a site that complies with local zoning laws, (b) prepare and submit site and floor plans to obtain a building permit, (c) construct the facilities, (d) pass inspections, and (e) obtain a certificate of occupancy. All of this must be accomplished before an application can be considered. These requirements are an undue burden, are arbitrary and capricious, and they are not supported by the language of Prop 203. The proposed rules appear to be cut from whole cloth with no basis in the law and without consideration for the fairness of the licensing process. Such regulations are undoubtedly subject to challenge in the courts and possible disruption of implementation of the program by injunctive relief. Perhaps granting a provisional license to an otherwise qualified applicant pending zoning approval and obtaining a certificate of occupancy will level the playing field. Putting the cart before the horse only benefits those with enough horse power to push the cart. In addition, the licensing procedure should be less subjective and more transparent. Allowing licenses to be

issued by using subjective criteria promotes all that is bad about politics and business in America: cronyism, graft, illegal contributions, corruption, etc. Instead, licenses should be granted by way of a lottery or auction. All pre-qualified candidates should have an equal chance at obtaining a license. Licenses should not be awarded solely to those who have the most money or who can afford to meet the current requirements and suffer the consequences without much harm if a license is not awarded to them. Regarding the non-profit status of entities described in Â§36-2806 of Prop 203, the following questions should be answered to provide guidance to dispensaries and to prohibit abuses: â€¢ Can a license owner sell a dispensary license for a profit? â€¢ How much can a dispensary retain above its short term needs? â€¢ How much can dispensary management be compensated? â€¢ What related-party transaction protections will be implemented? â€¢ What accounting information must a dispensary share (and with whom and how often) to demonstrate its non-profit status? â€¢ What rights will the public have to question the non-profit status of a dispensary that is not required to be recognized as tax-exempt by the IRS under Â§36-2806(A)? Failure to address these issues will not only result in abuse of the system, it will also result in the perception that the ADHS tacitly approves weak controls to allow the powerful few to exploit the system and turn a huge profit in violation of Prop 203. With respect to the Medical Director requirement proposed in DR R9-17-310, please explain how ADHS has authority to mandate such a requirement given the fact that the need for a medical director apparently has no basis in Prop 203. Undoubtedly, implementation of this provision would be costly to dispensaries, and ultimately to patients down the stream of commerce. Doctorsâ€™ salaries, malpractice insurance, and other associated costs will have to be absorbed by dispensaries on a pro rata basis. This provision appears to be poorly conceived to employ lots of doctors who have little or no knowledge of the subject matter, and it raises the question whether doctors were involved in the drafting of these rules to provide doctors with a retirement pension, so to speak. In the interests of patients, the ADHS should instead employ an industry-supported medical director to be headquartered at ADHS to help oversee and administer the program. The medical directorâ€™s salary should be paid from revenues generated pursuant to Â§36-2803(A)(5). Finally, the Draft Rules are silent as to the acquisition of initial strains of medical marijuana and the addition of new strains as time progresses. Dispensaries need a legal method for obtaining genetic strains of medical marijuana, and this issue needs to be addressed in the context of current federal laws. Failure to address it will result in dispensaries technically having to violate the law to conduct business. For instance, from where will seeds and plants be acquired? Will interstate commerce be infringed by prohibiting the acquisition of seeds and/or plants from states that currently allow the use of medical marijuana? These are just a few of the many questions that go unanswered but need to be addressed. Perhaps the following language could be considered in any future rules: â€œDispensaries shall be allowed to obtain seeds and/or marijuana plants for the purpose of perpetuating specific genetics during the calendar year 2011. After 2011, any dispensary can petition the ADHS Director for approval to obtain additional seeds and/or marijuana plants to add new genetics, and ADHS shall approve such petitions that provide for protection of the supply chain from theft and/or diversion.â€ I appreciate the opportunity to provide my feedback, and I would welcome a meeting with you and my client to discuss these issues and implementation of the program in general, including the review of future draft rules before they are proposed once again. If you have any questions, or if you wish to discuss any matters set forth herein, please do not hesitate to contact me. Thank you. Sincerely,

1. Established criteria defining Physician/Patient relationship parameters
2. Established residency

requirements for principals involved in dispensary operations 3. Established requirement of "medical director" at a dispensary

The requirement for investors to be licensed is good to keep organized crime away.

I strongly agree with enforcing a two year minimum residency requirement. I would actually encourage a 3-5 year requirement. The last thing Arizona needs is an influx of people outside of our state coming here in masses to open up shop to make a quick buck. Although I don't necessarily agree with this Proposition, I think if we allow qualified citizens of the state who have a vested interest in the community operate, we will be much better off.

I believe the initiative should be enacted as written, the draft rules are changing the initiative that is the will of the people of Arizona. The parts of the draft rules that are effective are the rules that mirror the initiative as written with no "special" additions.

Most of it is effective.

I believe the rules are very well organized and cover all the aspects of this legislation that will need to be monitored by ADHS. It is still extremely disappointing to me that this bill has even passed. I believe it will only bring negative consequences to our state. It is my hope that ADHS will provide strict oversight of these dispensaries. I believe the application process and qualifications are appropriate.

Via Electronic Delivery and US Mail Will Humble Director Arizona Department of Health Services 150 North 18th Avenue Phoenix, AZ 85007 Re: ADHS Informal Draft Rules for the Arizona Medical Marijuana Act Dear Director Humble: This firm represents XX [please insert the appropriate name here] regarding the Informal Draft Rules proposed by the Arizona Department of Health Services (the "Department") for implementation of the Arizona Medical Marijuana Act (the "Act"). We applaud the Department's efforts in drafting rules governing the safe and responsible administration of the Act. We commend staff and agree with many of the proposed rules, however we are concerned about a number of provisions that are inconsistent with the Act or contrary to the intent of the law. 70% Cultivation Rule Proposed rule R9-17-307(C) requires a dispensary to "cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers" and limits the amount it can provide to other dispensaries. This provision is similar to the Colorado legislation (House Bill 1284) passed in May 2010 which was intended to bring greater oversight to an inadequate cultivation environment that was not sufficiently addressed in the original Colorado legislation. In contrast, the Arizona Act already provides for strict oversight and control of all cultivation facilities in the state such that any limit on cultivation and sales to other dispensaries is unnecessary. As it exists today, this provision is unreasonable, over-burdensome, against public policy, and may lead to adverse unintended consequences. Many medical

professionals and other highly-qualified dispensary applicants may be dissuaded from operating a dispensary if it requires the technical knowledge, experience, and prohibitive costs of owning and operating a cultivation facility. We agree that the Act should allow a dispensary the right to operate its own cultivation facility, however, the Act does not prohibit a dispensary from obtaining medical marijuana from the cultivation facilities of other dispensaries. To impose a 70% requirement is over-burdensome on dispensary owners and will cause an exodus of otherwise highly-qualified and capable dispensary owners. It may also lead to unintended consequences such as waste, under-qualified cultivation operators, and the possible creation of a secondary, illegal market of oversupply product. There are a number of benefits in allowing greater product exchange among dispensaries and cultivation facilities. Unit costs will decrease if there is more commerce among the registered dispensaries and cultivation facilities. Decreased unit costs are essential for qualified patients who are already struggling to afford the otherwise prohibitive cost of medication. Lower unit costs also ensure greater regulation by discouraging the purchase of cheaper, inferior-quality marijuana that may be obtained illegally. The inter-commerce among dispensaries and cultivation facilities will lead to more responsible, qualified and superior facilities as purchasing dispensaries will support only the best quality suppliers. Fewer, larger and more efficient cultivation facilities decrease the potential for public nuisance and oversaturation, reduce regulatory costs and oversight, and are less burdensome on the state. Ultimately, an unrestricted market among the registered dispensaries will result in a more responsible and superior cultivation facility with lower unit costs.

Medical Director We are supportive of proposed rule R9-17-310(C) which requires a medical director to oversee the development and dissemination of education, systems, policies and procedures of dispensaries. However, we disagree with provision (D) which prohibits a physician-patient relationship with the medical director and which also restricts its ability to write medical marijuana recommendations for a qualifying patient. The medical director requirement will likely absorb a large number of primary care physicians which regularly treat patients who already have an existing physician-patient relationship. In many cases, longstanding patients would need to find a new primary care physician to write medical marijuana recommendations for a qualifying patient. A more reasonable approach should allow a medical director to write a medical marijuana recommendation for a qualifying patient where there is an existing physician-patient relationship of at least 5 years. This approach would allow the continued physician-patient relationship and encourage credible physicians to apply as medical directors. It would also discourage less credible and under-qualified individuals from becoming dispensary medical directors.

Bonding Proposed Rule R9-17-302 sets forth the criteria for applying for a dispensary registration certificate, including (B)(15)(d) which asks the applicant to state, among other things, "whether the dispensary has a surety bond and, if so, how much." This provision is one of the criteria used in evaluating an application, however, it is unclear if this is a mandatory requirement. The Act has generated significant interest among potential dispensary applicants, both good and bad, who may see the new law as an opportunity without regard to their own experience, responsibility, financial ability, and ultimate liability. In order to ensure that future dispensary owners are the most qualified, capable, and responsible, we propose a \$200,000 cash bond requirement as part of the dispensary registration application process. Such a provision would require an immediate investment that would effectively sift out unsuitable potential applicants. It would also ensure that only the most responsible, capable, and committed applicants apply for a dispensary registration certificate.

Conclusion We commend the Department and recognize their exhaustive efforts in drafting rules implementing the Act. While we are grateful for the opportunity to comment, we will continue to analyze the proposed rules in greater detail, and reserve the right to make further comments about the initial rules as necessary. Thank you for the opportunity to comment on the proposed text amendment, and we look forward to working with you on this matter.

If you have any questions, please feel free to contact me at [REDACTED]

most everything

Most of them. Well done.

Please see "... draft rules be improved"

The tight regulation is necessary, especially at first. STAND YOUR GROUND! The current proposed regulations can be revisited and revised if patient access is truly a problem. The department's attempts to keep the "medical" in medical marijuana are visible and appreciated.

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

R9-17-302 Officers and board members should be restricted to AZ residents. It's about what is good for the state. There are plenty of opportunities already being capitalized on by residents of other states that have expertise in growing and dispensing medical marijuana in the form of consulting, training, etc. R9-17-311 Patient Verification/Identification The provision is effective as written. It is no secret that certain entrepreneurs are pushing their own agenda by suggesting specific methodologies and equipment for patient verification such as biometrics. While use of biometrics should be allowed, there are many other methods for ensuring proper patient verification that suffice for pharmacies, liquor sales, etc. Required use of biometric technologies benefit a few while burdening the patients as the non-profit dispensaries will have yet more costs to pass on.

1) The definition/requirements for patient-physician relationship * This has already been determined and you are trying to change per your beliefs. Will Humble has already admitted that this is something he wants and may not even be able to do. So you get to pick and choose what you want even though it has been voted on? 2) The requirement that dispensaries cultivate 70% of their own product; You obviously do not know that much about growing indoors. There is no way that a 2000 square foot area will leave enough for the different stages of the marijuana plant, veg and flower. In doing this there will not be enough medical mj for the patients. The figures you use of over a one pound of useable marijuana is laughable. Maybe for plants grown outside but if you are lucky you yield 1-2 1/2 OUNCES per plant indoor. The lights only penetrate so far and as a result yield is lower. So you will need to eliminate the 70 percent figure or the dispensaries will not have enough. Also, in doing this you are allowing the criminal element to live. When it is this restrictive dispensaries may be forced to try and get additional medical mj. You would never be able to track all of it even with the most sophisticated equipment in place, just look at Colorado and California. 3) The requirement that dispensaries have a medical director; The qualifications for medical directors (e.g. allow other medical

professionals including a pharmacist, naturopathic physician, homeopathic physician, family nurse practitioner, physician assistant, or registered nurse to be the medical director) Once again you are making too restrictive that ultimately will lead to a system that will not work properly.

The [REDACTED] is pleased to present its comments to the draft rules issued by the Arizona Department of Health Services that will guide the implementation of Proposition 203, the Arizona Medical Marijuana Act. The [REDACTED] recognizes the major responsibility entrusted in the Arizona Department of Health Services and the complexity of the tasks it must complete within an aggressive time frame called for under Prop 203. We are confident that the Department is and will continue to carry out a public process that will respect the needs and balance the interests of industry professionals who aspire to meet patient needs, prospective patients, and the general public. The leaders of the [REDACTED] played a leading role in the drafting of the initiative, and carried out the campaign that led to its passage. Throughout our two year effort, we remained committed to the goal of nothing less than creating the best medical marijuana program in the nation, learning from both the best practices as well as the mistakes made in 14 other states nationwide where medical marijuana laws have been adopted. With only 125 dispensary licenses available, there is no reason to settle for anything less, and the public will demand nothing less. After all, Prop 203 was approved by the slimmest of margins and will remain a controversy for years to come, particularly if it is not implemented properly. At this still early stage, the process undertaken by DHS appears to be taking that same approach. Hence, we generally find the draft rules to be a very solid effort in the initial attempt to craft appropriate program rules. The leadership of our association has reviewed the draft in concert with our attorney, [REDACTED]. We respectfully offer our comments and suggestions regarding the draft rules which we believe will preserve the commitment of both DHS and our association to high industry standards, yet do not impose unreasonable and unnecessary regulations that result in the unintended consequences of increased cost to dispensaries and the patients they serve, simply driving patients back to the criminal market. Those comments can be found below. A hard copy of our comments was also had delivered to the DHS on Friday, January 7. We ask that document be included in the official records. We look forward to continuing engagement in the rule making process, the submission of additional comments and recommendations, and the ultimate adoption of rules consistent with the initiative approved by Arizona voters. Thank you for your consideration, and for your service to our great state. [REDACTED]

the Association commends the Department for its efforts in creating the initial draft rules. It hopes that the foregoing comments and suggestions will be of assistance to the Department as it prepares the next draft. In the interim

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger.Â This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands.Â It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used.Â A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

I question how the ADHS can create the very intricate system that is required by the initiative? The current rules do not address the issue. Will the state put out a RFP to have this system created? A web based SSL secured site to allow for the data to be kept while adhering to the Hipaa Requirements. The final system should allow for specific reports that will track the following issues. Doctor Shopping to get more drugs. The ability to track growing with distribution to ensure more pot is not grown than allowed The ability to track the NFP to make sure they are not part of organized crime and that there are no hidden or secret partners who would not have been approved originally Where the money goes and who gets it.

The requirement that dispensaries have an INDEPENDENT medical director, but they MUST BE AN MD or DO. The WILL OF THE VOTERS was to ensure ONLY DOCTORS could recommend this medication. You cannot then CHANGE the rules on the voters to have DOCTORS SUPERVISED by a NON-DOCTOR medical director. That seems like a violation of Voter Protection act and is in OPPOSITION to the will of voters. DO NOT allow other ANY medical professionals except MD or DO. EXCLUDE pharmacist, naturopathic physician, homeopathic physician, family nurse practitioner, physician assistant, or registered nurse to be the medical director--DOCTORS WERE THE ONES THE VOTERS WANTED INVOLVED and DOCTORS SHOULD ONLY BE SCRUTINIZED by OTHER DOCTORS in spirit of PEER REVIEW. The 2 year residency requirement for dispensary applicants is a GOOD CONCEPT, but may also limit good producers who are able to grow HIGH-quality plant to SPEC--i think we should GIVE PRIORITY to applicants who've been AZ Resident long-term, but NOT FULLY exclude applicants who are from out of state if they have all the other GOOD CREDENTIALS and excellent track record in other states.

In general, the Draft Rules appear to be mostly workable and are likely to be generally effective at regulating the production, sale, distribution and use of Medical Marijuana (MMJ). The first Draft is an excellent starting point and we wish to commend DHS for its work and leadership on this difficult task. The Rules appear well designed to ensure that only qualifying patients with legitimate medical concerns will qualify for the program and that the licensing and operation of dispensaries will discourage disreputable participants. However we do feel there are some areas of the Rules that may lead to unintended consequences and there are other areas that must be clarified and supplemented to ensure that the licensing process is as smooth and controversy-free as possible. Effective Rule Provisions: 1. Dispensary Application Requirements and Process The stringent dispensary application requirements as presented in the Draft rules will ensure that only the most qualified and reputable operators are able to submit applications. In particular we believe the requirement to have a Medical Director, and to submit some form of financial guarantee (some clarifications and revisions to the surety bond requirement are neededâ€”see below) will be effective at eliminating unqualified applicants. Further the requirement to obtain zoning approval prior to submitting an application (as mandated by the Initiative) is absolutely vital to ensure that those who wish to operate a dispensary are willing and able to take the time and capital to secure a suitable location that is approved by the local jurisdiction. This both screens out less reputable applicants and minimizes the potential for land use conflicts. We do, however believe that some clarifications and revisions are necessary as discussed below. We feel it is important to emphasize the requirement of prior zoning approval, as it has come to our attention that a handful of potential applicants are suggesting that DHS should postpone zoning approval until after licenses are awarded. However, this not only conflicts with the law as written in the Initiative, but it also would create a completely unworkable land use scenario rife with opportunity for public outrage and potential litigation. To ignore the plain language of the Initiative would serve nothing but to expose DHS and local jurisdictions to controversy and liability.

2. Dispensary Operations Requirements The dispensary operation requirements as drafted in the Rules are likely to be generally effective for tracking medical marijuana and ensuring that patients receive safe, quality medicine. In particular the sections on security, recordkeeping, inventory, employee/procedural plans, and sanitary and edible products, appear to be both generally effective and feasible to implement. We feel some additions to the Draft rules are advisable and we discuss these below.

The 2 year residency requirement for dispensary applicants is legitimate.

1. There needs to be a mechanism to add more dispensaries just like there is a mechanism to add conditions. 2. Since there will initially only be 120 dispensaries serving the entire state, the Department has to recognize that the few dispensaries that do obtain licenses will realize revenues beyond expenses. What will happen when it comes time to renew their dispensary applications? What must this dispensary do with profit? What is fair compensation? Why must only dispensaries subscribe to not-for-profit model while pharmacies dispensing powerful pain narcotics rake in billions? Do profitable dispensaries become criminals even if they adhere to the mountain of regulations heaped upon them by the Department? The rules provide no guidelines on how after-expense revenues can be allocated.

NOT ALLOWING OTHERS FROM OTHER STATES TO JOIN

Homeopathic physicians may not be adequately trained or certified to be diagnostician and to prescribe controlled substances. Homeopaths with an MD or ND degree may be suitably informed to diagnose and prescribe, but those without medical training should be excluded.

Thank you for the quick and thorough posting of the rules. AZDHS is really doing a great thing by getting the community involved in the process. I am a 15-year Arizona resident who is extremely excited to see this come to a strong fruition. I truly like the residency requirement and would like to see it strengthened. Prop 203 is special because it took heed from other medical marijuana states' mistakes. I do not like the idea of letting the people who made these mistakes we learned from into our pristine, untouched medical marijuana industry. Furthermore, I believe any revenue generated from this new industry should go straight into Arizona, not to out-of-staters who already had their chance. Arizonans will have more drive to see this succeed, rather than people who have the option to flee back to their home state available if they mess up here in our state. I've also read some interesting things about outdoor cultivation that suggest it is a healthier way to grow medicine (something about the natural sunlight). I was happy to see that medicine could be grown outdoors so that not all plants must be grown in artificial conditions. I also think this could be more cost-efficient.

If anything, the residency requirements to be a dispensary should either be kept at two years

minimum or make it even longer like 3-5 years. DO NOT MAKE THE RESIDENCY REQUIREMENTS SHORTER THAN TWO YEARS!!!! I don't want people from other states coming in here to take jobs and business opportunities away from AZ residents.

Format is easy to follow, but it would have been nice to have page numbers in the table of contents to find specific items more efficiently.

Please see the letter emailed to Thomas Salow from [REDACTED] on January 7, 2011. The letter was comprehensive and lengthy. The formatting of the letter was deleted or altered when we attempted to use this electronic submission form, and therefore it was submitted in a form that was easier to read.

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

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Mr. Director: ARS 36-28 Sect 2 (G) states that the act is to "protect patients" as well as their physicians and providers from "certain prosecution." I appreciate that the Regulations are written to ensure equal protection for the public through regulation and management of this essential access to alternative care. Patients and patient rights will also be protected by creating a regulatory structural framework with accountability and consequences that provides each patient with confidence that the dispensary has been established, and is operated, under carefully crafted rules with strict guidelines. Even though I agree with parts of the Draft Regulations put forth by the AzDHS in December, there are areas I believe need to be revised before these Regulations become final. Following the advice of the AzDHS Director, I will provide my comments, both positive and negative, for the Department and the public to consider. Let's start with the positives. R-12-106 Table 1.1 has outlined reasonable timelines for reviewing, and either approving or denying an application for patients, caregivers, and dispensaries. This allows any applicant to know when to expect his or her patient card or dispensary certificate, as well as reduce inquiries from applicants. Section R9-17-318 sets reasonable standards for the physical plant and layout of the dispensary, which provides potential applicants specific search criteria for potential locations for dispensaries and cultivation sites. With the financial investment that comes with securing a building lease, it is reassuring to know beforehand that if it meets the requirements from this section and is located in an

area approved by local zoning laws, the building would not cause the application to be denied.

I find the document to be thorough and well thought out, with comprehensive safeguards in place to prevent abuse of the system. I am thankful that I do not see restrictions on cultivation for personal use based on proximity to dispensaries as many of the patients, due to their debilitating conditions, are typically living on severely limited incomes. I appreciate the clauses that allow patients (and seemingly caregivers) to sell to dispensaries within the defined legal parameters. I also appreciate the required labeling to show the use of chemical additives and date of manufacture and the seemingly reasonable regulations placed on edible products.

In general the draft rules are good.

The part where a 2 year residency is required. I would not want to see the benefits of prop 203 go to residents of other states. Also, the 70% rule for growing your own product is a good idea. This will prevent major wholesale operations that would be tempted to sell excess product to the black market.

Please do not change the 2 year residency requirement. I like the 70% that a Dispensary can cultivate for it's own business and 30% can be sold to other Dispensaries. How are you going to Tax this?

These suggestions are made on behalf of the [REDACTED]. [REDACTED] is a coalition of over one thousand Yavapai County citizens dedicated to eliminating substance abuse and its effects in Yavapai County. Since its founding in 2006, [REDACTED] has played a major role in reducing the use of methamphetamine and other recreational drugs in Yavapai County, particularly among teenagers. [REDACTED] efforts have also led to a significant reduction in drug related crime in Yavapai County. Below please find 22 comments. These comments are also being forwarded by [REDACTED], to the Director of the Arizona Department of Health Services. The comments range from a suggested statement of guiding principals to suggestions of changes to specific rules. Please contact [REDACTED] if you have any questions.

and are more likely to use marijuana illegally in the future. Children exposed to marijuana smoke will suffer the same health hazards as exposure to tobacco smoke. Smoking marijuana in the presence of children should be made a serious criminal act. Implementation: DHS

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important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

That there is an overall plan, however there seems to a lot of duplication

Good work. There are a few things that could use improving. See below.

I like the fact tht dispensaries have to cultivate their own and account for inventory. I like the 2 year residency. I hope to open a dispensary, but I have having a tough time of getting a Medical Director as there are still taboo thoughts of Medical Marijuana. How will that part work. A Medical Doctor goes to school for approximately 8 years. Does that mean they have to give up their practice?

Most of the draft seems reasonable.

the sanitation aspect, the recordkeeping, security requirements are good. It is not fair to require all the cameras ad video equipment as part of the inspection without the issuance of a license already. This is very expensive equipment to purchase and install unless the business operator knows they will be a dispensary.

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the sanitation aspect, the recordkeeping, security requirements are good. It is not fair to require all the cameras ad video equipment as part of the inspection without the issuance of a license already. This is very expensive equipment to purchase and install unless the business operator knows they will be a dispensary.

I believe there needs to be a 5 year residency requirement. I am alarmed that there are a few large "out of state groups" planning to work around residency by having one person in the group meet the residency requirement but have all the out of state investors benefit.

R9-17-101. Definitions 10 b Enclosed is OVERLY effective in deterring theft. Four 12 inch thick solid walls? Quarter inch thick metal grid? These requirements would rule out any construction of a greenhouse and would be prohibitively expensive

Comments by [REDACTED] Concerning A First Working Draft Rules by ADHS for its Medical Marijuana Program I have reviewed the first working draft of the Arizona Department of Health Services concerning its Medical Marijuana Program. The Department has done an outstanding and excellent job in preparing a draft set of rules for implementation of the Medical Marijuana Program. Your efforts to ensure that the program restricts the use of marijuana to medical use, rather than recreational use, are highly appropriate and will enhance public safety. I am pleased to see the level of detail and thoroughness that went into this first draft. I am particularly pleased with the detailed monitoring and security provisions. They are precisely what is needed to ensure the public safety is adequately protected.

I believe most of the rules of the dispensaries are good and written well!

I believe R9-17-107, R9-17-108, and R9-17-201 are effective parts of the draft rules.

The Arizona residency rule. As a local Natives to Arizona we are pleased to know that a residency rule has been considered and established to help protect the local economy for the State of Arizona.

verifies patient has appropriate medical diagnosis allows patients to chose another doctor to manage their care in those situations when the current doctor is not willing to recommend medical cannabis, even though the patient is a candidate

All Seem to be except for one.

WILL I NEED HELP WITH THE CLARIFICATION OF WHAT TYPE OF LICNESES I NEED TO APPLY FOR ???
Im wanting to open a Lab here in the Phoenix metro area that will test and certify cannabisfor its qualities. We will be testing for several things: 1. Mold 2. Pesticides 3. Cavanoid counts 4. THC percentages As well as others. This type of service is a must to guarantee the quality of medicine that will be produced and distributed. My background comes from 26 years of having a FDA certified lab in Colorado that is still very much in buisness. I hope to be able to work along side of the state of Arizona and become a partner in this new world of Medical Marijuana. [REDACTED]

Next to the "ongoing" " physician-patient relationship" is the most egregious part of these rules. R9-17-307. C (Administration) 1. A dispensary: Shall cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers; Also subparts 2,3,4, and 5, These parts would be effective only in driving up, prices creating shortages of marijuana, and reducing the diversity of strains of marijuana while making it less available to to qualifying patients

Most of the background checks appear to be relevant as to dispensary and caregivers. The care to

growing the substance and where, should have an adequate locking system and the patient or caregiver must be solely responsible for this obligation. Penalties should be provided to anyone whom doesn't take a serious approach to cultivation and use of this medication. Having a patient/doctor relationship will reduce Marijuana Mills but not all doctors prescribe the same way. If this is the case, there's no adequate work around provision.

1. Allowing people 25 miles away from a dispensary to grow their own marijuana is helpful for many people who would otherwise not be able to access this benefit. 2. Charging a \$5000 dollar dispensary fee. This, and similarly prohibitive property requirements in the bill, will effectively discourage any dispensaries in many areas, allowing people to grow their own.

January 7, 2011 William Hunbelt Director of Dept. Of Health Services
<http://www.azdhs.gov/prop203/> RE: Medical Marijuana Administrative Regulations in Public Comment Dear ADHS: There are several areas of the proposed administrative regulations that need to be changed or eliminated entirely. It appears from the legislative findings that there is an intent to make medical marijuana available to Arizona citizens with a medical need for cannabis on a low key, non-profit secure basis. The administrative regulations as proposed in many areas, directly thwart the legislative intent and the will of Arizona voters. First: The non-refundable registration fee of \$5,000.00 under R-0-17-102(I). This is very unclear. If an application is denied, is the \$5,000.00 fee submitted with the application returned to the applicant or forfeited to the State? This needs to be clarified or otherwise qualified applicants will not submit an application not knowing what will happen to the \$5,000.00 if the application is denied. R-9-17-202 - G 13(E) 1. This requires a patient to receive a certification card from a physician with whom the patient has had a minimum 1-year relationship and has seen the physician at least four times for the debilitating condition. This is pure bureaucracy attempting to establish medical criteria that doesn't fit the medical condition. Is a patient suffering cancer required to see an Oncologist for one year and four visits prior to receiving Morphine for pain? The State doesn't regulate physician standards in medical practice other than leaving these matters to the Arizona Board of Medical Examiners. The extent of the patients care should be a judgment made by a physician under his or her licensure standards not the Department of Health Services criteria. Under R E-17-302 each dispensary is required to maintain a licensed physician as a medical director. This requirement eliminates any responsibility for the physician prescribing marijuana. The prescribing physician would be the doctor most familiar with the patient's condition, use of prescriptive drugs and/or mood altering drugs. What real purpose does the medical director have other than to cost the dispensary a lot of money just to be able to meet the requirement? The role of the medical director is simply a figurehead and a costly one at that. This requirement should be eliminated entirely. Public education should be the obligation of the Department of Health. R-9-17-101 (10) "Enclosed" is defined as an area of four solid walls covered by a steel mesh or an indoor growing operation. This effectively makes growing an indoor, utility heavy activity. If the legislature and the population desires to achieve "green" businesses, this definition kills any green aspect of growing a plant. Electric costs will have to be passed on to the consumer resulting in high prices. The Federal Government operates an experimental marijuana farm in Alabama behind eight foot chain link fence with razor wire on top. This should be the definition of an outdoor cultivation area. Requiring 12 ft. solid walls and a steel mesh top is overkill and an impossible use of agriculture property. Sincerely, [REDACTED]

I feel that the security was a good idea to help keep people safe. I feel the labeling was good as well.

ID CARDS / FINGER PRINT

I think the rules are, overall, very good and comprehensive. I like that you provided for patients (possibly new to Arizona) to continue to receive marijuana while establishing a relationship with a new physician. R9-17-202, F, j - It's a great idea to build in the possibility of human subject trials.

the law passing its self. people who are hurting deserve to have what they need.

Doing your best to keep it regulated is a good thing.

Dispensary Ownership

We need to start over. When creating the law needed to cover our new "medical marijuana" legislation, it should be stated that only pharmacies would be allowed to fill prescriptions for medical marijuana, in pill form. We are not California. The law should also state that only pharmaceutical grade marijuana would be acceptable. This will not only eliminate drug cartels from moving into our towns and cities with storefront dispensaries, but will provide a pharmaceutical grade product not grown by drug dealers in Mexico. It is obvious to me that those who voted for legalizing marijuana did not know, or remember, that when you smoke this drug everyone in the room gets high, including children and pets. This mind-altering drug is in the smoke, and for that reason should be distributed in pill form only. Marijuana also stays in the system for a week or longer, having a long-term effect on the brain of its user. For this reason, no one on this prescription should be allowed to drive. If you don't believe what this drug can do to one's brain, clap your hands and ask the user to tell you when a minute has gone by. By having pharmacies distribute this drug in pill form only, anyone "smoking" the drug -- or baking it into brownies and other baked goods -- can still be prosecuted. Pharmacists will also be able to report suspicious prescriptions to doctors and the proper authorities. Pharmacists follow laws already in place. I hope you will consider the above. It is not only

reasonable but a smart compromise. [REDACTED]

This is my second submission of comments

Dear Director Humble: On behalf of the [REDACTED] comments have been submitted to you and Mr. Thomas Salow directly in pdf format following our review of the Informal Draft Rule language published by your Agency regarding implementation of the Medical Marijuana Initiative (Proposition 203). Thank you for the opportunity to submit public comments. Please do not hesitate to call if you have any questions. Respectfully Submitted, [REDACTED]

I think most of the draft rules are acceptable, but there needs to be give and take after this ACT becomes effective since it is a new area we are delving into. I'm sure it will need to be tweaked when those out there try to beat the system. And you know they will try. We need to keep it intact for those in our society who will actually benefit from its use. This "weed" was put on this earth for a reason long before man stepped onto the planet.

The draft regulations appear to be comprehensive, well thought out and designed to track Proposition 203 rather closely.

I think the department has made a serious attempt to create rules to regulate the use of medical marijuana. Insofar as parts of the regulations parallel controls placed on other prescription drugs, they are good.

Issueing the cards to identify patients

Most all

1) Sections R9-17-202.F.5.e, f, and h, R9-17-202.G.13.e-g, R9-17-204.A.4.e-i, along with R9-17-204.B.4.f-g, all adequately address the possibility that a would-be "patient" or "caregiver" turned diverter would be able to "doctor shop" and obtain an excess of marijuana to sell for personal profit, so long as DHS has the resources and motivation to really audit these requirements. 2) The requirements for criminal records checks in sections R9-17-202.F.6.k, R9-17-202.G.9, R9-17-203.A.2.k, R9-17-204.A.5.k, R9-17-204.B.6, R9-17-204.C.1.j, R9-17-302.B.3.c, R9-17-308.7, and R9-17-309.5 are sound policy, again, if DHS has the resources and motivation to follow-up on any suspicious results from these records checks. 3) The mention of fingerprint requirements in sections R9-17-107.F.a, R9-17-202.F.6.k.i, R9-17-202.G.9.a, R9-17-203.A.2.k.i, R9-17-203.A.5.k.i, R9-17-203.B.6.a, R9-17-204.C.1.j.i, R9-17-302.B.3.c.i, R9-17-308.7.a, and R9-17-309.5.a-b helps assure that there is a way to make sure those with criminal history cannot be involved in the sale of medical marijuana. Once again, it depends on the resources available to DHS for oversight. 4) R9-17-319.A.1 designating that a dispensary be located away from schools is good. 5) R9-17-319.A.2.b and R9-17-319.C.1-2 allowing denial and/or revocation of privileges based on felony history are good. 6) R9-17-306.E allowing DHS

to perform an unannounced on-site inspection if a tip is received about noncompliance will help curb illegal activity.

The draft rules had many effective areas. The main part of the draft that I thought was effective was that background checks will be required of the board members and each principle officer as referenced in section R9-17-302.B.3. I think this is effective because I do not want any organized crime, including the drug cartels coming into this industry and into my community. I also thought that it is very effective that the draft rules require the board members to be Arizona Residents. I think it is extremely important that the people who run these dispensaries be Arizona Residents for a myriad of reasons. The first reason, we need to keep the money from this industry in the state, as our state is in financial trouble. Also, its a great business opportunity for AZ residents to get involved in. I DO NOT want to see someone from another state that has made money from this industry elsewhere exploiting our state for their own personal gain. I thought that it was effective that the draft asked possible dispensary owners to come up with a set of policy and procedures. I liked how applicants will have to provide detailed floor plans referred to in Section R9-17-302.B.9 I also liked that AZDHS will be able to have an unannounced inspection of the dispensary or the dispensary's cultivation site when the department receives an allegation of a dispensary or a dispensary's cultivation site is in noncompliance in section R9-17-306.E. I liked the requirement to have a medical director, it helps facilitate key medical interaction with patients rather than leaving them without knowledge on how to use this product. There were many effective parts of the first draft, but there were also a few parts that needed clarity.

Overall, we feel that that these initial rules are very good and would like to commend the ADHS for the work completed thus far. The areas we feel are effective include: - The Draft Rules clarify the medical conditions that allow a recommendation to be written for medical marijuana. - The Draft Rules plainly list the qualifications necessary for a for an individual to obtain a Registry Identification Card. - We were very pleased to see that each dispensary is required to have a Medical Director either on-site or on-call. This will greatly benefit the dispensary and the qualifying patients. - We were also satisfied that the Draft Rules discussed the development of Educational Materials that can be shared with qualifying patients at the dispensaries. - The Draft Rules make it clear that the medical marijuana grown and sold will be closely tracked from seed to patient and we support this. - We're pleased that Applying for a Dispensary Registration Certificate will be limited to Arizona residents.

Overall, these rules look great. I am an ALJ with the state and was very curious as to how these regulations would end up. Again, Overall, very effective regulation. I am sure some ambiguities will creep up from time to time.

None. Too hard to read for a free, legal service.

Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary

agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

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R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 1. For registration of a dispensary, \$5,000; NO OTHER NON-PROFIT ENTITY HAS EVER SUFFERED THIS KIND OF UNREASONABLE HIGH TAX, FEE OR CHARGE. THIS FEE IS EXCESSIVE AND UNREASONABLE. THE ADHS EXPECTS TO BE PAID TWICE FOR IT'S INCOMPETENT PERFORMANCE AND BECAUSE IT CAN NOT STAY WITHIN A REASONABLE BUDGET. THIS TAX WILL ONLY BENEFIT THE ADHS EMPLOYEE UNIONS BY HELPING THEIR MEMBERS CONTRIBUTE MORE TO THE ORGANIZATION. THIS PRECEDENT WILL ALLOW DEPARTMENTS WITHIN THE GOVERNMENT SYSTEM TO LEVY TAXES/FEES/CHARGES/DUTIES/CONTRIBUTIONS/TAXES WHICH IS UNCONSTITUTIONAL. THE ADHS HAS THE GUILTY TO DEMAND THIS FEE IS EVIDENCE TO THE TAXPAYERS THAT BAD GOVERNMENT MUST BE STOPPED AND THE ADHS SHOULD BE ELIMINATED. THE HIGH NON-REFUNDABLE FEE PURPOSE IS TO NULLIFY THE LAW PASSED BY VOTERS THE HIGH NON-REFUNDABLE FEE IS AN ATTEMPT TO STIFLE PARTICIPATION WITH TAXES. THE ADHS LACK THE AUTHORITY TO LEVY THESE FEES ON A SPECIFIC CLASS OF PEOPLE IT HAS DECLARED CRIMINALS. HIGH FEES DESIGNED TO RESTRICT USER PARTICIPATION WILL SUBJECT THOSE WHO PARTICIPATE TO POOR QUALITY, HIGH COSTS AND SUPPLY SHORTAGES. 2. "Activities of daily living" means ambulating, bathing, dressing, grooming, eating, toileting, and getting in and out of bed. THE STATE HAS NO AUTHORITY TO DESIGNATE WHAT THE ACTIVITIES OF DAILY LIVING ARE. THE ADHS LACKS THE AUTHORITY AND KNOWLEDGE TO DEFINE THIS TERM. THE ADHS HAS NO AUTHORITY TO INVENT DEFINITIONS OF WORDS OR CHANGE THE ACCEPTED MEANING OF WORDS APPROVED BY VOTERS. 10. "Enclosed" means: a. A building with four walls and a roof or an indoor room or closet; or b. An area surrounded by four solid 12-foot walls constructed of metal, concrete, or stone with a one-inch thick metal gate and a barrier covering the top of the area that is: i. Welded or woven metal wire mesh, with minimum wire thickness of 0.25 inches and maximum gap between wires of 1 inch; ii. Welded metal wire grid, with minimum wire thickness of 0.25 inches and maximum gap between wires of 3 inches; iii. Metal chain-link weave, with gauge no less than 9 and no more than 11.5; iv. A panel of metal vertical bars, with minimum bar thickness of 0.5 inches and maximum gap between bars of 4 inches; or v. Constructed of iron or other metallic material and similar to the examples in subsections (10)(b)(i) through (10)(b)(iv), if approved by the Department. THE ADHS HAS NO AUTHORITY TO INVENT DEFINITIONS OF WORDS OR CHANGE THE ACCEPTED MEANING OF WORDS THAT HAVE BEEN APPROVED BY THE VOTERS. "ENCLOSED" IS CONTRARY TO THE UNIFORM BUILDING CODE DEFINITION. THE ADHS DOES NOT HAVE THE AUTHORITY TO CONTRADICT THE UPC OR THE NATIONAL BUILDING CODES. THE ADHS LACKS THE EXPERTISE TO SPECIFY MATERIALS AND METHODS AS EVIDENCED BY THE ABOVE RULES AND LACKS THE AUTHORITY TO CONTRADICT THE NBC AND THE UBC. THE INTENT OF THE DEFINITION IS UNCLEAR. WHAT IS THE PURPOSE OF THIS CAGE? THE MATERIALS SPECIFIED ARE NON STANDARD AND IMPRACTICAL.

THERE ARE NO BUILDINGS IN PHOENIX THAT CONFORM TO THIS DEFINITION. THE RULE STATES THAT IF THE STATED DEFINITION DOES NOT APPLY THEN IT WILL BE APPROVED ARBITRARILY BY UNTRAINED ADHS DEPARTMENT PERSONAL. THIS WILL CONTRADICT CITY BUILDING DEPARTMENTS RULES AND RESPONSIBILITIES.

Limiting, as much as possible, those who are eligible to receive "medical" marijuana and those who are eligible to recommend "medical" marijuana. The biggest abuse in other states with these laws is the ease with which anyone can get a recommendation.

I believe that almost all of the Rules are fair and follow the Intent of the Statute.....However.

WHAT PART OF THE DRAFT RULES DO YOU BELIEVE ARE EFFECTIVE? Rule R9-17-311 "Dispensing Medical Marijuana" is effective, but could be stronger. This rule is necessary to ensure that medical marijuana ("MM") does not end up in the wrong hands. It is important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands. HOW CAN THE DRAFT RULES BE IMPROVED? Draft Rule R9-17-311 should be expanded to include a requirement that when verifying the qualifying patient's identity, dispensaries must employ a biometric identity verification system, such as a thumb print scan. DHS is mandated by the Initiative to ensure that dispensaries are only releasing medical marijuana to qualifying patients who hold a validly issued registration card. If DHS required biometric verification in the rules, it would ensure that counterfeiting, identity theft, or other forgeries resulting in medical marijuana falling into the wrong hands would be prevented. This requirement will have the best chance of preventing the type of abuse we see, for example, with underage persons purchasing alcohol using fake identification. By requiring biometric identity verification, it would be nearly impossible for a dispensary employee to dispense marijuana illegally. While it is certainly expected that dispensaries will self-police their agents, under the current Rules it would be very easy for a disreputable agent to collude with a non-patient to dispense MM under somebody else's registry number. In this scenario it would be extremely difficult for a dispensary owner to discover illegal transactions as the record would appear legitimate. However if that transaction must be accompanied by a cardholder's thumbprint illegal transactions would be impossible. The proposed rules require a dispensary agent to verify information from the State's medical marijuana electronic verification system and enter additional information into the system relating to the transaction. The technology is available to allow this process to be automated so that the dispensary computer directly communicates with the medical marijuana electronic verification system without a human user being required to enter the information. This automatic communication from computer-to-computer would reduce the chances of human error while reviewing or inputting information, and thus better prevent fraud and improper dispensing of medical marijuana. It would also mean that human users could not alter or enter fraudulent information, again reducing the chances for fraud or abuse of the medical marijuana system. The

rules should explicitly allow such electronic transactions by making the existing R9-17-311 part A and adding as part B: B. A dispensary may use an automated electronic system of hardware and software to verify the information required in Section A before dispensing medical marijuana to a qualifying patient or designated caregiver and to submit the required information to the medical marijuana electronic verification system. DO YOU HAVE ANY SPECIFIC LANGUAGE TO IMPROVE THE RULES? PLEASE INCLUDE WHERE THE LANGUAGE COULD BE INCORPORATED. Yes. Amend rule R9-17-311(1) to read: "Verify the qualifying patient's or the designated caregiver's identity using biometric identity verification technology such as a thumb print scan or other DHS approved method;" Also: The rules should explicitly allow such electronic transactions by making the existing R9-17-311 part A and adding as part B: B. A dispensary may use an automated electronic system of hardware and software to verify the information required in Section A before dispensing medical marijuana to a qualifying patient or designated caregiver and to submit the required information to the medical marijuana electronic verification system. HAS ANYTHING BEEN LEFT OUT THAT SHOULD BE IN THE RULES? Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this rule making. Doctor's ethical standards, not government rules, should control the doctor-patient relationship. Part B of the definition of "ongoing," in R9-17-101(16)(b), is good to an extent, but it would prevent U.S. military veterans whose primary care physicians are at the Veterans Administration Hospitals from being able to acquire medical marijuana if it would provide them relief from a debilitating medical condition. Doctors at the Veterans Administration are not permitted to write recommendations for medical marijuana because it is still proscribed by federal law. As there are already existing legal and ethical guidelines for when a physician-patient relationship is established and because the definitions proposed by the Department would make it unnecessarily difficult for a person with a genuine medical need to obtain medical marijuana""and make it virtually impossible for veterans using the services of a VA Hospital""the Department should eliminate the definition of "ongoing" in the proposed rules at R9-17-101(16) and require a bona fide doctor-patient relationship.

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Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

The draft mandates that a principal officer or board member of a dispensary must have been an Arizona resident for the two years immediately preceding the dispensary application submission date. (R9-17-302)

the existing rules represent a loose outline that needs tightening and attention to reality and market conditions there is undue burdens and expectations in some areas and unrealistic or lackadaisical attention to detail in others.

PHYSICIAN: First, the cost of seeing a physician 4 times before a medical marijuana recommendation can be made will make people deal with marijuana the way they currently deal with it, illegally. If you make the rules so onerous that you can't get a medical marijuana card, you may as well continue to prosecute those that need medical marijuana to have a quality of life. You are making rules that rule out those that need help. The way the rules are drafted, only a few doctors will be willing to put themselves out to make recommendations for marijuana. THE 70/30% RULE: The 70/30% rule is self defeating, because you may not be able to get enough medical marijuana from other growers if you cannot produce enough, or you may not be able to sell enough to cover costs if you cannot move your product to other dispensaries. MEDICAL DIRECTOR: This is probably one of the most egregious application of rules that I can think of. The cost of a staff medical director will likely be prohibitive. It will boost the price of the medical marijuana to the point that few will be able to afford. The patient already has a doctor that he can call. Why do a medical director at all when the patient has the capability of calling his own doctor or 911? COST OF SETTING UP A DISPENSARY: How can you set up a dispensary when you have to put all the money out up front with only a possibility that your site will be approved as a cultivation site or a dispensary? Under the current draft, we will not apply for a license, because the investment may go down the tubes before you can even get approved.

In general, the Draft Rules appear to be mostly workable and are likely to be generally effective at regulating the production, sale, distribution and use of Medical Marijuana (MMJ). The first Draft is an excellent starting point and we wish to commend DHS for its work and leadership on this difficult task. The Rules appear well designed to ensure that only qualifying patients with legitimate medical concerns will qualify for the program and that the licensing and operation of dispensaries will discourage disreputable participants. However we do feel there are some areas of the Rules that may lead to unintended consequences and there are other areas that must be clarified and supplemented to ensure that the licensing process is as smooth and controversy-free as possible. Effective Rule Provisions: 1. Dispensary Application Requirements and Process The stringent dispensary application requirements as presented in the Draft rules will ensure that only the most qualified and reputable operators are able to submit applications. In particular we believe the requirement to have a Medical Director, and to submit some form of financial guarantee (some clarifications and revisions to the surety bond requirement are needed—see below) will be effective at eliminating unqualified applicants. Further the requirement to obtain zoning approval prior to submitting an application (as

mandated by the Initiative) is absolutely vital to ensure that those who wish to operate a dispensary are willing and able to take the time and capital to secure a suitable location that is approved by the local jurisdiction. This both screens out less reputable applicants and minimizes the potential for land use conflicts. We do, however believe that some clarifications and revisions are necessary as discussed below. We feel it is important to emphasize the requirement of prior zoning approval, as it has come to our attention that a handful of potential applicants are suggesting that DHS should postpone zoning approval until after licenses are awarded. However, this not only conflicts with the law as written in the Initiative, but it also would create a completely unworkable land use scenario rife with opportunity for public outrage and potential litigation. To ignore the plain language of the Initiative would serve nothing but to expose DHS and local jurisdictions to controversy and liability.

2. Dispensary Operations Requirements The dispensary operation requirements as drafted in the Rules are likely to be generally effective for tracking medical marijuana and ensuring that patients receive safe, quality medicine. In particular the sections on security, recordkeeping, inventory, employee/procedural plans, and sanitary and edible products, appear to be both generally effective and feasible to implement. We feel some additions to the Draft rules are advisable and we discuss these below.

A good first draft! You put a lot of thought into the process & rules. The bottom line is how can we (help) reduce the cost of product to the end user? We need to look at the rules, use some lean thinking techniques in the production and dispensing of the product and drive those cost down. This should not be a get rich, but a method to get the medicine in the hands of the folks that need it for the least amount. Like thinking owners should be the ones chosen to run the dispensaries, not those that are in it only to make a fast buck! Yes let everyone make a reasonable amount on the investment, but let's not make them wealthy.

That we are getting a program finally. The fact that you cant prevent the implementation this time.

I like how you have people who require to sign it

Not sure

None because drugs scientifically kill people, ruin families, and make it dangerous in the work environment.

The processing and sanitary guidlines. Education information. Record keeping and inventory requirements.

I like the first set of rules and was very glad to see you added "day care."

I think this bill should be renamed "Why bother".

In general, we think the rules are good. There are a few places where we believe additional specification is needed or the language needs to be clarified. These are listed below.

The vast majority of the rules are clear and offer fair regulations.

The earlier draft with allegations of criminal collusion is retracted. Our Association voices strenuous objection to the seriously defective content of the draft regulations. In aggregate, the draft regulations inform Arizona's suffering, dying, and good citizens that they are chattel. If the State says "Suffer!" we must suffer. If the State says "Wait and die!" we must wait and die. Indisputably too, the proposed dispensary regulations benefit only the elite super-wealthy, only those who can gamble millions of dollars to build fortresses that may never be licensed, fortresses that indulge police state spy-cam fantasies, but are unreasonable and unnecessary to the task. Such blatant favoritism in your proposed regulations is unacceptable. The current draft regulations are defective beyond repair. We demand that the department rescind the draft regulations immediately and begin the process anew. In a transparent public process, promulgate draft regulations that are moral, compassionate, consistent with both the Arizona Medical Marijuana Act and the 1998 Arizona Voter Protection Act, and to the advantage of Arizona's suffering, dying, and good citizens.

Thank you Will Humble for adding the 2 year Arizona Residency for dispensary owners, i would have preferred a 5 year residency for dispensary owners but i will take what ever we could get..

Most of the Draft Rules are effective. The sections detailing necessary inventory control measures, quality analysis, product labeling, and sanitary conditions were particularly well written. However a few restrictions are problematic. Specifically, limits on the percentages of marijuana produced that can be transferred to other dispensaries for sale to end users, and the restriction on the percentage of inventory sold that is produced by other registered cultivators. These stipulations as stated in R9-17-307(C) are not conducive a reputable industry that is easy to regulate and provides a consistently high quality product.

I see the three areas below as giving a due advantage to Arizona businesses and helps patients. R9-17-302. Applying for a Dispensary Registration Certificate B3b. An attestation signed and dated by the principal officer or board member that the principal officer or board member is an Arizona resident and has been an Arizona resident for at least two consecutive years immediately preceding the date the dispensary submitted the dispensary certificate application; R9-17-101. Definitions 18. "Public place:" c. Does not include: i. Nursing care institutions, as defined in A.R.S. § 36-401; ii. Hospices, as defined in A.R.S. § 36-401; iii. Assisted living centers, as defined in A.R.S. § 36-401; iv. Assisted living homes, as defined in A.R.S. § 36-401; v. Adult day health care facilities, as defined in A.R.S. § 36-401; vi. Adult foster care homes, as defined in A.R.S. § 36-401; or vii. Private residences. R9-17-106. Adding a Debilitating Medical Condition

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important that dispensaries verify the identity of card holders before providing them with MM. Subsection 1 requires identity verification of registered patients and caregivers by the dispensary agent, but does not say anything about what method must be used. A quick, effective, and secure method such as a fingerprint scan should be required by DHS to ensure that MM does not end up in the wrong hands.

We believe that the general definitions, requirements and fees for qualifying patients and dispensary licensing fees are congruent with the intent of Proposition 203.

none

I HAVE CANCER. I AM DISABLED AND UNDER V.A. CARE. I WILL RECIEVE CHEMO THE REST OF MY LIFE. MEDICAL MARIJUANA IS A STATE LAW AND NOT FEDERAL LAW , THE V.A. WILL NOT WRITE A SCRIPT FOR MARIJUANA. I REALLY HAVE HAD ENOUGH MORPHINE TO LAST A LIFE TIME. PLEASE RECONSIDER HAVING A DOCTOR VISIT 4 TIMES IN ONE YEAR. I CAN'T AFFORD A PRIVATE DOCTOR. I NEED TO STOP THE MORPHINE AND START SMOKING MARIJUANA TO HELP MAKE MYSELF COMFORTABLE WITH WHAT TIME I HAVE LEFT. I HAVE ALL DOCUMENTATION TO BACK UP MY CANCER. AGAIN PLEASE RECONSIDER. I HAVE SERVED MY COUNTRY AND MY STATE. I HAVE ALWAYS BEEN LAW BIDING WITH NO CRIMINAL RECORD. YOURS TRULY.. [REDACTED]

I do not believe any of the rules that are on the table can be effective because there are key parts of these rules that have been drafted to sabotage the medical marijuana effort instead of the implementation of the new laws. For example the public comments should have been made public instead of hidden to protect Will Humble and the ADHS efforts to sabotage this law. Until we address Will Humble and the ADHS efforts to sabatage this law and the conflict of interest that drives Mr. Humble's efforts we will do little to have a medical marijuana law that is effective, economical and does not put the public at risk. There is a serious conflict of interest between the implementation of medical marijuana rules and the competing interests and goals of the ADHS. Marijuana is an important medication for alcoholism and drug addiction and it is offered as an alternative treatment in California and other states for people suffering from alcohol or that want to get off of damaging and addictive prescribed medications. Will Humble is Director of the Arizona Department of Health Services (ADHS) and he has been with the agency at a high level since 1992. He controls approximately 2,000 employees and a budget of \$2B. Mr. Humble is now in control of implementing the rules and regulations for the use, cultivation and distribution of medical marijuana here in the State of Arizona. Mr. Humble belongs to a culture of anti marijuana supporters. In many ways this group has prospered and personally and professionally advanced through their opposition to medical marijuana and the will of the people. They have turned their backs on science and common sense. Arizonans voted for medical marijuana in 1996 and 1998 and they were ignored. Now Arizona voters have passed Proposition 203 in November of 2010 legalizing medical marijuana for cancer patients and a few other serious illnesses. This was accomplished in spite of Will Humble and ADHS opposition

and efforts to defeat the medical marijuana law. There is a great conflict of interest here. The ADHS has a monopoly on the anti-depressant and chronic pain pill market for the poor. These powerful individuals have little incentive for allowing homegrown marijuana to compete with their synthetic drug distribution to the poor or the depression and addiction industry they control through Arizona Health Care Cost Containment System (AHCCCS). Many of these drugs the ADHS push are referred to as psych-meds on the street. Most marijuana users avoid these drugs because they are known to make people unstable, suicidal and violent. Many mental health patients prefer marijuana to alcohol and these highly addictive psych-meds and are offered a legal treatment alternative in California and other states. [REDACTED] is concerned that these dangerous drugs are being over-prescribed in Arizona. [REDACTED] requested Arizona's spending data on prescription drugs for [REDACTED], who is calling for a federal investigation into the volume of prescription drugs that the government is paying out through Medicare and Medicaid. In 2009 Arizona spent over \$5.3 million on pain and anti-psychotic medications for its poorest residents. [REDACTED] discovered that Arizona's top Medicaid doctors wrote between 500 and 3,000 prescriptions per year for several of these dangerous drugs that are under scrutiny. Arizona spent at least \$1.3 million on Zyprexa, a schizophrenia drug, for Medicaid patients in 2009. State data show that one doctor alone wrote 2,977 prescriptions for Oxycontin and Oxycodone for AHCCCS enrollees in the 2009 fiscal year. The state paid a total of at least \$527,449 for the drugs he prescribed to those patients. This Arizona data lists the top 10 AHCCCS contractors according to their volume of prescriptions for the medications Alprazolam, Oxycodone, Oxycontin, Roxicodone, Xanax, Abilify, Geodon, Seroquel, Zyprexa, Risperdal and Risperidone. [REDACTED] wrote to Thomas J. Betlach, director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program stating: "The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our health-care system,â€ These drugs are filling our living rooms and our emergency rooms with heavily addicted and suicidal patients in epidemic proportions yet the ADHS is passing these pills out like candy. Will Humble will not implement unbiased, responsible and meaningful rules and regulations that would safely, economically and efficiently make medical marijuana available to the people that need it for many valid reasons. Will Humble and the ADHS are in direct competition with a normal medical marijuana policy. Will Humble and his heavily funded cartel of medical marijuana saboteurs need to stand down. This sabotage will result in a continuation of wasted resources, unnecessary crime, suffering, drug addiction, death, social division and civil disobedience. The individuals responsible for prolonging this damage should be held accountable. I would like to thank [REDACTED] for providing some of the information I have used in this article from her Saturday, October 30, 2010 posting with the [REDACTED]. [REDACTED]. I have cleaned her political spin off the facts and added my own but the facts are the facts. Join [REDACTED] in Demanding the Unconditional End of the Prohibition of Marijuana and the Immediate Release of All Marijuana Prisoners in the State of Arizona.

We can look at this two ways, one are we going to treat medical marijuana as pharmacy or as a bar? For one thing you don't charge your patients \$150 to have the right to prescription medicine such as Codeine, Oxycodone, or Morphine for pain; or Norpramin, Azilect, or Abilify to help fight

depression; or Lumigan, Betaxolol Hydrochloride Ophthalmic, or Diamox Sequels for Glaucoma; or Chemotherapy for Cancer patients do you? Than to top it off, charge them for the medication besides would get quite expensive for the patients. Another issue is to have to see a doctor 4 times a year. Is that before or after the patients are allowed their medicine? What about the people that need the medical marijuana right away to relieve symptoms caused by Chemotherapy, Multiple Sclerosis, Epilepsy, or Glaucoma? The idea of charging a dispensary for being there and/or having to move is really strange. Do we charge our pharmacies like that? Not that I am aware of. See the thing is, is that these laws being created are not treating this medicine like a medicine nor is it treating the patients like patients either. If you are going to tax dispensaries and charge the patients to have a license to possess medical marijuana than you ought to think about doing that to the pharmacies. Now if you are going to treat it like alcohol in a bar situation than go ahead and tax the dispensaries like you would a bar, but don't make patients buy a license. In fact you should legalize it like alcohol is and just put an age limit on it. Than have everyone show their identification card (driver's license) like you would have to at a bar to get served.

Stringent controls on who is appropriate for Marijuana. Medical Directors are important.

The 2 yr residency requirement. The registry cardholder process.

It's all good if it takes the crime off the books and allows the personal use of Marijuana for a natural relaxant, cancer cure or recreational substance. It was given by God, let no man (or woman) put asunder!

Electronic accountability system.

I believe being an Arizona Resident for 2 years in order to open up a Dispensary is an excellent idea. I think it would be even better if an extra year would be better. The people that campaigned for prop 203 moved out here about 2 years ago. My biggest fear is that you will have California and Colorado move out here and set up shop, and take all of those dollars out of our great state of Arizona. Table 1.1 on p 10 of the draft rules is perfect wouldn't change anything. Great job on this one azdhs :) R9-17-103. Electronic Submission - Perfect!!! R9-17-205 This whole section is great. Perfectly written. There should be no room in breaking the law. Follow the rules and this wont be a problem. I 2nd this R9-17-306 Inspections... As a potential dispensary owner/operator, This whole section works perfectly for me. I believe that the inspections should be very strict. In stead of 20 working days should be a full calender month, just to be sure the violations can be remedy for complete assurance and compliance.

R9-17-311 Dispensing Medical Marijuana: I have no problems at all with this section, all inventory will be tracked to the milligram.

I believe, that while they are very stringent, the security procedures outlined for a dispensary are excellent. The same goes for the inventory procedures. I also think you've done very well on requiring that doctors have at least a one year relationship with the patient; but additionally, you provide an option for patients who don't have an ongoing relationship with a doctor. I think it's extremely important that we don't allow what goes on in other states, where anyone can walk in and get a doctor's referral as long as they pay whatever the asking price is.

The draft regulations appear to be comprehensive, well thought out and designed to track Proposition 203 rather closely.

I believe most of the draft rules are intended to effectively suppress the implementation of medical marijuana. Obviously, dispensaries and their cultivators can not startup nor operate without charging for their services to offset their overheads and payrolls. Qualified horticulturists and licensed doctors expect reasonable compensation, as do sales staff and managers. Pharmaceutical giants like Phizer are allowed to be excessively profitable in exchange for pushing drugs, many of which are undertested and have seriously harmful side affects. These drug companies also provide major incentives to doctors for prescribing their products. Why should doctors abandon the existing lucrative status quo in exchange for prescribing an herb that would have previously cost them their licenses? Because of this risk, most doctors have had little exposure to marijuana and are unlikely to consider it as a serious alternative to pharmaceuticals. No one can make a living from growing it, selling it, nor prescribing it. When one also considers the startup costs, security, fees, documentation, and scrutiny; what is the incentive for anyone to participate? It's easier and less intrusive for the patient to continue to do business as usual with his existing supplier.

The ADHS rules contained numerous provisions I agree with. Many of the security requirements for dispensaries and cultivation sites are very reasonable and promote the safety of the dispensary agents. Requiring camera on all cultivation is a great start. The requirement to allow ADHS to have access over the internet is a great way to monitor cultivation in a cost effective manor. Sanitation requirements are another area I agree with. Demanding that equipment be cleaned daily is essential to preventing mold from having a devastating impact on patient health.

Section R9-17-302 APPLYING FOR A DISPENSARY REGISTRATION CERTIFICATE B. 3. a,b. I like that you can't be a convicted Felon and that you have to reside for the last 2 years. Although people are getting relatives to apply for them it hopefully will help slow people comng from other states. I think that people from Arizona and big corp business shouldn't have the right to have multiple facilities what happens to the everyday person that works hard and is trying to get involve to make sure that this is a successful program and make it work all the way around. The site lay outs and floor plans I think are a good idea.. I understand about restrooms but as for a extra sink I think that having hand sanitizer will do the same job. I see it stated everwhere about remonding this is a non profit but please keep in mind about funding it needs to be reconized that this is non profits trying to get this together unless this is made for the rich. I just hope that when the time comes for people to operate a dispencary that people are picked fairly.

I think that requiring board member's to be residents of the state of AZ is definitely a move in the

right direction with the rules and regulations. It allows tighter control of the board members, and protects the non profit dispensary from large amounts of cash flow leaving the state.

We agree with R9 17-311 and R9 17-312. However, dispensaries need to be located in friendly, open, well lit areas, be handicapped accessible, including parking and rest rooms. Prop 203 is about helping sick, debilitated, disabled and handicapped people, yet these necessities seem to have been overlooked? In reading the draft I wondered several times where is the concern and consideration for the patient and the people trying to help the patient?? HELP!

Most seems to be in good order.

The effective parts of the draft rules i believe to be effective are that after so many generations(what i believe to around 5 generations of teenagers) that with the legalization of this drug that it will no longer be such a novelty to our youth. Meaning that now the teenager who is curious as we all know most of us have our own curiosities to deal with the teenager who wants to experiment with a socially excecptable medicine will no longer be in situations when they obtain this drug(for it will always be a drug) that they have at their discretion to try other drugs such a meth, lsd, candy popin, etc. etc. That's to say that they even want to try the drug since the tabboo is no longer there and the secrecy of the drug is publicly known to all. What I am saying is they nolonger are walking into a drug dealers house where they not only have multiple different types of drugs they can try they also have a lifestyle that more times then not is less than suitable for our communities children/teenagers to be in. If they do decide to experiment any sound minded person can answer the question of where are they getting the drug from. The same place most experimental teenagers get the alcoholic bevarages, tabacco, and the designer drugs(pharm.)

-The background checks for each principal officer and board member in section R9-17-302.B.3 is a good requirement. I would like to keep unlawful individuals as well as organized crime members out of this business. -The requirement for asking dispensary

The security requirements are supportive of maintaining a healthy community. Fees required to apply for a dispensary certification are appropriate to assure viability of the business. Residency requirements for dispensary certificaitions are appropriate with maintaining a healthy community and reducing the number of individuals from other MMJ states that are in search of further opportunities.

I think the draft rules are overzealous and absurdly restrictive in their general architecture While there are some important areas covered by the draft it appears that you are trying to block medical marijuana in Arizona..

The definitions are very thorough. R-19-17-302 part A. This is a great requirement.

â€¢ Thank you for collecting comments from the general public on these draft rules. â€¢ Thank you for allowing a period to evaluate administrative completeness and the opportunity to complete an incomplete application. â€¢ Thank you for employing a digital format for patient, caregiver and dispensary registration. It makes the entire process much faster and easier for almost everyone involved. It is worth considering that this requirement may be burdensome to low-income and some elderly patients. You could consider offering a mail-in alternative, with an adjusted timeline, but I donâ€™t think it is required.

Very little is effective. This draft shows that Will Humble is anti medical marijuana.

Stating where locations should be.

Your intentions are good. You are addressing perceived problems. Zoning by individual cities will regulate where the dispensaries and grow operations open.

I have not read anything concerning how the state will determine if a person is at an illegal level when driving. I am owner of a DUI group program. We go by blood level for consequences for how many groups a DUI will require. What blood levels will be used for POT When is it illegal, when will it be extreme and when super extreme. We need to know the THC levels that will be used for the levels of being intoxicated and what level of intoxication. This must be given to us who do this for a living we do alcohol and drug screenings and we have no idea what will be legal and not legal and who can drive and who can not and who should be given group therapy and who should not. This will need to be determined since everyone who gets a DUI has to take group therapy to get their license back from MVD so MVD needs to be in this decision as well as the courts and as well as we counselors who own companies that do the groups for MVD and the courts. [REDACTED]

I have read the draft rules and have the following comment: I believe you approached the enactment of these laws with practicality and wisdom. As an individual with a bachelor's of science degree in medical microbiology, I work closely with patients suffering from disease and I fully support the use of medical marijuana for those who are in need of it. I often travel to California, and though I support the use of medical marijuana, I do not support the ease of which people in California are able to set up a dispensary on every corner or worse allowed to grow marijuana in their homes. I fully support the 25 mile limit from a dispensary rule. I have read articles from Berkeley, CA that indicate

city officials would rather see large, regulated, commercial grow facilities in industrial parks over the potential fire hazards and criminal activity centered around individual growing areas in people's homes...unfortunately for most California cities, they did not set up the kind of rules you have proposed and now they are paying the price. Please stick to your initial instincts regarding the current guidelines.

I feel that AZDHS draft rules are far too restrictive. AZ voters have decided that medical marijuana is a safe and effective medication, that requires only a doctors written recommendation. Under the rules proposed by DHS, it is easier for any patient to get far more dangerous drugs via a prescription, than a written recommendation for medical marijuana. "Findings" of the Arizona Medical Marijuana Act requires the department to take notice of the numerous studies demonstrating the safety and effectiveness of medical marijuana. The following was written by Dr. Suter, as published by New Times. I agree with Dr. Suter, and believe that if AZDHS does not drastically change the proposed rules, it is inviting numerous and costly lawsuits. R 9-17-101.10 is an undue and unreasonable burden. 9 foot high chain link fencing, open above, constitutes reasonable security for outdoor cultivation. R 9-17-101.15 is unreasonable and usurps authority denied to the department. It violates the 1998 Arizona Voter Protection Act. The department does not have the authority to deny the involvement of naturopathic and homeopathic physicians as defined by ARS 36-2806.12. R 9-17-101.16, R 9-17-101.17, R9-17-202.F.5(e)i-ii , R9-17-202.F.5(h), R9-17-202.G.13(e)I , R9-17-202.G.13(e)iii , R9-17-204.A.4(e)i-ii, R9-17-204.A.4(h), R9-17-204.B , R9-17-204.B.4(f)I, and R9-17-204.B.4(f)Iii are cruel, arbitrary, unreasonable, and usurp authority denied to the department. Those sections violate the 1998 Arizona Voter Protection Act. ARS 36-2801. 18(b) defines an assessment, singular, as sufficient. The Arizona Medical Marijuana Act does not give the department authority and the 1998 Arizona Voter Protection Act denies the department authority to require multiple assessments, require "ongoing" care, or redefine the patient-physician in any way, much less to promulgate a relationship among patient, physician, and specialist that is found nowhere in the practice of medicine. Nowhere in medicine is a specialist required to assume primary responsibility for a patient's care. Nowhere else in the practice of medicine does Arizona require a one-year relationship or multiple visits for the prescription or recommendation of any therapy, including therapies with potentially deadly outcomes. Marijuana is not lethal, but the department usurps authority to treat it with cruel and unreasonable stringency far beyond the stringency imposed upon drugs that are deadly. Plainly, it is dangerous and arbitrary for the department to suggest that a cannabis specialist assume primary care of cancer, HIV/AIDS, ALS, multiple sclerosis, Hepatitis C, and other potentially terminal qualifying conditions when the cannabis specialist may not have the requisite training or experience to do so. The department's regulations are a cruel, unreasonable, and arbitrary usurpation of authority and denial of patients' rights of choice, including their rights to choose other medical providers, other sources of care or information, or even to choose not to seek (or cannot afford to seek) other medical care at all (whether prior or subsequent to application). R9-17-102.3, R9-17-102.4, R9-17-102.7, R9-17-102.8, R9-17-104.5 , R9-17-105.4, R9-17-203.A.3, R9-17-203.B.8, R9-17-203.C.5, R9-17-304.A.11 usurp authority denied to the department. ARS 36-2803.5 only gives authority to the department for application and renewal fees, not for changes of location or amending or replacing cards. R9-17-103, R9-17-202.F.1(h), R9-17-202.G.1(i), and R9-17-204.B.1(m) are cruel, arbitrary, and unreasonable. Though many qualifying patients, qualifying patients' parents, and their caregivers suffer financial and medical hardship, the sections make little or no provision for patients, parents, and caregivers without internet skills or internet access. R9-17-106.A(2) is cruel, arbitrary, and unreasonable. The regulation does not allow for addition of medical conditions that cause suffering, but do not impair the ability of suffering patients to accomplish their activities of daily

living. For example, conditions such as Post-Traumatic Stress Disorder (PTSD), Anxiety, Depression, and other conditions may cause considerable suffering, yet still allow patients to accomplish their activities of daily living. R9-17-106.C is cruel, arbitrary, and unreasonable. The regulation only allows suffering patients of Arizona to submit requests for the addition of medical conditions to the list of qualifying medical conditions during two months of every year. R9-17-202.B is cruel, arbitrary, and unreasonable. Qualifying patients may need more than one caregiver to ensure an uninterrupted supply of medicine. R9-17-202.F.5(e)i-ii, R9-17-202.F.5(h) cruel, arbitrary, unreasonable, and usurps patients' rights to choose other providers or sources of information R9-17-202.F.6(k)ii, R9-17-204.A.5(k)ii, R9-17-204.C.1(j)ii, R9-17-302.B.3(c)ii, R9-17-308.7(b), R9-17-308.7(b), and R9-17-309.5(b), are arbitrary and unreasonable. If a caregiver already has a valid caregiver or dispensary agent registry card, no additional fingerprints need to be submitted. R9-17-205.C.2 and R9-17-320.A.3 are arbitrary and unreasonable. A registry card should not be revoked for trivial or unknowing errors. Revocation of a card should not be allowed unless the applicant knowingly provided substantive misinformation. R9-17-302.A, R9-17-302.B.1(f)ii, R9-17-302.B.1(g), R9-17-302.B.3(b), R9-17-302.B.3(d)i-ix, R9-17-302.B.4(c), R9-17-302.B.4(d), R9-17-302.B.15(a), R9-17-302.B.15(b), R9-17-302.B.15(d), R9-17-306.B, R9-17-307.A.1(e), R9-17-307.A.3, R9-17-307.C, R9-17-308.5, R9-17-319.A.2.(a), R9-17-319.B are arbitrary, unreasonable and usurp authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department does not have the authority to establish residency requirements, control the occupation of the principal officers or board members, require surety bonds, require a medical director, require security measures that are an undue burden (security measures for non-toxic marijuana that exceed security measures required for toxic potentially lethal medications stored at and dispensed from Arizona pharmacies and physician offices), require educational materials beyond what the law requires, require an on-site pharmacist, require constant, intrusive, or warrantless surveillance, or regulate the portion of medicine cultivated, legally acquired by a dispensary, or transferred to another dispensary or caregivers. R9-17-310 is arbitrary, unreasonable and usurps authority denied to the department. These sections violate the 1998 Arizona Voter Protection Act. The department has no authority to require a medical director, much less to define or restrict a physician's professional practice. R9-17-313.B.3 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping for cultivation or to require the use of soil, rather than hydroponics or aeroponics, in cultivation of medicine. R9-17-313.B.6 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an undue burden on recordkeeping by requiring the recording of weight of each cookie, beverage, or other bite or swallow of infused food. R9-17-314.B.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. Especially in the absence of peer-reviewed evidence, the department has no authority to require a statement that a product may represent a health risk. R9-17-315 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to place an unreasonable or undue burden by requiring security practices to monitor a safe product, medical marijuana, that is not required for toxic, even lethal, products. R9-17-317.A.2 is arbitrary, unreasonable and usurps authority denied to the department. This section violates the 1998 Arizona Voter Protection Act. The department has no authority to require the daily removal of non-toxic refuse. [REDACTED]

In general I think the rules and regs are good.

I support the recommended rules put forward by MatForce. I am a clinical psychologist with 37 years of practice. I am concerned about the deleterious effects of smoking MJ, use of MJ for vague diagnoses such as chronic pain that everyone can claim. I am concerned that this may contribute to traffic accidents while persons drive under the influence. Please make the rules as strict as possible and tax the dispensaries sufficiently to deal with the harm they may cause.

...We need to retain the highest level of responsibility for medical marijuana providers and users.

R9-17-313 " These rules are a fair and economical way to ensure that inventory is controlled and distributed only to qualifying patients.

R9-17-302 A.Arizona Resident for 2 years preceding the date. This should remain to keep large out of state corporations from benefiting where Arizona residents can.

Having attended city zoning meetings I support the intentions of the AZDHS to limit principal offices and board members to citizens who have lived in Arizona for 2 years. There have been representatives trying to influence cities and citizens about "how this works" or "what we should do". We have the opportunity to create a medical marijuana system that suits the interest of Arizona citizens, not anyone else. The influence they are looking to impress may stifle innovation or limit creativity in defining the rules for medical marijuana in Arizona. But in general I think the AZDHS has done a great job of showing comprehensive attention to detail with developing the draft.

Rg-17-306 D Department will not accept complaints by anonymously

Including Naturopathic Medical Doctors (NMD).

The department is doing a great job with what is transpiring so far..

Overall the draft rules seem effective.

not many

The majority is thoughtful and well written.

The department is doing a great job with what is transpiring so far..

All rules that protect Arizona from having the "medical" marijuana of California and Colorado. The rules should allow for patients with truly debilitating illnesses and nothing more. AZDHS has a very important job to protect the citizens of Arizona from illegal activity and the increased abuse of marijuana.

After living in California before and after cannabis became legal medicine I think the rules are generally quite effective and fair. California has something that works up to a point, but, would never work here in Arizona. I like what Colorado has done with their program and it seems to me that the rules written here reflect the rules in Colorado. Eventually, after this law gains more acceptance I would like to see it become a major generator of revenue for the State of Arizona and it's people. As we have witnessed in states like Colorado this can work! Thank You for all of your hard work in this matter, it shows.

provides verification that the patient has an ongoing approved medical diagnosis, and is a candidate for medical cannabis.

provides verification that the patient has an ongoing approved medical diagnosis, and is a candidate for medical cannabis.

R9-17-313 " These rules are a fair and economical way to ensure that inventory is controlled and distributed only to qualifying patients. All else is good or acceptable with exception to the comments below. We appreciate the time the Health Department has spent trying to get this out to the people of Arizona.

"Ongoing" when used in connection with a physician-patient is a terribly INEFFECTIVE concept in the draft rules, especially for glaucoma patients. Subpart a. "The physician-patient relationship has existed for at least one year and the physician has seen or assessed the patient on at least four visits for the patient's debilitating medical condition during the course of the physician-patient relationship" would have no utility to a patient whose traditional ophthalmic specialist has a predisposition against marijuana. This is likely to be the case where years of training in conventional therapy would prejudice the doctor against marijuana as medicine. In subpart b, ADHS presents a dismal alternative

where an ophthalmologist would almost NEVER assume the primary responsibility for providing management and routine care of the patient's debilitating medical condition because ophthalmologists are specialists, not primary care physicians.

Overall the Definitions are balanced and well thought.

I like the schedules laid out. This prevents Arizona's medical marijuana program from ending up like some others that did not have a strict timeline. That's about it.

Define effective? If by effective you mean gut the act, they might be if you get them past the oncoming litigation.

Overall I think the draft rules attempt a balance between necessary medical concerns and maintaining public safety. I wonder about the rules for allowing patient caregivers and qualified patients the right to grow their own. Who will monitor that behavior effectively? I think authorized caregivers and qualified patients should be able to order their medical marijuana from an approved dispensary where quality, security, and inventory measures are in place and documented. Otherwise, my fear is that you will create a black market that law enforcement will not be able to handle.

I believe it is ineffective to create a law to help people and then make qualifying so difficult that the majority of needing patients will not be able to access care. Please consider the potency and availability of most other drugs in comparison. It seems that the double standard that has always existed regarding this topic has worked its way into the law.

Over all I feel that the draft is fair. I voted yes on prop 203 but I don't want the system to be abused. I feel that as long as any doctor even if a patient has only seen them once should be able to recommend medical marijuana if the medical records support the claim. As far as dispensaries go they should be regulated to be sure that the patient is getting a safe product that has been tested and is grown locally and not from Mexico.

I honestly don't believe any of the draft rules are effective. AZDHS is putting undue burden on the patients this law will benefit from because they don't like it. This is a prescribed medication as much as all pharmaceuticals and should be treated as all other pharmaceuticals. The voters have spoken and it is not your job to make it work for the ones that did not vote or vote for it. Dr Edgar Suter makes a very strong case and I hope the Voter Protection Act of 1998, which I voted for as I voted for this, comes into play.

Today in the Arizona Republic there was an article about Medical Marijuana. Joe Yuhas was not happy about the 70 / 30 cultivation mentioned in the Draft. These yahoos or Yuhas don't understand that up until now --Arizona hasn't even had Medical Marijuana. Why are they projecting that the dispensaries (120 or 124) can't accommodate the need for Medical Marijuana. I think these Organizers have their own agenda and it is not the welfare of the citizens of Arizona, but of Corporate GREED. Heck they

come here from Washington, DC with big bucks. That [REDACTED] [REDACTED] is from New York. He wants his Doctors to issue prescriptions and circumvent the rules that the Dept of Health is trying to put in place. QUESTION: Will the initiative be approved exactly as it was written? Shouldn't the Dept of Health tweak it and have it comply with current Corporation and taxation laws? The initiative states that Medical MJ dispensaries do not have to incorporate as required by Title 10 of the Ariz Revised Statutes.

Rules allow department to revoke registry identification cards when holders are convicted of excluded offenses.

I would like to commend your decision to not allow residents of other states to open dispensaries in Arizona. This will prevent an influx of "professional dispensary agents" from other states here simply to make a profit, not seeking to truly help those in need.

Keep Dispensary Owners/Officer's and Investor's to Arizona Residency 2 years prior to applying for Dispensary license.

Limiting the number of locations based on the number of pharmacies.

unhappiness with this action. I am a registered dietitian and have an expertise in brain neuroscience and nutrition. thank you [REDACTED]

Please adopt rules that are very strict and restrictive so that this law does not get abused.

The draft helped provide an over view of what the Dept of Health is expecting

ADHS Approval Process: I'm not sure of what comes first the Chicken or the Egg? In reference to being approved by ADHS to open a dispensary or the city approval for the Use Permit to open a dispensary. Example we secure a location but we cannot commit to a lease until each agency

makes the approvals. Lets say that a city is allow 6 dispensaries and 20 corporations submit for zoning approval. The city does not know which corporation is going to be approved by ADHS and lets say 10 of the 20 corporations that submit to that city are eligible to open the dispensary from ADHS. But the city has to approve only 6 locations. We need a step-by-step process: 1. Application to AHSD for approval (Step 1) Â§ Corporation Status Â§ Background checks Â§ Business Plan Â§ \$5,000 Deposit 2. Application approved by ADHS (subject to city approval) 3. Applicant can now submit to the city for zoning 4. Zoning is approved by city, now applicant can submit floor plan to the ADHS (Step 2) for final approval.

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Administrative controls of dispensaries and doctors.

I like that you are limiting the amount of Dispensaries but to regulate them based on the amount of Pharmacies we have???? Keep it at what I believe now is 125 or so.

As a former cancer patient and active breast cancer patient advocate, I was happy with the passage of the AZ Medical Marijuana Act. I have the following comments listed in the sections below. Overall I find that the proposed draft needs a very thorough review before finalization. I understand that the State is under pressure to complete the final regulations but I caution against hasty implementation or bowing to personal interest lobbyists from out of State or conglomerates wishing to have a monopoly and eliminate the small business man (with respect to the dispensaries).

Most of the points are effective.

All parts - a job well done.

The requirement for each Dispensary to employ or contract with a Medical Director (R9-17-302(B)1(g)) is definitely a positive element of the Rules. This should be effective in helping to ensure that all patients receive a high-quality of care, are fully aware and educated of their treatment options, and are employing the best possible strategy to alleviate/treat their medical conditions. Also a dispensaryâ€™s Medical Director can also serve as an additional watch dog against illegitimate patients. In other words, if a patient somehow managed to obtain a card without a legitimate medical condition, a Medical Director would be more likely to identify and report this situation. This acts as a check against not only illegitimate cardholders but also against those Doctors who may write illegitimate recommendations. Finally, requiring a Medical Director will help ensure that only legitimate dispensaries are licensed in Arizona. Doctors are less likely to risk their reputation and

ability to practice medicine by associating with a disreputable dispensary and as such this requirement should serve as a deterrent against potential dispensaries.

The rule that 70% of the product supply must come from a dispensary is very good. I read the AZCentral article today with people complaining about that but these are individuals that have no interest in handling anything except the final commercial product. A dispensary should understand the product at every stage from seed to clone. Giving 30% allowance to get the product from other dispensaries is more than fair. The individuals that want to simply "deal" and make profits through their store fronts have no place in the dispensary business. With 124 dispensaries, there is plenty of competition to keep prices low and prevent supply shortages.

In general, I believe the rules are well thought out and provide adequate protection for physician, patient and the general public. A job well done! As discussed below, in certain circumstances, I believe the regulations are a bit too restrictive and will inhibit the economic viability of dispensaries and patients receiving the benefit from medicinal marijuana. I also believe a couple provisions need further clarification. Please see my comment below.

Not Many

nothing

not much! the safety parts i like and thats it.