

**Do you have any specific language to improve the rules? Please include where the language could be incorporated.**

Open-Ended Response

In lieu of the verbiage about four visits to a doctor for this chronic condition within a year the regs should state simply Use of medical marijuana will be legal upon recommendation of a MD,DO or naturopath in good standing in the state of Arizona,for treatment of chronic conditions as presently defined by proposition 203 and for any other condition the physician feels in his judgement can be improved by the use of medical marijuana. Recommendations for marijuana will be guided by the same rules as those of any other controlled medicine that doctors prescribe and will only be given upon the physicians judgement that the condition will be helped or alleviated by treatment with medical marijuana.

• R9-17-302.B.3 appears to cover a background check "For each principal officer and board member" the language should also include investors, along with principal officer and board members.

Please expand the definition of "Medical Director" as found in Section R9-17-101(15) to read as follows: "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, a doctor of naturopathic medicine who holds a valid and existing license to practice naturopathic medicine pursuant to A.R.S. Title 32, Chapter 14 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."

REF. page 4. para.16a - In the section about the ongoing physician/patient relationship it should read "...on at least four visits over at least four months". (This should be done to stop the four visits from being conducted in one setting.)

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Please consider removing R9-17-101 (16) the ongoing "one year" and "4 visit" rules from the Draft proposal and apply the same rules as other controlled substances. The physician assumes primary responsibility for providing prescriptions after conducting a comprehensive medical history and physical examination.
"The definition of 'Medical Director' should include Naturopathic Physicians, as defined in A.R.S. Title 32, Chapter 14. Naturopathic Doctors are licensed primary care physicians. They have pharmaceutical prescription privileges, and are covered by many insurances here in Arizona."
1. See above. 2. Item F. 4. on page 13 should be reworded. It should state, "If a qualifying patient has been found guilty in a court of law of diverting marijuana to any individual whatsoever, his/her Identification card and medical marijuana privileges will be immediately revoked permanently."
Doctor patient relationship I my opinion your requiring that I either have a one year four visit in that year doctor/patient relationship or that if I go to a " pot doctor" your words not mine that this cannabis specialist has to take over that portion of my primary care is flat out ridiculous! Not all of us get free health care from the taxpayers Mr. Humble...I pay every time out of pocket to my primary physician for me and my family. Because my wife and myself make too much for us to be one of the government programs like you and your staff and we have to little to pay for our own insurance. In no other case in Arizona do you the "health department" require that a sick or dying person go to a specialist for that primary care. That is why we call them specialist not primary doctors so you are telling me one of the citizens of this great state of Arizona who this law was voted in for... that I need to leave my primary doctor who I have going to for twenty years and doesn't want to deal with the tracking issue that you will impose. That I now have to go through the yellow pages to find a new primary doctor who not only lets me pay in payments but has an office near by and will want to deal with that 24 hour a day tracking that you and the police department will require....come on this law states reasonable regulations not some arbitrary idea that the current health director decided is a good way to protect society from this hideous and dangerous plant that has never killed anyone! My patient/doctor relationship should be decided by my physician and me not you Mr. Humble.
Doctor patient relationship I my opinion your requiring that I either have a one year four visit in that year doctor/patient relationship or that if I go to a " pot doctor" your words not mine that this cannabis specialist has to take over that portion of my primary care is flat out ridiculous! Not all of us get free health care from the taxpayers Mr. Humble...I pay every time out of pocket to my primary physician for me and my family. Because my wife and myself make too much for us to be one of the government programs like you and your staff and we have to little to pay for our own insurance. In no other case

in Arizona do you the "health department" require that a sick or dying person go to a specialist for that primary care. That is why we call them specialist not primary doctors so you are telling me one of the citizens of this great state of Arizona who this law was voted in for... that I need to leave my primary doctor who I have going to for twenty years and doesn't want to deal with the tracking issue that you will impose. That I now have to go through the yellow pages to find a new primary doctor who not only lets me pay in payments but has an office near by and will want to deal with that 24 hour a day tracking that you and the police department will require....come on this law states reasonable regulations not some arbitrary idea that the current health director decided is a good way to protect society from this hideous and dangerous plant that has never killed anyone! My patient/doctor relationship should be decided by my physician and me not you Mr. Humble.

Delete R9-17-302. Applying for a Dispensary Registration Certificate Part B.8

Delete R9-17-302. Applying for a Dispensary Registration Certificate Part B.5

Yes, a "school" should be defined as a public institution where children might be able to wander into a growing facility or dispensary and suffer ill effects from the operation. Something along that line of thinking. Let the legislators or license decision makers decide on a case by case basis the danger to kids and society.

see ABOVE

The parts that need to be re-worded: 1) The legislature should impose criminal penalties for smoking marijuana in the presence of children. This should be for the USE of marijuana in the presents of a MINOR. Not just smoking, and the word child is too subjective. 2) The legislature should impose criminal penalties for smoking marijuana in public. Again this should be the USE of marijuna in public. This will ensure the users safty as well as ensure it is not lost or stolen.

Delete or drastically shorten and simplify the requirements for the ongoing physician-patient relationship.

Yes, just add the words, "Naturopathic physicians" to the language in the law on physicians qualified to make marijuana recommendations and severe as dispensary medical directors.

All public schools are to remain Drug-Free School Zones

More language on the cultivation site related to industrial area. Define better the buying of seeds.

Delete preliminary rules at R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver F.5.e.i and ii.

AZDHS should rely on the recommendation of a Arizona licensed Physician, regardless of the relationship period, so long as the recommending physician complies with the provisions of Title 36, or until such time as there is evidence of fraud.

Page 4 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, OR A DOCTOR OF NATUROPATHIC MEDICINE WHO HOLDS A VALID AND EXISTING LICENSE TO PRACTICE NATUROPATHIC MEDICINE PURSUANT TO A.R.S. TITLE 32, CHAPTER 14 and who has been designated by a dispensary to provide medical oversight at the dispensary. Page 4 Language to include certification requirements (by their respective boards) for physicians who recommend medical marijuana. Language to limit the number of patients a physician can recommend medical marijuana to.

No, the specific language is the job of lawyers and administrators - not me.

Eliminate R9-17-101.17. "Physician-patient relationship and R9-18-101.16. "Ongoing" and any further references to these concepts as presented in the rule.

See Improved

Eliminate the "ongoing" requirement of the definition of a "Physician-patient relationship" in paragraph 17 of Article 1, R9-17-101

Comments by [REDACTED] on the DHS draft medical marijuana rules, submitted Jan. 6, 2011 Issue 1: the legality of Prop 203's provision for "qualified visiting patients" to use an out-of-state medical marijuana card in Arizona. Consider this paragraph from Prop 203, Section 36-2804.03., "Issuance of registry identification cards": C. A REGISTRY IDENTIFICATION CARD, OR ITS EQUIVALENT, THAT IS ISSUED UNDER THE LAWS OF ANOTHER STATE, DISTRICT, TERRITORY, COMMONWEALTH OR INSULAR POSSESSION OF THE UNITED STATES THAT ALLOWS A VISITING QUALIFYING PATIENT TO POSSESS OR USE MARIJUANA FOR MEDICAL PURPOSES IN THE JURISDICTION OF ISSUANCE HAS THE SAME FORCE AND EFFECT WHEN HELD BY A VISITING QUALIFYING PATIENT AS A REGISTRY IDENTIFICATION CARD ISSUED BY THE DEPARTMENT, EXCEPT THAT A VISITING QUALIFYING PATIENT IS NOT AUTHORIZED TO OBTAIN MARIJUANA FROM A NONPROFIT MEDICAL MARIJUANA DISPENSARY. The wording is interesting for its ambiguity and may provide an opportunity for legal challenge. On the surface, it seems to establish a requirement for Arizona authorities to give an out-of-state patient cardholder equal treatment—permission to use and possess medical marijuana under Arizona's law enforcement. That was apparently the intent. But on closer inspection, it doesn't quite say that. It says that the visiting patient's card will have the same "force and effect" as a card issued by DHS. Therefore, it would seem to carry the same limitations and restrictions as an Arizona card, making it subject to revocation by Arizona authorities if DHS rules or Arizona law are violated. If we conclude the out-of-state card has both the same rights and limitations as an Arizona card, couldn't a legal case be made that it must meet, as a minimum, Arizona's requirements for issue? Couldn't Arizona stipulate that any state that offers a medical marijuana card under less stringent circumstances doesn't qualify to be treated with the same "force and effect" as an Arizona card? Wouldn't the visiting patient have to prove to DHS that the out-of-state card and the patient meet all of Arizona's standards for issuance? The 203 language seems to be a direct challenge to Arizona's authority to enforce its own laws and may be an attempt to pre-empt or usurp that authority. Is it possible that this section is flawed and so open to interpretation that it might render it useless, or at least prohibitively difficult for visiting patients to qualify? Issue 2: if the Prop 203 language cited in Issue 1 above is deemed legal, valid, and enforceable, then I suggest DHS should issue temporary cards to visiting medical marijuana patients: If so, I suggest a modification of the draft DHS rules as follows: • R9-17-202.F.1.c. Change to read, ". . . county and state . . ." • R9-17-202. Insert new paragraph B., and re-order the subsequent paragraphs, as follows: "An applicant must verify current Arizona state residency in order to be approved for a card unless circumstances require an out-of-state resident to reside temporarily within Arizona. Under provisions for temporary Arizona residency, the applicant must provide evidence of compelling need to the card-issuing authority to reside temporarily. Such evidence must be documented and clearly show compelling need, the expected continuous duration of stay (not to exceed one year), a statement of intent to, or not to, apply for permanent residency, a qualifying physician's statement detailing why medical marijuana should be authorized, and the resident state's or territory's valid medical marijuana authorization card. The issuing authority will weigh documentation among a panel of three (3) officials and determine whether the card will be authorized. Such card will be of limited duration, not to exceed one year, to match the period of approved temporary Arizona residency. Such card will not be authorized for residents of states or territories that do not legalize medical marijuana, nor will the card be issued to individuals who enter Arizona jurisdiction for convenience. Any request to extend the duration of a temporary card must be accompanied by the same provisions stated above and must allow for a three-week time period for approval. If the extension is approved, a new card will be issued. When the cumulative authorized period for a temporary card(s) meets or exceeds one year, no further temporary card authorization will be issued." Rationale: This is intended to curtail frivolous cross-border migrations, but still allow temporary, transient workers to obtain medication. It would require cardholders to be current Arizona residents or apply for a temporary card. It places the burden of proof on the applicant and requires documentation. It places a limit on temporary card use, and

provides for subjective approval by an officiating panel. Issue 3: prohibitions against consuming medical marijuana in smoking form. I suggest including a rules statement—or enacting legislation—clearly stating that medical marijuana smoking is not exempted from any other state laws regarding smoking. Rationale: Medical marijuana users may attempt to seek exemption from non-smoking legislation under Prop 203 law. Arizona has taken a position recognizing the dangers of smoking and second-hand smoke; marijuana smoking and its second-hand smoke are many times more dangerous than tobacco. For clarity and to avoid ambiguity, such statement would provide clarity and forestall future challenges or conflicts where marijuana users claim protection and exemption from anti-smoking legislation under medical marijuana law. Issue 4: prohibition against issuing medical marijuana cards to National Guardsmen, Reservists, and certain other federal workers. I suggest including a rule that prohibits issuing cards to members of the National Guard, Reserves, or certain other federal workers, such as Border Patrol agents. Rationale: National Guardsmen and Reservists are dual-hatted as both civilian and military workers. Prop 203 protects employers from discriminating against cardholders, but federal law prohibits and imposes penalties for marijuana consumption. The President has instructed federal authorities to not enforce the federal law in states that legalize medical marijuana consumption. The dilemma is that a Guardsman, for instance, could obtain legal protection for marijuana consumption under state law that conflicts with his/her obligations under federal law. Such employee could claim legal protection under state law from prosecution for marijuana consumed in a civilian capacity upon discovery by a positive drug test by military authorities. Although National Guard/Reserve military authorities are instructed that the federal law pre-empts the state law, they are also instructed to regard state laws. The conflict presents an ambiguous, interpretive situation. The importance of eliminating marijuana influences in our protective federal forces cannot be overstated. Contributing to the ambiguity, there is no common level of marijuana intoxication for drug testing as yet defined by both Arizona and federal authority. The legal ramifications of conflicting Arizona and federal law must be investigated and clarified. One way to avoid the conflict is to restrict patients who perform a federal role from being issued cards, citing the conflict between state and federal laws as rationale. I recommend that, at the very least, this issue should be discussed and resolved among legal authorities representing all the involved parties. Issue 5: provide a rule or legislation general statement that protects bystanders from any harm resulting from the consumption of marijuana by cardholders. I suggest a catch-all rules statement and/or law saying, “Medical marijuana cardholders who are currently consuming marijuana are prohibited from performing employment or other acts in which their intoxication or smoking may jeopardize the health, safety, or welfare of other persons or cause material damage in the course of their duties or actions. Any such abuse of a medical marijuana authorization is tantamount to immediate revocation of the medical marijuana authorization and will make the cardholder’s consumption of medical marijuana subject to the same penalties and prohibitions under existing statutes governing the general use of marijuana.” Rationale: Prop 203 and the draft DHS rules don’t appear to go far enough to protect the rights of those who might be harmed by medical marijuana users either in the workplace or in public places. A general statement like this would indemnify bystanders or property interests from abusive medical marijuana users.

Delete R9-17-101. Definitions. 15. "Medical director" and renumber the remaining definitions

No. However we have a specific suggestion for an amendment. The Rules should be amended by completely removing §R9-17-307 (C).

Improved: R9-17-107. Time-frames B. A registration packet for a dispensary is not complete until the applicant provides the 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 whether 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!) 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.)

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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!) Department with written notice that the dispensary is ready for an inspection by the Department. (Possible clarification depending on intent. It is likely that a location will not be ready for an inspection until a license has been granted and dispensary has been constructed or built out. The license must come prior to any inspections. This section is confusing.) R9-17-302 Section 1 j. Whether the dispensary and, if applicable, the dispensary's cultivation site are ready for an inspection by the Department; k. If the dispensary and, if applicable, the dispensary's cultivation site are not ready for an inspection by the Department, the date the dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department; (Same logic as above it seems unreasonable to expect that anything would be ready prior to a license. Unless it's just a site visit prior to construction. Once approved for a dispensary it would be reasonable to expect dispensary completion within 120 days. Getting permits, constructing and beginning operations of the cultivation site could take 6-9 Months depending on jurisdiction and how fast they can approve location/plans for permit.) 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; The logical progression for a dispensary would be application, application approval by city and state, construction permitting within a reasonable time frame, construction completion within reasonable time frame, and final review by building department/ fire/ health or applicable agencies. Issuance of CO by City. Submittal of CO to state. R9-17-303. Changes to a Dispensary Registration Certificate A. A dispensary may not transfer or assign the dispensary registration and certificate. (This seems unreasonable as so many variables change with time. The establishment of this type of business requires a significant amount of time and equal if not more investment of capital. To define terms that allow an exit or recoupment of these efforts through a business sale acquisition or transfer would be beneficial to all parties involved) R9-17-306. Inspections B. A dispensary shall provide the Department with authorized remote access to the dispensary's electronic monitoring system. (While completely understood that this allows for more efficient use of available funds to regulate and inspect it also seems that it has some significant legal issues regarding privacy if at all applicable to this type of business.) C. R9-17-307. Administration 3. Employ or contract with a medical director; (While completely understood that this allows for more efficient use of available funds to regulate and inspect it also seems that it has some significant legal issues regarding privacy if at all applicable to this type of business.) R9-17-308. Submitting an Application for a Dispensary Agent Registry Identification Card I would be extremely helpful to allow for a dispensary agent registry identification for out of state consultants or employees to help these businesses. There are significant resources and lessons that have been learned in other states that would be beneficial for Arizona locations. This would be most useful in cultivation operations as licensed commercial growing has only existed for a very short time and there are significant barriers to entry for those who have not yet had to make all the mistakes. Consultants can help save resources capital and frustration for everyone involved from the building departments to state regulatory agencies. For example having someone who has already perfected a great inventory chain of custody which comes by way of trial and error in another state could help everyone in the industry. There are at least a hundred reasons why opening the industry to some type of out of state help would benefit all parties. C. A dispensary shall provide to the Department upon request a sample of the dispensary's medical marijuana inventory of sufficient quantity to enable the Department to conduct an analysis of the medical marijuana. This also great. There should maybe be more teeth in this maybe add. It is a violation of the statute If the product that is tested is found to have chemical substances not listed. There are many chemicals used in cultivation that can be harmful to people's health, especially those already in weakened state or with compromised immune systems. It's crucial to keep hazardous chemicals out of the medicine! R9-17-315. Security D. To prevent unauthorized access to medical marijuana at the dispensary and, if applicable, the dispensary's cultivation site, the dispensary shall have the following: (Possibly consider adding more protection. The more obvious this is and the better the prevention the less likely crime. A series of double one



way doors in and out with buzzers to operate "mantrap". Steel security doors at dispensary and location with some specified security rating or higher. A home depot wood door isn't very secure.) Bulletproof window at entrance to allow verification of card and id prior to entry to medicine holding area. R9-17-319 B. The Department may deny an application for a dispensary registration certificate if a principal officer or board member of the dispensary: 1. Has not provided a surety bond (could you clarify all the talk of what the surety bond means?) C. The Department shall revoke a dispensary's registration certificate if: 1. The dispensary: c. Acquires usable marijuana or mature marijuana plants from any person other than another dispensary in Arizona, a qualifying patient, or a designated caregiver; or (possibly define mature plants?) The initial stock must come from somewhere, seed, clone where is it allowed to come from? Can seeds be purchased from seed distributors either in the US or outside the US?

I think that under section R9-17-202, part 5, E-I should be scrapped. A simple statement by a doctor for a qualifying condition is all that is needed. I think that the state should look at any rule that will put up an "unnecessary" obstacle to partake in the program from both sides. The 47 pages seems to be over burdensome and I am sure could be cut down to a shorter more effective document. The goal should be to have a program that does what the voters wanted, to have sick patients obtain medical marijuana in a safe legal way.

R9-17-101. Definitions, Section No. 10 b. Are these measurements standard in the industry? I initiated some research and discovered they are not. Since they are not would the materials be available at reasonable prices with these measurements to all potential dispensary builders? Who will be doing the inspections, ADHS employees? Seems inappropriate to impede upon the building departments responsibilities. With the implication that the building department codes will need to be enforced, the cost of operation will not be conducive to a "non-profit" organization. R9-17-101. Definitions, Section No. 13 The inclusion of "or other specialized bodies dealing with accounting and auditing matters" appears to negate your statement of "Generally accepted accounting principles" means the set of financial reporting standards administered by the Financial Accounting Standards Board, the Governmental Accounting Standards Board" Does this imply that dispensary owners/operators will be required to meet all of the entities rules and regulations in addition to the ADHS's rules? R9-17-101. Definitions, No. 15 Does this mean that only one Doctor can be assigned to a dispensary? What if the patient chooses a dispensary which is not located within close proximity to their residence. A patient should have the ability to choose which ever dispensary they wish to be associated with regardless of distance or location of the dispensary. R9-17-101. Definitions, Section No. 16 A Doctor's initial examination for evaluation would be 1 visit, possibly two would be required for review of any test results the Doctor as requested for a diagnosis and providing a prescription. I can see possibly a followup visit after a period of 6-12 mos. to review the prescription effectiveness with relieving the symptoms of the ailment. Four is excessive to require prior to issuing a prescription. R9-17-102. Fees, Section No. 1 These fees need to be in accordance with other states with a MM law enacted and in operation. I have not heard of any other non-profit organization which has had to pay these high fees. It appears the state government is trying to "discourage" helping patients get the alternative medication and services they need. The ADHS approach is giving the clear message that is what they are purporting to accomplish. Why are the "renewal" fees for a registry identification card as high as the first-time fees? These fees should be half the cost for a patient who has already obtained a registry ID card and met all state guidelines and received approval. R9-17-103. Electronic Submission Conditions must be in place to ensure this "state run" software and equipment will not fail, be compromised by hackers, or cause a user to receive "errors" when using the service/equipment/software. R9-17-106. Adding a Debilitating Medical Condition, Section A 4. The statement "accomplish activities of daily living" does this mean the government is now going to make those determinations instead of a physician? R9-17-106. Adding a Debilitating Medical Condition, Section No. A 5. Patients should have the choice to decline any other manmade chemical treatments prescribed. That is why we have alternative cancer treatment centers who do not use conventional

methods to heal a patient. This is unfair in that the use of MM is still in the research/testing stages for treatment of many ailments/diseases not included in the ADHS list. R9-17-106. Adding a Debilitating Medical Condition, Section No. B 5. This should be no more than 30 calendar days, 180 Days is unacceptable. This period should be changed to 3 days. R9-17-107. Time-frames, Table 1.1 All number of days should be reduced to half of the state's calculation shown in this "draft" R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver, Section No. F5\_e\_j. What if an individual may have suffered a sudden ailment/illness/disease that will result in long-term "chronic" symptoms going forward. A patient should not be restricted to having a minimum 1 (one) year relationship with his/her physician. R9-17-204. Renewing a Qualifying Patient's or Designated Caregiver's Registry Identification Card, Section No. A5\_i\_i. The public needs to understand what kind of "oversight" does this mean the "care giver" will be required to execute. What if the "care giver" is not a user of MM or has any knowledge of administering MM dosage. Who will be determining the knowledge level required? Will that mean additional licensing fees and/or training being required? R9-17-205. Denial or Revocation of a Qualifying Patient's or Designated Caregiver's Registry Identification Card, Section No. D. The public needs to have explanations of what methods of identifying that this action has taken place would the ADHS qualify as a legitimate and actionable? R9-17-205. Denial or Revocation of a Qualifying Patient's or Designated Caregiver's Registry Identification Card, Section No. E. The public needs to understand what is a "excluded felony offense"? A specific listing should be provided. R9-17-302. Applying for a Dispensary Registration Certificate, Section No. B\_15\_a. Now dispensaries must have a Pharmacist associated or employed with their dispensary? I do not know of a Pharmacist who will "donate" his time for work/oversight at a "non-profit" facility. R9-17-304. Applying for a Change in Location for a Dispensary or a Dispensary's Cultivation Site, Section No. A8 The public needs to have explanations of what the "Inspector's" established guidelines/rules are for measurement of qualifying a "cultivation" site will be. R9-17-306. Inspections, Section E. This could become problematic in that any citizen who does not like the MM program could make a "complaint". What will the ADHS's criteria be for determining if a citizen's complaint is legitimate and worthy of investigation. R9-17-307. Administration, Section No. A4 Why does having cooking, massage, meditation classes require those providing the "volunteer service" to possess a "dispensary agent registry ID card". This is unfair, especially since these activities will not be in the room/part of dispensary where the MM is housed/dispensed. Overall this section gives the impression that the ADHS is trying to "physically" tax dispensaries with unprecedented levels of paperwork/files required to operate. R9-17-311. Dispensing Medical Marijuana, Section No. 3 What is this "electronic verification system"? Who is providing this software/system? R9-17-311. Dispensing Medical Marijuana, Section No. 5 Is this quantity reasonable? All patients require different dosages to treat their specific condition(s). R9-17-312. Qualifying Patient Records, Section No. B\_1. This means security software will need to be purchased and maintained by the dispensary personnel. This is an additional cost intensive activity for a non-profit facility. R9-17-313. Inventory Control System, Section No. C This is a time intensive activity and the frequency appears unfair compared to the private industry standards for "audits". R9-17-315. Security This whole section is creating a benefit for the security industry who will require high fees and expensive equipment. This section opens the possibility of potential corruption, that individuals within the state government could be making "arrangements" with corporate groups to give them business because of this law.


See above
"Patients with a terminal illness should be exempt from the rule requiring a patient to have a professional relationship with a physician for at least one year and assessed for their medical condition on at least four visits prior to being eligible for a medical marijuana recommendation." You are correct. Terminal patients should be exempt; however, I believe that if a patient has a painful, debilitating condition which is supported by a valid, written diagnosis, he or she should be approved for medical marijuana.
As above, the medical director position should be changed to "licensed healthcare provider" to oversee the operations of the dispensaries as Dispensary Director. The options could be NP, PA, Rph, PharmD, NMD, MD, or DO. All persons with the above degrees have the expertise to oversee the responsibilities outlined in R9-17-310 C. Application approval should be based on the applicant's background check and business plan, not if they have secured a location. The location site requirement should be omitted from the language. Dispensaries should be able to acquire marijuana from registered cultivation sites, whether they are associated with another dispensary or not. There should be 2 distinct registrations. There are persons who are talented in horticulture (green thumb syndrome), that should be allowed to provide product without having to be a dispensary. The language should read that there are two registrations available, Dispensary and Cultivation Site and not merge them.
Eliminate the camera surveillance feature which is a violation of HIPAA as well as our constitutional right to privacy. Eliminate the residency rule for dispensary applicants. This is useless anyways since all the out-of-state big players are using stalking horses for their applicants. Check out [REDACTED] and [REDACTED] those are all out of state dispensaries and they have lined up applicants to put their paperwork in so how ignorant are you people? I know [REDACTED] is behind this one because [REDACTED] has poured big bucks into coming here and how coincidental the owners are Arizona residents already. Shame on you Humble for the piss poor efforts put forth by you. Really is this the best you can do--- steal Colorado's over restrictive rules and just put the word Arizona in them and shoot them out? Colorado is a for-profit system and it's currently in moratorium. The citizens of Arizona voted in medical marijuana and for your information since you are so ignorant laws are implemented when they passed by a simple majority. You don't get to make this stuff up and say publicly that even the people that voted no on Prop 203 get to have the rules shaped to give them a voice. Are you that stupid and ignorant of the law?

May provide some later.

That would depend upon the comment. If you e-mail me [REDACTED], I will suggest specific language.

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], [REDACTED] "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.

R9-17-101, #15: Definition of a Medical Director: Physicians defined in the medical marijuana act is eligible to be a medical director including NMD. R9-17-102- Fees for applications: Fees for Application are refundable. Fees for user cards are provided on a sliding scale based on FPL R9-17-202, #5, a-k: Requirements for the Physician- A valid relationship as defined by enrollment into services with an up to date medical record. R9-17-302- Applying for a Dispensary Registration Certificate- (A) residency requirements of 5 years for all persons affiliated with the dispensary operations. (B) 1, (b) (h)- A proposed physical address that can be changed with minimal fees and no requirement to provide information until location is secured, after licensure is approved.

R9-17-101. 16 (a)Page 4 R9-17-202.F (5) (e) (i) Page 14 R9-17-202.F (13) (e) (i) (1)Page 18 R9-17-204.A (4) (e) (i) Page 22 R9-17-204.F (4) (f) (i) (1)Page 25 Individuals enrolled or utilizing federal health services as their primary care specifically, Veteran Affairs and Indian Health Services shall be exempt from "The doctor patient ongoing relationship requirements" By the presentation of Veterans Affairs or Indian Health Service ID Cards to recommending physicians. Physicians shall be educated on this exemption and held harmless from any violation of said; doctor patient relationship requirements.
A. Within the administrative completeness review time-frame for each type of approval in Table 1.1, the Department shall: 1. Issue a registry identification card or registration certificate, 2. Provide a notice of administrative completeness to an applicant, or 3. Provide a notice of ALL deficiencies to an applicant, including a list of ALL the information or documents needed to complete the application. B. A registration packet for a dispensary is not complete until the applicant provides the Department with written notice that the dispensary is ready for an inspection by the Department. If the Department provides a notice of deficiencies to an applicant:
If you have a year's documented medical history of any one of the specified illnesses...there should be no requirements other than a yearly visit to any medical marijuana doctor.
Yes. R9-17-104. Changing Information on a Registry Identification Card Except as provided in R9-17-202(B) and (C), to make a change to a cardholder's name DELETE (or address) on the cardholder's registry identification card, the cardholder shall submit to the Department a request for the change within 10 working days after the change that includes: 1. The cardholder's name and the registry identification number on the cardholder's current registry identification card; 2. The cardholder's new name DELETE (or address, as applicable); DELETE (3. For a change in address, the county where the new address is located; ) 4. The effective date of the cardholder's new name DELETE (or address); and 5. The applicable fee in R9-17-102 for changing a registry identification card. .
Please just allow dr's that think thier patient could benifit to recomend it. How about a 2 week follow up then 1 month then let it go a year like other scripts. Even telephone follow ups should be allowed.
R9-17-103. Electronic Submission (or Paper Form submission) An applicant submitting an application for a registry identification card or to amend, change, or replace a registry identification card for a qualifying patient, designated caregiver, [or dispensary agent shall submit the application electronically using a Department-provided format, or may do so with a Department provided form through a common carrier or hand delivered.] The Department shall provide a paper receipt for a hand delivered application immediately upon receiving it at an official ADHS office.
At R9-17-102. Fees add 9.a. For a registry identification card for a qualifying patient with an

household income greater than \$200,00 and less than \$400,000 shall be \$100; b. For a registry identification card for a qualifying patient with an household income is less than or equal to \$200,000 shall be \$25.

Add a clarification as follow: In R9-17-101 Definitions.18.c.vii. Private offices,meeting rooms or other parts of the facilities in Part b. of this subsection as listed above.

No language to add, but would like to strongly suggest that §R9-17-307(C) be deleted in its entirety.


USE SIMPLE LANGUAGE THAT ALL PATIENTS CAN UNDERSTAND, KEEP IT SIMPLE, PROTECT THE PATIENTS WRITES.

1) R9-17-307, C, 3: Clarify wording, add some statement to the effect of marijuana not cultivated on site

1. Limit number of patients for authorized doctors/prescribers 2. Require in-person medical evaluations of patients 3. Track sales between growers, caregivers, dispensaries and cardholders 4. Guidelines are needed for proper and secure disposal of unused marijuana 5. Require city/county permits for all residential or commercial cultivation; clean-up costs are responsibility of the dispensary owner and alterations to the property require a permit and must be inspected; no cultivation of marijuana in a residence or property occupied by minor children 6. Require "warning" language on marijuana packaging that addresses the addictive nature of the drug and its impact on motor skills (e.g. do not operate a vehicle or machinery while using); also require dispensary representative to verbally discuss the side effects of the drug and impact on others.

Arizona could recognize Medical Marijuana cards from other states and collect the tax revenue from their purchase. A list of Dr.s willing to sign for a medical marijuana card, if you provide a medical history of you conditions. Please not only honor our veterans but help them, in this new legislation.

9-17-101 don't know what ars 8-210 states, but my husband is my caregiver, goes shopping for me, drives me wherever, thinks about dinner etc. why not just say what you mean 9-17-102


17. "'Physician-patient relationship" means interaction between a physician and an individual in which the physician PERFORMED A MEDICAL assessment, HAS RECOMMENDED treatment of the patient's debilitating medical condition."
R9-17-313. Inventory Control System 3. For cultivation: a. The strain AND COMMERCIAL SOURCE of marijuana seed planted, type of soil used, date seeds were planted, and the watering schedule; I bolded the additional language above since there needs to be proof of the commercial source of the strain. This would prevent unsavory dispensaries from selling a popular strain in name only but using an inferior strain. This false advertising is a problem in Colorado dispensaries so a verified source such as an Amsterdam or Canadian seed bank should be listed. Seed auctions should not be allowed either. The goal would be to certify a seed pedigree much like dog pedigrees are tracked and certified.
I can't change doctors because of insurance reasons. I'm disabled and poor. My doctor can't prescribe marijuana because he says the administrators say he can't. Let me see my doctor and maybe yearly see a doctor my marijuana. I have terrible spasms and can't walk.
I'll leave that to the experts!
Substantially shortening the time period as follows, within the definition of "ongoing," would improve the rules. "16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least one MONTH and the physician has seen or assessed the patient on at least TWO 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 ... 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."
Could you provide a draft of the selection process for WHO will be selected for this venture? Are there specific qualifications that would guarantee someone to get a license for a dispensary? Right now, everything is so vague!
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.

"Medical director" means any Nurse Practitioner or Physician's Assistant licensed in the State of Arizona or doctor who is allowed under Title 36 to recommend marijuana as medicine.

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;"

The Dr./patient relationship requirements and prescribing requirements for medical marijuana shall be no more restrictive than those for other prescription medications.

DO YOU HAVE ANY SPECIFIC LANGUAGE TO IMPROVE THE RULES? No language to add, but would like to strongly suggest that §R9-17-307(C) be deleted in its entirety.

No but we do feel that §R9-17-307(C) should be deleted entirely.

Not right now

No language to add, but would like to strongly suggest that §R9-17-307(C) be deleted in its entirety.

This is the industry at the "starting gate". The rules required to fill the first 124 positions will by necessity be different than the rules regarding subsequent applications in the future. There needs to be a selection process which will not tacitly eliminate all but the wealthy and/or corporate interests, by posing an undue financial burden on the applicants. Requiring a C of O as well as a long term lease arrangement, approved plans and floor plans, as well as the pursuit of a Conditional use permit in some jurisdictions (which is always hugely expensive) is unnecessary and serves only to eliminate the smaller players in the industry. A dual stage selection process would be fair and reasonable to all, without squandering many millions of dollars for those ultimately rejected in the process.

Retain: 10. "Enclosed" means: A building with four walls and a roof or an indoor room or closet; Amend the remaining parts of this definition (10) to appropriate measures for a dispensary and separate the requirements for a cultivation facility as appropriate. Young growing plants have little value to a burglar or robbers. Only the dispensaries' overnight storage should require a strong physical enclosure including a safe or a metal cage.



The language above can be incorporated in the draft rules as ADHS best sees fit.

Change to: "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.

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Sorry, but I don't have an email for any of you in ADHS. I wanted to cc: you on an email I sent to [REDACTED] [REDACTED], can you let [REDACTED] know that I spoke with ADHS, [REDACTED] directly to clarify the issue. He now understands and is sympathetic, but felt this concept might violate confidentiality tenets of Prop 203. I disagree, and I feel if the VOTERS UNDERSTOOD THAT DOCTORS WOULD NOT HAVE ACCESS to this information, they would NOT be agreeable to such a scenario. I suspect voters will support physicians having access to this database in the same way ADHS will have to provide access to Law Enforcement and to Dispensary Owners. I still would like to see [REDACTED] sponsor a bill that would amend the CSPMP to include Schedule I data. I know [REDACTED] would support it after we discussed it in our last Legislative Affairs Committee. Even if it fails, it's worth raising the public dialogue. The bill does NOT have to be complicated, since it's just a straightforward amendment. You can see below how simple the amendment would be. We are still waiting on info from [REDACTED] in terms of FISCAL NOTE for a change to their software/programming on the CSPMP, but I'm hoping he'll have that for us soon. Bills are due in less than 2 weeks, so I would like to see us move forward on this asap. Thanks for your attention to this matter. See language below: [REDACTED]

[REDACTED], thanks for the phone meeting earlier. I am including my suggestions for a single bill which would amend 36-2602. I can try to meet with my other Legislators from District 8 over next 2 weeks to try to rally other sponsors if you are willing to draft this prior to Jan 17th. I would like to work thru ADHS rulemaking, and I've included this item/suggestion to ADHS in their electronic feedback portal. But it looks like they are unable to help. Furthermore, this issue REQUIRES LEGISLATIVE REMEDY, since ADHS is NOT able to change contents of CSPMP. This does not limit the "will of the voters" and does NOT violate Voter Protection Act (once people really understand the reasoning behind requesting this amendment). If I can get the [REDACTED] [REDACTED] to support this bill, it may actually have a chance of passing. It is in the best interest of the Medical Marijuana community to support this effort, to ensure their program has integrity and transparency when it comes to patients working with their doctors. Your thoughts? 36-2602. Controlled substances prescription monitoring program; contracts; retention and maintenance of records A. The board shall adopt rules to establish a controlled substances prescription monitoring program. The program shall: 1. Include a computerized central database tracking system to track the prescribing, dispensing and consumption of schedule II, III and IV controlled substances that are dispensed by a medical practitioner or by a pharmacy that holds a valid license or permit issued pursuant to title 32. This database would include data from the Department of Health Services identifying those Arizona residents who possess a Medical Marijuana ID card. The tracking system shall not interfere with the legal use of a controlled substance for the management of severe or intractable pain. 2. Assist law enforcement to identify illegal activity related to the prescribing, dispensing and consumption of schedule II, III and IV controlled substances. 3. Provide information to patients, medical practitioners and pharmacists to help avoid the inappropriate use of schedule II, III and IV controlled substances. 4. Be designed to minimize inconvenience to patients, prescribing medical

practitioners and pharmacies while effectuating the collection and storage of information. B. The board may enter into private or public contracts, including intergovernmental agreements pursuant to title 11, chapter 7, article 3, to ensure the effective operation of the program. Each contractor must comply with the confidentiality requirements prescribed in this article and is subject to the criminal penalties prescribed in section 36-2610. C. The board shall maintain medical records information in the program pursuant to the standards prescribed in section 12-2297.

18. "WRITTEN CERTIFICATION" MEANS A DOCUMENT DATED AND SIGNED BY A PHYSICIAN, STATING 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 [NOTE: "assessment," singular, not plural; 1, not 4] OF THE QUALIFYING PATIENT'S MEDICAL HISTORY. FOLLOW THE LAW!!! The AZDH has NO right or authority to impose cruel and unusual guidelines for patients. You can get Oxycodone at any UC,ER, or DR office with a visit, why are we considering these cruel and unusual rules on a law that we already passed.

In the rules for medical access, medical marijuana should be restricted to those suffering from illnesses where end of life issues are foreseen and to those who suffer medical illnesses such as cancer or glaucoma, which were mentioned, and law enforcement agencies should be made aware of those in their community who are applying for medical marijuana so medical marijuana can be tightly controlled. This was a major problem in Washington State where a lack of law enforcement oversight resulted in medical pot being handed out by patients to friends and relatives, a MAJOR LOOPHOLE! It was soon required that long periods of testing other methods of controlling the symptoms that medical marijuana was supposed to help alleviate be required and all other methods exhausted before medical marijuana permits were given out.

Please add RA to the list of illnesses.

The draft rules must be discarded in their entirety and, in an open and honest process, new regulations should be drafted to the advantage of the suffering, dying, and good citizens of Arizona.

You do not have to add additional language to the basic tenet of the initiative!!! The language which accommodates the goal of the initiative is best. Keep it simple.

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. Attorneys are already preparing legal action against these cruel and unreasonable draft regulations. If you are happy with such an outcome, do nothing. If you want to reduce your suffering and your costs, you must speak out now and also at the public meetings I have listed below. The good news: As best I can tell, the AzDHS does NOT have the authority to enact the cruel and unreasonable package of regulations they propose. Obviously, I am not an attorney, so we are soliciting the input of qualified attorneys. Because I am a physician, I am restricting my comments here to the matter of patient-physician relationship. Others with expertise in dispensary and caregiver matters will share similar analysis and commentary concerning the draft regulations for dispensaries and caregivers. I have attached the AzDHS Timeline. Please familiarize yourself with the Arizona Medical Marijuana Act (AzMMA): [REDACTED] 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. Please note that even the Director of AzDHS questioned his own authority to do what he proposes: <http://directorsblog.health.azdhs.gov/?p=810> See also: [http://blogs.phoenixnewtimes.com/valleyfever/2010/11/prop\\_203\\_legal\\_weed\\_will\\_be\\_av.php](http://blogs.phoenixnewtimes.com/valleyfever/2010/11/prop_203_legal_weed_will_be_av.php) Next please familiarize yourself with the draft regulations: <http://www.azdhs.gov/prop203/documents/Medical-Marijuana-Draft-Rules.pdf> Then please participate in the public comments online and in person: [http://azdhs.gov/news/2010-All/101217\\_ADHS-Med-Marijuana-Release-and-FAQ.pdf](http://azdhs.gov/news/2010-All/101217_ADHS-Med-Marijuana-Release-and-FAQ.pdf) Please plan to testify. Please also mobilize other suffering patients to comment online, in writing, and to testify at the Public Meetings: Phoenix, February 15, 2011, 1PM, 250 N. 17th Avenue Tucson, February 16, 2011, 1PM, 400 W. Congress, Room 222 Phoenix, February 17, 2011, 1PM, 250 N. 17th Avenue Some specifics. The AzMMA requires this: 18. "WRITTEN CERTIFICATION" MEANS A DOCUMENT DATED AND SIGNED BY A PHYSICIAN, STATING 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 [NOTE: "assessment," singular, not plural; 1, not 4] OF THE QUALIFYING PATIENT'S MEDICAL HISTORY. So, one full assessment, specify the qualifying condition, sign, and date-done! Without the authority to do so, Az DHS proposes: 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; Key points: • Any Arizona physician may in a single visit prescribe "speed," e.g., Adderall, to a kindergartener-without 4 visits spread out over 1 year any Arizona physician may prescribe to a kindergartener a drug that can kill that child by heart attack, stroke, seizures, or other "side effects." • Cancer, HIV, Hepatitis C, and ALS patients often do not have 1 year to live. • The patients that do live are cruelly being told to change doctors or suffer for 1 year. • 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. • Marijuana is 100% safe, gives patients good relief, and cures some conditions-Marijuana is not deadly and is not addictive. • 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. • 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 • The draft regulations are cruel and unreasonable. We still believe that an evaluation and a signed physician recommendation stating the patient's qualifying condition currently gives an "affirmative defense" in the event of a legal encounter at least until the final regulations, not merely the draft regulations, are announced by the AzDHS. Once the final regulations are promulgated, we will, of course, abide by them. Until then, we are still making recommendations to qualified patients. If the AzDHS succeeds in forcing 1 year and multiple visits upon patients, it is to the advantage of qualifying patients to start the process as soon as possible.

I'll leave the legal language to the experts.

You have written this out in such a way it's difficult to understand, Couldn't you just use your drivers license or a card by someone that takes the picture at the DMV or something like that? I don't understand all the rules on the pictures. I was born in the USA, why do I need my birth cert.? Illegals don't have any problems getting state aid or public schooling without one. Not that I object to showing it but since I moved a few years ago it was misplaced so now I have to get a certified copy, just one more roadblock. I think you are doing everything you can to make it imposable for patients to get the medication. I understand the need for rules but you are taking this way to far. There are those that use it illegally and making it hard for the patients isn't going to change a thing for those people. Those that were using before will continue to do so. Those of us willing to comply have to jump through hoops.

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R9-17-101, #16b: The recommending physician will become an integral member of the patient's medical care team and will establish an ongoing patient-physician relationship for the duration of need for medical marijuana. The recommending physician will monitor the effect, side-effects and response to medical marijuana treatment on a routine ongoing basis.

Ex-felons should be able to get medical marijuana. A cultivation site requirement isn't the best idea in my opinion. An address should be required for the cultivation site, along with an inspection of security aspects of the grow facility. As long as you have proof of your illness for more than a year in Arizona, you should be able to get a mmj card. Unless you have been ill less than 12 months. Thats another reason why I dont think its fair. what if the patient hasnt' been sick for 12 months, but marijuana could improve their quality of life? Also, if a caregiver is caught dispensing marijuana illegally, they should

have their license taken away. Especially, since there are only 120 licenses available. Also, why does there need to be a record of a utility bill 60 days before the application is supposed to be submitted? Again, I think this gives an advantage to "career criminals" who may not have a felony on their record. Why do you need a registered pharmacist for a drug that isn't federally recognized as a drug?

ADHS needs to create a closed system of medical marijuana sales tracking between growers, caregivers, dispensaries and cardholders. These systems are currently utilized by many legitimate retail pharmacies to track the sale of pseudoephedrine products to ensure sales to the ultimate-user do not exceed legal amounts and prevents the "smurffing" of pharmacies due to a compatible data-base allowing pharmacies to share information. This system will also ensure that marijuana is not being obtained from illegal sources. Suggested Language: "ADHS will require all licensed growers, marijuana dispensaries and caregivers to install and /or subscribe to a secure, computerized web-based tracking system determined by the ADHS. The real-time logging and reporting of regulated medical marijuana product sales, electronic signature capture, and secure storage of all transaction data will be required for all purchases of medical marijuana. All medical marijuana growers, dispensaries and caregivers must be equipped with a shared electronic purchasing database determined by the ADHS. This system will be shared among growers, dispensaries, caregivers and the ADHS. When a licensed grower sells product to a dispensary or caregiver, it will generate an ID reference number; the grower's license number, date and time of sale; name of dispensary or caregiver, and the purchaser's name and address; name of product sold, quantity and amount of marijuana in the product; and purchaser's signature. At the time a licensed dispensary or caregiver sells product to a cardholder, it will generate an ID reference number; the cardholder number, date and time of sale; purchaser's name and address; name of product sold, quantity and amount of marijuana in the product; and purchaser's signature. Entering the cardholder's information will fill required ID information into the system. The information instantly checks a centralized database to determine if the cardholder is within the legal purchase limit. The cardholder will confirm the sale with an electronic signature, and the sales transaction information is sent and stored to the centralized database. Non-compliance of the web-based tracking system will result in an immediate revocation of grower, dispensary, caregiver, and cardholder licensing, or permits and; may be subject to criminal prosecution, civil fines and forfeiture. It is unlawful for a grower, dispensary, caregiver, or cardholder, to knowingly consume, possess, acquire, purchase, or transport marijuana of an unknown source or origin; other than from ADHS licensed growing facilities, dispensaries or caregivers. Non-compliance will result in an immediate revocation of dispensary, caregiver, and cardholder licensing, or permits; and will be subject to criminal prosecution, civil fines and forfeiture."

The following mandate should be included in all areas referencing physician-patient relationship to prevent out-of-control "Pot Doc"s "All doctors listed under the Medical Marijuana Act who are authorized to recommend medical marijuana are limited to a maximum of 'thirty' medical marijuana recommendations per calendar year." R9-17-101 (16) (b) R9-17-202 (G)(13)(e)(i)(2) . R9-17-204(A)(e)(ii) R9-17-204(B)(4)(f)(2)

Follow the law that voters passed, quit trying to change it to fit your own preferences. everyone knows how against the bill the department of health was. We all remember humble's comments before the vote.

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

Rate your plants, only mature ( meaning in the bud stage ) should be counted as usable medication. Size is not the issue here, a 4 foot plant can be budded into a usable medication. Also there are only 2 kinds of Marijuana plants Indigo, and Sativa. Let dispensarys sell clones to those who do not have a grow source, or cannot afford the cost of medication at the dispensarys. Remember our insurance does not cover marijuana as a medicine, or our doctor visits. Look the applications over good, are they terminal, low income, unable to drive to medication sites. Have no one to help them secure their medication???? Find a worker who has knowledge in growing marijuana plants. Do not count unusable plants as medicine. Add language for plants in your regulations. Add under the Arizona Medical Marijuana act, only a person with a qualifying medical condition who has obtained a valid Arizona Marijuana card is excepted from criminal laws of the State for engaging in the medical use of marijuana as justified to mitigate the symptoms or effects of the persons debilitating medical condition. Protect those that hold cards, stay within the law.

I read news today that ADHS has an arrangement with one of the rich prospective dispensary companies. If this is true I am deeply disappointed. My hope is that marijuana will be able to be grown by dispensaries at a low cost where there is fair competition among all potential dispensary owners. Marijuana prices need to be low for the handicapped. An 8 foot fence is unnecessary. A Dr. on call for a dispensary is absurd. These will drive up the costs for the disabled consumer. Please keep costs down. Please have lower fees for the patient. Please make it so a patient can see any doctor for the yearly medical marijuana recommendation. If the doctor is writing bogus recommendations, fine the doctor but don't make it hard for the patient. You can go undercover if you believe a doctor is writing bad recommendations.



R9-17-102. Fees An applicant submitting an application to the Department shall submit the following fees, that are nonrefundable for any reason once the application is recieved.

See above.

Physician patient relationship- I am currently under a pain managment center. THEY are under FEDERAL government- they CANNOT prescribe medical marijuana -My relationship has been aprox. 6 months. prior Doctor went out of buisness.( patient for 3 years ) so the patient Doctor relationship is unreasonaable, and will not work. any Doctor PHD/ DO who prescribes opiates is under the FEDERAL drug rules, and CANNOT prescribe medical marijuana SO anyone who would like to get off prescription ADDICTIVE narcotics- opiates, would NOT be able to get the Doctor to sign a statement "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. I understand you disagree- Marijuana is GODS wonder drug.I would like the RIGHT to injest or smoke it to see if i can get off narcotic pain medication without the fear of being put in prison. Debilitating medical conditions:R9-17-201 more illnesses need to be included. Rheumatoid arthritis ADD - ADHD Depression sleep disorders diabetitic Neuropathy nerve pain

See above.

PMedical marijuana should be precribed as any other medications available. Doctors licensed in the

state of Az will be able to precribe medical marijuana. Conditions that cause pain and intrusion in the lives of patients will be precribed med. marijuana when requested. Medical conditions will not include only patients with terminal diseases. The law will not discriminate against those suffering from mental health conditions. The law will not dissuade individuals from seeking medical marijuana because of unnecessary challenges when attempting to obtain easy and appropriate prescriptions. The law will provide the same prescribing laws in Arizona as all other medications. There will be provisions for prescribing and dispensing in rural communities and for those with physically or mentally disabling conditions. This language should be included in rules of prescribing and dispensing of medica;l marijuana. The current language of the law is discriminatory and may be a source of litigation which negatively impacts both the STate of Arizona as well of patients in need of medication.

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The Draft also does not state which part of the Initive it will accept as Law. I thought Arizona voters voted for this Law to become effective because of the Tax revenue. Page 33 of the Initive implies that Non-Profit Dispensaries will be TAX EXempt. How can that be? Dispensaries in California pay High Taxes and it would be nice to see something balance the Budget in Arizona.

Will submit at another time.

Remove unrealistic mileage and timeline restrictions.

1) fees for qualified patient or caregiver shall be waived on a pro-rated basis, starting at \$0 for those with income according to the state income level for public assistance and continued upward according to a reasonable scale established by the DEPARTMENT. 2) The cultivating site associated with a dispensary a) shall be identified as to exact address or GPS coordinates, if there is no address assigned to the property; b) each person employed or regularly visiting the cultivating site shall be identified and subject to the same qualifying requirements as a dispensary agent and issued an identification card for a reasonable fee; c) the access code or key to the cultivating site access "locking mechanism" shall be provided to the DEPARTMENT; d) a list of all persons who know the access code or have access to the key(s) to the cultivating site access shall be provided to the DEPARTMENT; any changes, additions, or deletions to this list shall be reported to the DEPARTMENT within 10 days; e) an agreement between the owners and administrators of the cultivating site shall be executed providing unfettered, continuous, and unannounced inspection by the DEPARTMENT; f) the exact address and the access code or key to the cultivating site shall be subject to the same disclosure restrictions as other sensitive information given to the DEPARTMENT.

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

1) Medical Director Remove reference to "medical director ". Add educational component as suggested above. -OR- Change Informal rules, definitions #15, "medical director" to include NATUROPATHIC and HOMEOPATHIC physicians, to reflect the same language used in 36-2801, definitions #12. 2) Application Process We propose a two-tiered application process similar to the current procurement method used by many state agencies: 1. Each applicant provides a detailed business plan that describes the implementation of all components required by ADHS. 2. 125 applicants will be chosen by ADHS to proceed to the next stage which will require the applicant to identify a facility and prepare it for inspection within sixty (60) days. 3) Requirement for dispensary to provide 70% of their own product: Change R9-17-307, C-1 to: A dispensary: 1. Shall cultivate it's own crop or acquire inventory from qualifying Arizona patients, caregivers or licensed dispensaries.

Please see above.

You cannot propose that a person be a legal citizen to get medication you do not have that right a non-citizen is given a prescription for oxycodone without a birth certificate.

It is not clear to me whether or not there can be mobile dispensaries - particularly in rural counties with only one dispensary. Or, must the dispensary be in a permanent structure? Also, must some of the MJ cultivation for use by a particular dispensary occur in the county where the dispensary is located? Or, can all of the marijuana for use by a particular dispensary be grown in a different county from where the dispensary is located, provided the cultivator in the different county is affiliated with the dispensary in another county.

Let me go to another doc for my medical marijuana recommendation but keep my doc.

I am not a lawyer - however, the language should match the Proposition 203 language.

If you have two+ units in a large building, do you utilize the measurement from the wall of the building or from a corner of the dispensary unit to any nearby park, school, library, etc?

Doctors must cooperate with the new law.

As the dispensary must be located 1,000 feet from schools... what constitutes a school? There are numerous "schools" in Arizona. Beauty schools, golf schools, dog training schools, meditation and yoga schools and so on. This needs to be clarified. Perhaps, "schools" should be designated as daycare centers through grade 12?

Paragraph R9 17 307 Add language to require marijuana to be obtained only from Az licensed facility. See C. Etc several opportunities to insert "Az licensed" to prevent acquisition of marijuana from other sources or states
Driving and operating equipment while under the influence of medical marijuana will be as with any other prescription medication. Monitoring techniques will be used to determine blood levels as with other prescription medications as appropriate. The adverse affects of side stream smoke are recognized and the needs of the user of inhaled marijuana user are superseded by the rights of others to breathe to smoke free air.
Income absolutely should be a factor.
i was hoping more like 4 year Residency rule for dispensary owners..
Remove language that prevents a licensed patient from cultivating medical marijuana for personal use if a dispensary is located within a 25-mile radius of the patient's residence.
Under R9-17-101 15. The definition of "Medical director" should include a nurse practitioner licensed in the State of Arizona. (Under R9-17-310, the duties of the Medical Director do not include any scope that could not be fulfilled by a nurse practitioner)

1. Make MJ fees affordable for poor patients and caretakers 2. Tell clinics they can't prohibit their doctors from recommending MJ. 3. There are caretakers who have been with their patients for years that do not caretake for other people. so show two types of caregivers in your rules. 4. Dispensaries should be able to deliver MJ to their patients. 5. A patient should be able to have a MJ doctor if the patient really needs MJ and keep their normal doctor. 6. Keep costs down for dispensaries so MJ won't cost too much. They don't need a doctor. Let a pharmacist be included in the director definition.

None.

If the idea behind this requirement is to prevent California or Mexican grown marijuana from being sold in Arizona, I would recommend changing that 70% requirement to a certified Arizona-grown crop. This helps the state out still and helps scale the dispensaries into smaller nonprofits instead of the deep pocket multi-million dollar "nonprofits" that grow and sell.

Yes, for one your provision of having a patient see a doctor 4 times in one year for the same ailment? This is a bureaucratic bottleneck... the people of Arizona voted Proposition 203 into Law and it should be implemented in to Law in an expedited way. Will Humble, you are trying to inhibit the Law for whatever reason and you need to get out of the way and just be an Administrator that is all you are; you are not the king nor the governor and you are trying to implement the law into something that you have no intelligent input on. Let the people govern their state; all 15 counties, not just Pima and Maricopa County.

Take out "illegal" put in "legal."



rules take out the 70/30 rule, dispensary are allowed to grow based on the number of members who sign up for that dispensaries services period and to only allow a dispensary to grow 70% of his business potential is unamerican. do pharmacies has to give 30% of it's business to another pharmacy? the ADHS is meddelling just the way colorado meddles with their mmj industry. undo burden for the dispensary. your not suppose to do that by law. or are we reading some other law out there? prop 203 said that the ADHS can't bring undo burden on a dispensary with meddelsome rules. i don't want to give 30% percent of business away to anyone who hasn't earned it. it's unamerican.

70/30 rule take it out. it's not working in colorado and it wont work here either. it's noonsense made up by people who don't know marijuana or the industry enough to be concerened about how much marijuana is out there. i thing is for sure it isn't enough to help keep the prices down.

The Colorado legislature amended House Bill 10-1284 this past summer. They added the following language, which is very specific about the process of applying for a dispensary license and spells out clearly the process. If a dispensary is not approved then they are out their application fees but are returned any licensing fees. In section R9-17-107F perhaps the following language as adopted from Colorado bill 10-1284 would clarify the process of initial applications. (4) AN APPLICANT SHALL FILE AT THE TIME OF APPLICATION FOR 17 A LOCAL LICENSE PLANS AND SPECIFICATIONS FOR THE INTERIOR OF THE 18 BUILDING IF THE BUILDING TO BE OCCUPIED IS IN EXISTENCE AT THE TIME. 19 IF THE BUILDING IS NOT IN EXISTENCE, THE APPLICANT SHALL FILE A PLOT 20 PLAN AND A DETAILED SKETCH FOR THE INTERIOR AND SUBMIT AN 21 ARCHITECT'S DRAWING OF THE BUILDING TO BE CONSTRUCTED. IN ITS 22 DISCRETION, THE LOCAL OR STATE LICENSING AUTHORITY MAY IMPOSE 23 ADDITIONAL REQUIREMENTS NECESSARY FOR THE APPROVAL OF THE 24 APPLICATION. (4) AFTER APPROVAL OF AN APPLICATION, A LOCAL LICENSING 27 AUTHORITY SHALL NOT ISSUE A LOCAL LICENSE UNTIL THE BUILDING IN -20- 1284 WHICH 1 THE BUSINESS TO BE CONDUCTED IS READY FOR OCCUPANCYWITH 2 SUCH FURNITURE, FIXTURES,AND EQUIPMENT IN PLACE AS ARE NECESSARY 3 TO COMPLY WITH THE APPLICABLE PROVISIONS OF THIS ARTICLE,AND THEN 4 ONLY AFTER THE LOCAL LICENSING AUTHORITY HAS INSPECTED THE 5 PREMISES TO DETERMINE THAT THE APPLICANT HAS COMPLIED WITH THE 6 ARCHITECT'S DRAWING AND THE PLOT PLAN AND DETAILED SKETCH FOR 7 THE INTERIOR OF THE BUILDING SUBMITTED WITH THE APPLICATION. 8 (5) AFTER APPROVAL OF AN APPLICATION FOR LOCAL LICENSURE, 9 THE LOCAL LICENSING AUTHORITY SHALL NOTIFY THE STATE LICENSING 10 AUTHORITY OF SUCH APPROVAL, WHO SHALL INVESTIGATE AND EITHER 11 APPROVE OR DISAPPROVE THE APPLICATION FOR STATE LICENSURE. 12 12-43.3-304.

When a patient has a qualifying medical history, when a physician can't recommend medical marijuana because of administrative rules, a qualifying patient can annually see a medical marijuana doctor as a secondary physician to get a medical marijuana recommendation.

English

The state prying into doctor-patient relationships and American citizen privacy laws should be the number one concern.
a fee of \$50, \$10 for low income and the disabled open wholesale trade between dispensaries Medical Marijuana recommendation from any qualified physician
In the rules regarding the nature of the doctor/patient relationship should be either thrown out completely or rewritten to include the right of the patient to determine what kind of doctor/patient relationship he has. This will allow the patient and his/her doctor the right to determine the need for the drug, not the state.
R9-17-313. Inventory Control System ... 3. For cultivation: a. The strain of marijuana seed planted, type of clone taken, type of medium used, date seeds were planted or clones were taken, and the watering schedule; why the watering schedule?? makes no sense. Also the type of medium may matter ie. coco coir, hydroponics, or soil, but not the type of soil. -=====
none
Follow the AZMMA
I can't afford the \$150 fee. I can't afford to go to another doctor regularly in addition to my medical doctor. My medical doctor can't prescribe MJ because some kind of rules that the hospital made. I hope you won't make it too hard on me. I want to get off the pain pills and use MJ.
Just what I put above.
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should be ok as long as not near schools or churches.

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Who can recommend medical marijuana to a qualifying patient? Include Nurse Practitioners.

do through and drop some requirements such as submitting a business plan. this should be treated equally as with any other program that is overseen by the state.

I will have to research this.

i think the requirement for everybody being remotely involved in the operations having to be a designated agent is too cumbersome and really restricts the dispensary from getting the best help it feels it needs. since this is a new endeavor there are not many in the state that might be qualified. you should drop the residency requirement or drop the qualified agent requirement - not have both requirements.

R9-17-305. I recommend a development of a "short form" dispensary registration renewal for dispensary's without any yearly changes. As you are required to notify of any dispensary move's throughout the year along with any change in dispensary agents all within 10 days of these changes happening - if the dispensary is following state guidelines, there should not be any changes that the state has not already been notified of. You would charge the same amount for the renewal which would then save money for the state in employee review hours. I recommend changing the verbiage to: To renew a dispensary registration certificate where as there are no changes to location, dispensary agents and at least 30 days before the expiration, the dispensary may submit the expedited form with the following information: 1. a-e h. 4. All other forms have already been filled out and would be part of the dispensary file prior to renewal. I would also recommend the same for all medical patients to renew as a short form if no data has changed.

provide a mechanism to give answers to questions if you are going to regulate to this degree.

you would have to delete the wording "2 years preceding the date of application". it should read "be a

resident for 2 years."

So that dispensaries may blend in with the community, no dispensary shall use exterior signage that includes and slang terms relative to marijuana. These include ganja, weed, grass, etc. A full list should be added.

None

I see no need to change any of the language.

I think you could be more specific on what kind of "compensation or reimbursement" a designated caregiver can receive. Time? Gas? Food? Growing costs? If a dispensary is "non-profit" does that mean they have to incorporate under the 501 (c) 3 non-profit corporation designate? What taxes are collected, if any? How are "dispensary agents" or "designated caregivers" compensated? Through the State? Or on a payroll through the corporation or any other business entity? I think you should also specify the exact space for "per plant" because it sounds to me that 25 square feet seems kind of "crowded" for 12 plants.

I would say the work place, i believe that if a person is lazy, or is sleeping, they should be designated as too intoxicated to work, that should be the work place limit.

There is so much wrong with the basic premise from which the Department levies Rules for this Act. I will certainly be following up with more specific language when we are closer to a reasonable program; I will be meeting with an extensive network of professionals, proprietors, patients, and others to encourage their participation in this dialogue. In the meantime, THE PLACE FROM WHICH THE DEPARTMENT COMES (from on high), SHOULD BE RE-EVALUATED; THE PEOPLE WANT A WORKABLE PROGRAM, NOT THE G\*\*DAMN GESTAPO!! THIS BUSINESS IS NO MORE DANGEROUS TO CITIZENS THAN THE PEDDLING OF ALCOHOL, PHARMACEUTICALS, POWER TOOLS, OR LAP DANCES-- GET REAL!!! YOU HAVE AN OPPORTUNITY TO FACILITATE AND COOPERATE WITH LEGITIMATE BUSINESSES WHO WILL DISPLACE A DANGEROUS BLACK MARKET AND SIPHON BUSINESS FROM VIOLENT CARTELS... DON'T BLOW IT!! THESE BUSINESSES DON'T NEED YOU TO TELL THEM HOW HIGH TO BUILD A FENCE OR WHAT GAUGE WIRE TO USE; THEY HAVE EVERY BIT THE MOTIVATION

YOU HAVE AND MORE, INCLUDING SOME EXPERTISE, STRATEGY, CREATIVITY, AND INTEREST. That said, how about improving the Rules with LESS LANGUAGE?? Can we start there? Strip this thing back down before you start believing your own damn RHETORIC and before you're too committed and invested in your own self-proclaimed HOGWASH to recover. HELP FACILITATE A PROGRAM THAT IS SYMBIOTIC WITH THE GOOD PROPRIETORS AND FUTURE AGENTS-- IN THIS YOU WILL FIND SUCCESS, ACCLAIM, AND BE WORTHY OF MODELING A PROGRAM! AGAIN, DON'T BLOW IT!! DON'T LET THIS GET ANY FURTHER BEFORE YOU CONSIDER A MAJOR PARING DOWN OF THESE ITEMS. The drama will soon subside and we'll all be left with the FALLOUT or the product of SOUND IMPLEMENTATION where we have fewer problems than other states and a better working relationship with your agency, no thanks to undue paranoid regulation. Oh, and the \$5K non-refundable: is this an attempt to quash the IOU the Department has racked up on putting the People's wishes in place having squandered their funds otherwise? Trying to slip this across while you perceive to have a pending industry by the short ones?? SHADY, REAL SHADY.

You are making plans for the distribution of a PAIN medication. NOT AN ILLEGAL DRUG!!! Stop being damn fools when it affects ill people!

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.

Any qualifying patient should be able to grow their own, period.

Reword as show below: A dispensary may provide \_up to 50%\_ of its cultivated marijuana to other registered dispensaries and may acquire up to \_50%\_ of its own marijuana supply from other registered dispensaries. A patient's Arizona physician must either 1) have been treating that patient for the debilitating medical condition that included at least \_three\_ visits, or 2) have taken primary responsibility for the care of the debilitating medical condition after compiling a medical history, conducting a comprehensive exam, and reviewing medical records.

As indicated in part two above, "The following diseases, if causing chronic nausea, ..... qualify a

patient for use of medical marijuana, if all other qualifying conditions are met."
A patient who has a demonstrated history can go to any doctor for a medical marijuana recommendation, if their regular doctor is not allowed to recommend medical marijuana.
see above
see above
PTSD, depression and anxiety should be considered debilitating medical condition.
see above
Yes. Article 2, Sec R9-17-201 concerning debilitating medical conditions. Patients who are injured and have been identified as chronic pain patients can suffer from migraine headaches, sciatic nerve pain, as well as muscle spasms; which is identified (muscle spasms) in Article 2, Sec R9-17-201, Item #12.
The definition of medical marijuana should be clear and listed in the definition section first. This lack of a definition leaves this issue loaded for abuse of a normalized medical marijuana policy. The federal governments definition of marijuana was accepted by California and it should be adopted by Arizona. TITLE 21 - CHAPTER 13 - SUBCHAPTER I - Part A - Sec. 802. Sec. 802. - Definitions As used in this subchapter: (16) The term "marijuana" means all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every

compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted there from), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.

A section of Michigan's law to think about. Rule 333.121 Confidentiality. Rule 21. (1) Except as provided in subrules (2) and (3) of this rule, Michigan medical marijuana program information shall be confidential and not subject to disclosure in any form or manner. Program information includes, but is not limited to, all of the following: (a) Applications and supporting information submitted by qualifying patients. (b) Information related to a qualifying patient's primary caregiver. (c) Names and other identifying information of registry identification cardholders. (d) Names and other identifying information of pending applicants and their primary caregivers. (2) Names and other identifying information made confidential under subrule (1) of this rule may only be accessed or released to authorized employees of the department as necessary to perform official duties of the department pursuant to the act, including the production of any reports of non-identifying aggregate data or statistics. (3) The department shall verify upon a request by law enforcement personnel whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card. (4) The department may release information to other persons only upon receipt of a properly executed release of information signed by all individuals with legal authority to waive confidentiality regarding that information, whether a registered qualifying patient, a qualifying patient's parent or legal guardian, or a qualifying patient's registered primary caregiver. The release of information shall specify what information the department is authorized to release and to whom. (5) Violation of these confidentiality rules may subject an individual to the penalties provided for under section 6(h)(4) of the act.

No

Reduced fees for disabled persons: Below is language from Michigan's medical marijuana law. (19) "Supplemental Security Income" means the monthly benefit assistance Program administered by the federal government for persons who are age 65 or older, or blind, or disabled and who have limited income and financial resources. R 333.111 Fees; reduced fees; renewal. Rule 11. (1) The fee for a new or renewal application is \$100.00, unless a qualifying patient can demonstrate his or her current enrollment in the Medicaid health plan or receipt of current Supplemental Security Income benefits, in which case the application fee is \$25.00. To qualify for a reduced fee, an applicant shall satisfy either of the following requirements: (a) Submit a copy of the qualifying patient's current Medicaid health plan enrollment statement. (b) Submit a copy of the qualifying patient's current monthly Supplemental Security Income benefit card, showing dates of coverage.

Strike any and all (Medical Director) language from the rules and regs.

There should be NO restriction of miles from registered dispensaries to cultivation areas, nor percentage requirement of sale or purchase. Restricting commerce is not the job of the health department. Good sense and reliance on the public's personal responsibility and discretion is good health for the State. Please exercise a good sense approach in the "Rules", not unnecessary and unenforceable restrictions. As to specific language, I forward that to all the lawyers I know to



express eloquently and legally bindingly with clarity for all. My personal plea is the ADHC to be the facilitator, not the restricter, in order to end the inequity of legal medicinal availability, which would finally end a plethora of oppression and pain, cultural, mental and physical since the Viet Nam era.

I qualify medically. But, unless you allow me to see my primary doctor who isn't allowed to make a medical marijuana recommendation....and make it easy for me to see a second doctor for a recommendation....and if the yearly fees aren't ridiculous....I'll continue buying it illegally on the streets.

Not at this time but I may provide additional comments and recommendations once I've taken a second look at the draft rule.

Sorry, but I will have to leave that up to those more technically competent than myself!

I ask that you please include the terminology, "Naturopathic MD", if by "attending physician" this term is not clearly defined.



The following are from Maine's State program, which clarifies the competitive application process:

6.1.1 Selection process. The department shall publish a notice of open application for dispensary certificates of registration that includes the application requirements. Notices will appear, at a minimum, in the Kennebec Journal and at [www.maine.gov/dhhs/dlrs](http://www.maine.gov/dhhs/dlrs). Applicants may apply for one or more districts, but must designate which districts they apply for. The notice will contain the deadline for receipt of applications and the process for obtaining application material.

6.1.2 Award decisions. A panel shall be convened by the department to evaluate and score each application. The maximum point value is based on the quality of the applicant's submission. The maximum points for each criterion are indicated in Section 6.1.4 of these rules. To be considered responsive, an application must have at least 70 points. The panel shall set forth through consensus comments the basis of the scoring decision for each criterion. A certificate of registration shall be issued in response to the application in each public health district with the highest score, as long as the application meets all criteria and the minimum score. In case of a tie, the panel reserves the right to seek supplemental information through written questions of the applicants and to raise or lower the applicants' scores based upon the supplemental information.

The following is some suggested language for a variance allowance for facilities that may be within proximity restrictions but have adequate barriers (this will enable more consideration in the process and make more areas accessible possibly). A waiver of the provisions in subsection (A.) and (B.) of this section may be granted if the applicant demonstrates on plans and materials presented for review and the Planning Department determines that a physical barrier or similar condition exists which achieves the same purpose and intent as the distance separation requirements established herein.

A patient can have their regular doctor and a medical marijuana doctor. Dispensaries may deliver marijuana to their patients. Costs will be lower.

Since I know nothing about legal language I am taking every thing is worded the way it should be but truly find problems that should be examined and thought out carefully.

I think that the wording that Medical Director be a M.D. or D.O. is limiting. Nurse Practitioner practices medicine under their own license and due to their consulting training and patient education culture maybe a better fit as medical director of a dispensary that either a M.D. or D.O.

TAKE OUT THE PHRASE; "On-going' when referring to any Doctor, Patient relationship! It is the DHS's job to come up with a form & guideline on how to register patients & dispensaries. It is NOT the DHS's job to re-write the rules for the AZ Board of Medical Examiners in defining how a Doctor & Patient reach any conclusion on choosing a course of treatment between themselves. BUTT-OUT!!

"The patient shall provide medical records and honest testimony to the Dr concerning his or her conditions and medical history and the Dr, in good faith shall provide services in compliance with recognized medical conditions that warrant marijuana use." This removes the burden of guilt for fraudulent marijuana use from the Dr and onto the patient. If the courts want to be heavily involved, then let them decide the rare cases where someone abuses the Dr's trust by lying in conjunction with false medical records. This also helps people like me who will otherwise be left out by this law we have been waiting for as otherwise honest and law abiding citizens.

THE LQNGUAGE SEEM'S OK, I DON'T UNDERSTAND RUNNING A DISPENARY ?

no, I'm not a technical writer so I'll leave that to those who are versed in the lingo.

Your rules are a non-starter. The ADHS has elected to stop the productive endeavors of our best citizens and nullify the election. Marijuana will not be available to patients until after the next election in two years. We are infuriated by non-elected bureaucrats who make up crazy rules and demand over the top high taxes to pay for your government class. Bureaucrats have become a threat to America...You are bad people.

Not specific language, now. I'm in law school, but I'm not an attorney yet. :)

I have been informed that I may not use it unless I wish to give up my 2nd Amendment rights. I live in Montana and have Grizzly bears on the property. This was notification via my caretaker that he could not protect his crops with any kind of weapon, via BATFE. As a retired police officer (from

Arizona) this surplus of cash, drugs and no legal way to protect it will lead to theft, burglary and eventually death. Our Government to be included in this to outlaw the common right to protect ones self, not only from criminals but what ever might be lurking (animals, especially). Labs to test the potency of the drug should be available and at low cost to users to know what they are taking. I had this problem myself, some would knock your block off while other samples would do nothing to speak of.

I believe that section 17-201 should be set up a bit easier for patients to understand so as not to confuse people on not only eligability but also 17-202 the needed steps for patients on how to apply. Or at the very least a how to guide that makes it easy for paients to understand the eligability area as well as how to apply part. Similar to the how to for idiots. Something basic. A lot of patients especially elderly that may apply for medical marijuana will have a very hard time in understanding language in all of this. Some type of how to guide would be very beneficial for people like that.

I have memory issues also. I can not hold that amount of information, even for the short time it took me to type this.

see above

I feel that a nice breakdown of exactly what is needed, like a check off list, would be nice, so that things will not be forgotten or overlooked in the application process. The less applications with problems, means less work for the people working with them.

None at this time.

Focus on individuals with mental diagnosis that benefit from marijuana therapy...Bi-Polar, Anxiety, Depression!

All cardholders should be allowed to cultivate for their own use no matter the distance from a dispensery

My doctor also says he can't recommend medical marijuana due to his clinic's policies. I can't afford to change doctors due to transportation costs, due to losing my medical coverage, due to my doctor's expertise. Don't make me see another doctor as my primary physician.

Veterans are exempt from the one year and four visit rule because their doctors cannot recommend anything in Schedule 1 A stupid classification system that needs to be trashed

I strongly suggest the following addition to Arizona Department of Health regulation R9-17-311: 7. Marijuana may not be dispensed in its raw form or in any form that can easily be used by smoking it. Marijuana should only be dispensed in forms that can be taken orally, such as in foods or mixed with oil or butter and made into capsules, or rectally, as in suppositories. The dispensary will keep records listing the form in which the marijuana is dispensed. Marijuana for medical use cannot be transported in its raw form. It must be turned into a dispensable form within 100 feet of the place where it is grown. All marijuana dispensaries must post a warning that can be easily seen by anyone purchasing medical marijuana. The warning states: "Marijuana smoke contains known carcinogens and has been determined to be carcinogenic by ADHS. Medical marijuana can only be dispensed in forms that are taken orally or rectally. Smoking marijuana obtained for medical use is considered illegal diversion and can be prosecuted. Possessing raw marijuana and smoking marijuana are still illegal under Arizona law."

See Above

Pertaining to the comment above, A statement, initialed by the physician, that the physician has a professional relationship with the qualifying patient that has existed for at least one year This language is unnecessary. Please remove it!

Just remove the parts mentioned above

I recommend an additional article on requirements and responsibilities of doctors who write medical marijuana recommendations. For example: Article 4. Recommending Physicians Definition: A recommending physician is a physician writing a marijuana recommendation. 1. All physicians must register with DHS before recommending the medical use of marijuana. DHA may revoke a physician's

medical marijuana registration if the physician acts unprofessionally, or violates DHS regulations or state or federal law. 2. All physicians recommending medical marijuana must keep a record of patients receiving the recommendation. The record must include the name, birthdate, diagnosis, reason for marijuana recommendation, date marijuana first recommended, dates the patient has been seen since the first recommendation, and date the recommendation was terminated. 3. Patients receiving marijuana recommendations for medical use must be seen by the recommending physician at least every 90 days to continue the recommendation. Otherwise, the recommending physician is required to contact the Department to request that the patient's registry card be revoked. Recommending doctors may also contact the Department to ask that a patient's registry card be revoked as set out in R9-17-205. (From my recommended addition to R9-17-205: 1. The recommending physician may contact the Department to revoke a qualifying patient's registry identification card if the doctor believes the patient no longer requires medical marijuana, if the patient fails to follow up with the doctor as prescribed, if the doctor comes to believe that the patient was dishonest in obtaining the recommendation, if the doctor believes the patient is using the marijuana for recreational purposes or diverting it to others who are using it for recreational purposes, or if the doctor believes the patient is misusing the marijuana recommendation in any other way. The recommending physician is also required to contact the Department to revoke a qualifying patient's registry identification card if the patient has not been seen by the doctor for more than 90 days. If a recommending doctor contacts the Department for any of these reasons, the Department will revoke the patient's registry identification card.) 4. No doctor may have more than 30 patients receiving medical marijuana at any one time. The recommending doctor and the Department are required to maintain ongoing records of the number of patients with active registry cards for each recommending doctor. 5. Second opinions will be required for certain marijuana recommendations as part of the application for a registry card. DHS will keep a list of acceptable doctors for second opinions. DHS will ask each specialty group to recommend doctors of high moral and ethical character in each community, city, or town. DHS will choose doctors from this list for its second opinion list. Patients required to get a second opinion must see a specialist in the diagnosis for which they have been recommended marijuana. Pain specialists are not acceptable for second opinions. If the patient has cachexia, wasting syndrome, severe and chronic pain, severe nausea, or muscle spasms, those are considered symptoms, and the patient must see a specialist in the underlying disease that causes the symptom. 6. Second opinions are required for: a) any patient under the age of 18, b) any patient recommended marijuana for pain or muscle spasms, c) any patients recommended marijuana for nausea, cachexia or wasting syndrome not caused by cancer, HIV or interferon treatment, d) patients with muscle spasms not part of multiple sclerosis, and e) any patient who receives a marijuana recommendation at their first or second visit to an individual doctor, clinic or medical group. The only exceptions to part e are patients with cancer diagnosed by radiologic or cytologic evidence who receive a marijuana recommendation from an oncologist at their first or second visit. 7. Physicians providing a second opinion are not required to make their decision on the day they evaluate the patient. They must be given time to obtain and evaluate records from other physicians. If they decide the patient does not need marijuana, then the patient will not be given a registry identification card.

Delete the requirement for a dispensary to produce seventy percent of its product.

The following definition is used in this suggestion, and I suggest that it be added to R9-17-101 Definitions: "Recommending doctor" is the doctor writing a recommendation for medical marijuana. I suggest that R9-17-205 include one more subsection: 1. The recommending physician may contact the Department to revoke a qualifying patient's registry identification card if the doctor believes the patient no longer requires medical marijuana, if the patient fails to follow up with the doctor as prescribed, if the doctor comes to believe that the patient was dishonest in obtaining the recommendation, if the doctor believes the patient is using the marijuana for recreational purposes or diverting it to others who are using it for recreational purposes, or if the doctor believes the patient is misusing the marijuana recommendation in any other way. The recommending physician is also

required to contact the Department to revoke a qualifying patient's registry identification card if the patient has not been seen by the doctor for more than 90 days. If a recommending doctor contacts the Department for any of these reasons, the Department will revoke the patient's registry identification card.

The following definitions are used in the rest of my suggestions, and I suggest that these be added to R9-17-101 Definitions: "Recommending doctor" is the doctor writing a recommendation for medical marijuana. "Standard medications" are medications widely recognized by the allopathic medical profession as good treatment for a particular illness or condition. "Appropriate specialist" is a medical specialist who is expert in the underlying illness or condition afflicting the patient. For example, if a patient has musculoskeletal pain, then the appropriate specialist is an orthopedist or specialist in osteopathic manipulation, not a pain specialist. Article 2, R9-17-201, should be rewritten to include further restrictions. An individual applying for a qualifying patient registry identification card shall have a diagnosis from a physician of at least one of the following conditions, subject to the limitations listed for each diagnosis: Cancer. The disease must be diagnosed by radiologic or cytologic evidence, or agreed upon by second opinion from an oncologist. Marijuana can only be recommended for nausea or loss of appetite, and the patient must try two standard anti-nausea or anti-wasting drugs first. The recommending doctor must document that these two trials have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. Glaucoma. Marijuana can only be recommended for glaucoma by an ophthalmologist after two other standard glaucoma medications have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. HIV and AIDS. Marijuana can be recommended for wasting, nausea and loss of appetite after two other standard medications for these symptoms have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. Hepatitis C. Marijuana can only be recommended for nausea, vomiting or loss of appetite if those symptoms are side effects of standard anti-viral treatment. It can only be recommended while the patient is receiving standard anti-viral treatment. Marijuana can only be recommended by the doctor administering or prescribing the anti-viral treatment, and only after two standard medications for nausea, vomiting or loss of appetite have been tried and failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. Amyotrophic lateral sclerosis. Marijuana can only be recommended by a neurologist or after a diagnosis of ALS has been made by a neurologist. Crohn's disease. Marijuana can only be recommended by a gastroenterologist or by the patient's primary care physician after the diagnosis has been made by a gastroenterologist. Marijuana can only be recommended after the patient has tried and failed to respond to two standard medications for Crohn's disease first. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes cachexia or wasting syndrome. Regulations regarding cancer, HIV and AIDS are described in those sections. If the cachexia or wasting syndrome is caused by something other than HIV or cancer, then it requires a second opinion from an appropriate specialist, and documentation by the recommending doctor that the patient has tried and failed to respond to two standard anti-nausea or appetite-stimulating drugs. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe and chronic pain. Marijuana can only be recommended if supported by a second opinion from an appropriate specialist that the patient has severe and chronic pain and that marijuana is appropriate treatment. The recommending doctor must also document that three standard pain medications have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe nausea. Marijuana can only be recommended if supported by a second opinion from



an appropriate specialist that the patient has severe nausea and that marijuana is appropriate treatment. The recommending doctor must also document that two standard anti-nausea medications have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes seizures, including those characteristic of epilepsy. Marijuana can only be recommended by a neurologist who has documented that the patient has a seizure disorder. The recommending doctor must also document that three standard anti-seizure medications have been tried and the patient has failed to respond. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe and persistent muscle spasms, including those characteristic of multiple sclerosis. Marijuana can only be recommended if supported by a second opinion from an appropriate specialist that the patient has severe and chronic muscle spasms and that marijuana is appropriate treatment, or by a neurologist documenting that the patient has multiple sclerosis, or by the patient's primary care physician after a neurologist has documented that the patient has multiple sclerosis. The recommending doctor must also document that two standard medications for muscle spasms have failed. If the trials of standard medications were made by another physician, then the recommending doctor must have written documentation from that physician. A debilitating medical condition or treatment approved by the Department under ARS 36-2801.01 and R9-17-106. Then R9-17-202 (F) 5 (c) and R9-17-202 (G) 13 (c) and R9-17-204 (A) 4 (c) and R9-17-204 (B) 4 (d) should be changed to read: A statement that the qualifying patient has a debilitating medical condition as defined in ARS 36-2801 and that all the specific requirements of Article 2, R9-17-201 have been met.

Non-refundable should state, "Refunds will be for rejected applications." If a application is rejected for any reason, the applicant will receive a refund for application fee's. R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 1. For registration of a dispensary, \$2,000; 2. To renew the registration of a dispensary, \$375; 3. To change the location of a dispensary, \$50; 4. To change the location of a dispensary's cultivation site, \$50; 5. For a registry identification card for a: a. Qualifying patient; \$25; b. Designated caregiver, \$25; and c. Dispensary agent, \$50; 6. For renewing a registry identification card for a a. Qualifying patient, \$50; b. Designated caregiver, \$50; and c. Dispensary agent, \$50; 7. For amending or changing a registry identification card, \$5; and 8. For requesting a replacement registry identification card, \$5. These are the price we want to see changed for the best!!

2. Under R9-17-106, Adding a Debilitating Medical Condition, under B4 I suggest: e. DHS will also accept written comments and testimony from those who are unable to attend the public hearing.  
3. The title of R9-17-106 should be changed to: Adding or Deleting a Debilitating Medical Condition Then, under R9-17-106, there should also be a part D, which reads: D. An Arizona licensed physician may request the deletion of a medical condition from the list of debilitating medical conditions listed in R9-17-201 by submitting to the Department, at the time specific in subsection (C), the following in writing: 1 – 5 will be the same as R9-17-106, A, 1-5 6. A summary of the evidence that the use of marijuana will not provide therapeutic or palliative benefit for the medical condition or the treatment of the medical condition; and 7. Articles, published in peer-reviewed scientific journals, reporting the results of research on the effects of marijuana on the medical condition or the treatment of the medical condition supporting wh the medical condition or the treatment of the medical condition should be deleted.

R9-17-204 B 4 f. i A statement initialed by the physician that the physician; (1) Has examined the patient, inspected patients medical records and has decided with his knowledge of medical marijuana that he believes the patient will benefit from the use of medical marijuana.

Yes, and I need to send you those comments in both hard copy and in MS Word format; so I will mail them today, and ask you to provide me with an email address where I can send the MS Word version.

R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 1. For registration of a dispensary, \$2,000; 2. To renew the registration of a dispensary, \$5000; 3. To change the location of a dispensary, \$1,000; 4. To change the location of a dispensary's cultivation site, \$500; 5. For a registry identification card for a: a. Qualifying patient; \$25; b. Designated caregiver, \$50; and c. Dispensary agent, \$200; 6. For renewing a registry identification card for a a. Qualifying patient, \$25; b. Designated caregiver, \$25; and c. Dispensary agent, \$25; 7. For amending or changing a registry identification card, \$5; and 8. For requesting a replacement registry identification card, \$5. These fee are more inline with paintents traking to get their medicine... We would like to see these changes in the draft and finial plan of the Pro 203... This is what the people want today!!!!

Regarding surety bonds. In some areas a "dispensary" should have a surety bond and in other areas it is the principal officer or the board member. This should be clarified to one or the other. It will be difficult for a dispensary to obtain a surety bond as most writers require it to be deemed necessary for an application. Since most legitimate dispensary boards will have many members, it will be difficult and expensive to have them all bonded. We would recommend that your wording be changed to either the principal or the dispensary since it appears that errors were made. Page 28 R9-17-302 Section B f. Whether a principal officer or board member: i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked; ii. Is a physician currently making qualifying patient recommendations; iii. Has not provided a surety bond or filed any tax return with a taxing agency; Page 31 R9-17-302 15. Whether: a. A registered pharmacist will be onsite or on-call during regular business hours; b. The dispensary will provide information about the importance of physical activity and nutrition onsite; c. Whether the dispensary has or has not incorporated; and d. Whether the dispensary has a surety bond and, if so, how much; and Page 46 R9-17-319 Section B B. The Department may deny an application for a dispensary registration certificate if a principal officer or board member of the dispensary: 1. Has not provided a surety bond or filed any tax return with a taxing agency; 2. Has unpaid taxes, interest, or penalties due to a governmental agency; 3. Has an unpaid judgment owed to a governmental agency; 4. Is in default on a government-issued student loan; 5. Failed to pay court-ordered child support; or 6. Provides false or misleading information to the Department. Page 28 and 46 state that the surety bond is attached to the principal officer or board member and page 31 states that the surety bond is attached to the dispensary. We understand that a special interest and the DHS may have common legal counsel that is helping you with the application process. Those attorneys have requested that a surety bond be mandatory and we appreciate that it is now optional but your wording will need to be cleaned up.

R9-17-202, 5e Whereas a physician has a professional relationship with a qualifying patient, has reviewed his/her medical history and done a physical, the physician should be able to recommend the patient receive a MM card. Currently this is all that is required of a physician to write prescriptions for federally controlled drugs and we don't see any reason that the means test for MM should be anymore difficult. The 1 year, 4 visit rule is unnecessary. I can walk in to any MD have him review my history and charts, do a physical and get a prescription for even the most powerful drugs it shouldn't be anymore difficult for MM users.

Two visits to a physician or nurse practitioner or Chiropractor and only a written recommendation is required.

R9-17-101 Definitions - #16 all references to and the term "ongoing" should be removed from this definition for the reasons stated above. A physician who now has the ability to write prescriptions of any controlled medication or substance should also be able to write a prescription for medical marijuana at their discretion. The suggested 1 year "patient-physician waiting period" should be removed for the reasons stated above. The state is unduly adding expense and suffering to the patient. Physicians now have the ability to examine a patients established medical records and determine if a prescription for a controlled substance is appropriate for a patients needs. Why should medicinal marijuana be different?

Dispensaries that are not readily facilitated to have a cultivation site are allowed to resource from a common grower. Cultivation Site would be compliant with all rules and regulations included in the original draft.

I'm immobile and I spoke with my caretaker about having her get me medical marijuana once available. She refuses because she is afraid of federal law. She also says the fees are too high, there is too much invasive paperwork, and it is too hard. What am I to do? Please make sure easy delivery with proper ID will be available. Please make sure marijuana couriers are not restricted or that city zoning won't prohibit me from getting access to medical marijuana. Please make rules easier for true caregivers. Please be aware that many patients already have caregivers, unrelated to this marijuana law. Also allow me to continue seeing my primary physician. He is against recommending medical marijuana to any patient. allow me to get a yearly recommendation from a second doctor.

I have not finished reading the the rules of Article 3. Aritcle 2 appears to me to be admisitrative rules directed at the REGISTRY of patients and care givers and not any rules for the facility operations of a care giver to growth for those who cannot. Since "care givers" will also be able to cultivate for up to 5 patients some controls of the agricultural production of MJ should be included. Example, uses of pesticides and dangerous (sp) fertilizers. This means testing of the product if the care giver is also an agriculturalist of MJ since this product will be admiinistered to patients. A prime example of this is the recent ruling that "fake" MJ such as K2, Spice and etc has dangerous chemicals and is an immenet danger to public health and is now illegal to sell on open shelves. Believe me when I tell u that DDT as a pesticide or some simular product will be used by unscroupulus producers of the care giver catigory.

Page 5. Registration for a dispensary. \$50.

Patients should be able to obtain a medical marijuana recommendation from one visit to a physician, and there should not be a required relationship time between patient and physician. These unneccessary stipulations are very cruel to people suffering from pain, and other unfortunate issues.

From Stockton, CA and Los Angeles, CA: Dispensaries shall use an independent laboratory to analyze a representative sample from each separately procured batch of dried medical marijuana and a representative sample of each separately procured batch of edible marijuana for pesticides and any other regulated contaminants pursuant to local, state, or federal regulatory or statutory standards at levels of sensitivity established for the food and drug supply before providing the medical marijuana to its members. Any marijuana from which the representative sample analysis tested positive for a pesticide or other contaminant at a level which exceeds the local, state, or federal regulatory or statutory standard for the food and drug supply shall not be provided to members and shall be destroyed forthwith. Any medical marijuana provided to members shall be properly labeled in strict compliance with state and local laws. Dispensaries shall maintain and publicly display a written log at the location documenting the date, type, and amount or marijuana tested; the name of the laboratory where the marijuana was tested; the laboratory report containing the results of the testing including

the name and level of substances detected; and the disposition of the marijuana from which the contaminated samples was obtained including the amount of marijuana and the date and manner of disposition.

Please, please allow me to stay with my current doctor for most of my care and allow me to see another doctor annually for a medical marijuana recommendation. Thank you very much.

none

R9-17-313. Inventory Control System A. A dispensary shall designate in writing a dispensary agent who has oversight of the dispensary's medical marijuana inventory control system. B. A dispensary shall establish and implement an inventory control system for the dispensary's medical marijuana that documents: 1. Each day's beginning inventory, acquisitions, harvests, sales, disbursements, disposal of unusable marijuana, and ending inventory; 2. For acquiring medical marijuana from a qualifying patient, designated caregiver, or another dispensary: a. A description of the medical marijuana acquired including the amount and strain; b. The name and registry identification number of the qualifying patient, designated caregiver, or dispensary and dispensary agent who provided the medical marijuana; c. The name and registry identification number of the dispensary agent receiving the medical marijuana on behalf of the dispensary; and d. The date of acquisition; 3. For cultivation: a. The strain of marijuana seed planted, type of soil used, date seeds were planted, and the watering schedule; b. Harvest information including: i. Date of harvest; ii. Amount of medical marijuana harvested, including the amount of marijuana and the amount of usable marijuana; iii. Name and registry identification number of the dispensary agent responsible for the harvest; and c. The disposal of medical marijuana that is not usable marijuana including the: i. Date of disposal, ii. Method of disposal, and iii. Name and registry identification number of the dispensary agent responsible for the disposal; iv. Name of the composting facility where the unusable marijuana is taken;

I would eliminate the one year and 4 visit rules. They don't make any medical sense. A physician should be able to prescribe a legal medication if they think that it will have a positive impact on the patients well being.

Like above the smoking areas needs to be opened up a little bit. Hotels open camp grounds lakes parks all should be ok as long as public and no kids within a 100ft or so. Being able to grow my own medicine is also a big issue. I don't want to have to pay high dollars for my meds. No one is goons own

operate and pay employees and keep the cost down to where it's cheap enough to buy.

Time frames E 2. The applicant shall submit to the Department all of the information and documents listed in the written comprehensive request or supplemental request for information within 20 working days after the date of the comprehensive written request or supplemental request for information. - You need to remember you are working with people in very poor health. Mailing times and time to get said information from doctors and other time consuming issues on top of possible mobility issues. G 2. b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within 20 working days after the date of the comprehensive written request or supplemental request for information. R9-17-307. Administration c. Inventory control, including tracking, packaging, accepting marijuana from qualifying patients, designated caregivers, and licensed growers, and disposing of unusable marijuana. 4. Not allow an individual who does not possess a licensed grower or dispensary agent registry identification card issued under the dispensary registration certificate to: 5. Provide written notice to the Department, including the date of the event within ten days after the date, when a dispensary agent or licensed grower no longer: 2. Shall only provide medical marijuana cultivated or acquired by the dispensary to another dispensary in Arizona, a qualifying patient, licensed grower, or a designated caregiver authorized by A.R.S. Title 36, Chapter 28.1 and this Chapter to acquire medical marijuana; R9-17-315. Security A. A dispensary shall ensure that access to the enclosed, locked facility where marijuana is cultivated is limited to principal officers, board members, licensed growers, and designated agents of the dispensary. B. A dispensary or grower may transport marijuana in any form, marijuana plants, and marijuana paraphernalia 1. An approved cultivation site and C. To prevent unauthorized access to medical marijuana at the dispensary and, if applicable, cultivation sites, they shall have the following

There is alot of language that should be changed in the draft..The Draft sounds like it was written by a law man that is against Pot for any reason..Grow up please..there is alot of work to be done with the Language..

The language is well written and clear to understand.

A doctors recomendation should suffice.

10. "Enclosed" means: a. A building with four walls and a roof or an indoor room or closet; or DELETE THE FOLLOWING LANGUAGE 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;
6. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least one MONTH (not YEAR )and the physician has seen or assessed the patient on at least (not four) TWO visits for the patient's debilitating medical condition during the course of the physician-patient relationship;
SAA
Add to 36-2801.15 15. as follows: "USABLE MARIJUANA" MEANS THE DRIED FLOWERS OF THE MARIJUANA PLANT that contain at least fifteen percent by w/w of Tetrahydrocannabinol, AND ANY MIXTURE OR PREPARATION THEREOF, BUT DOES NOT INCLUDE THE SEEDS, STALKS AND ROOTS OF THE PLANT AND DOES NOT INCLUDE THE WEIGHT OF ANY NON-MARIJUANA INGREDIENTS COMBINED WITH MARIJUANA AND PREPARED FOR CONSUMPTION AS FOOD OR DRINK.
Where a qualified patient's doctor is prevented from making a medical marijuana recommendation through no fault of the patient, a qualified patient may get a yearly marijuana recommenadation through a second doctor, who has reviewed the qualified patient's records and has examined the qualifying patient.
selection process for dispensaries
No comment here.
Smoking areas are smoking areas, every knows cigarettes are more harmfuoll than marijuana. The state should not try to make these people feel like crimanals (hideing in their homes) with curtains drawn. There should be smoking areas in dispensaries.

For section R9-17-202 (5)(e) it would make more sense to read something like this... e. A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient and has assumed responsibility for providing management and routine care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical examination. That the patient demonstrates at least a 1-year history in which 4-visits to licensed health care providers for treatment of a debilitating medical condition; or ii. Has determined that because of the onset and severity of the debilitating medical condition it would be unreasonable or unethical for the patient to establish a 1-year doctor-patient relationship in order to receive treatment with medical marijuana.

use provider neutral language rather than "physician" please be aware that many nurse practitioners care for patients who qualify for medical marijuana, and in rural areas as well as inner city, health centers, county health departments and some pain amangement clicins, NPs are in positions to recommend this medication for appropriate management. I hope that there is room to change the physician-only language to include NPs and PAs who have training in the specialty areas these medications are used in. Sincerely, [REDACTED]

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 began prior to November 1st 2010, or 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

The proposed fee of \$150.00 seems rather steep, especially for people of limited means. THIS IS AMONG THE HIGHEST FEES IN THE COUNTRY! The price of the alternative {Marinol, or the generic} is also high. Would it not be fair to not offer a lower card fee for the poor, or the elderly, and our Arizona veterans?

SUBSTITUTE: 16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least one MONTH and the physician has seen or assessed the patient on at least TWO visits for the patient's debilitating medical condition during the course of the physician-patient relationship; or b. The physician SHALL CONDUCT 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. C. NOTHING IN THIS PARAGRAPH SHALL IMLPLY THAT (T)he physician assumes primary responsibility for providing management and routine care of the patient's debilitating medical condition OR THE PATIENT'S USE OF MARIJUANA.

15. "Medical director" means A PERSON who has been designated by a dispensary to provide medical oversight at the dispensary.



I haven't gotten that far yet :)
Allow a patient who has seen his doctor for a year, who can prove a illness, who has xrays, etc., to keep his doctor if the doctor can't recommend med marijuana, and have a med marijuana doctor who will yearly make a recommendation based on these xrays and history.
No
SMOKE TREEZZ
"Strain" is undefined in the draft, and is a poor choice of word. While useful from a microbiological standpoint, from a horticultural standpoint the connotation of strain is very different from that used in other aspects of biology. Specifically, it implies large numbers of plants (such as a field of corn or other grain) that has been selected through generations to produce a consistent product- a rarity in marijuana horticulture. A strain is "a population of organisms that descends from a single organism or pure culture isolate. Strains within a species may differ slightly from one another in many ways." (p. 392, Prescott et al., 1996) In effect, a plant strain should "breed true," which is simply not going to happen with anything other than wild strains of cannabis. It is strongly recommended that the term be changed to "cultivar," "grex," or "hybrid" as appropriate. Prescott, L.M., Harley, J.P., Klein, D.A. (1996). Microbiology. Third Edition. Wm. C. Brown Publishers, Dubuque, IA.
nope
None at all.
If a patient has a HISTORY of one of the covered illnesses, than that patient may yearly see another doctor for a marijuana recommendation and keep their primary doctor.
No.

Qualified patients can smoke medical marijuana in their homes "or on private property with the consent, verbal or written, of the property owner", not in a public place. They will be able to consume marijuana-infused edibles in public, but must ensure the safety of the edibles. This wording protects the fundamental right of private property owners to give consent to and allow legal activities by individuals on that property. For example, guests of the property owner that require medical marijuana treatment and will be living with the property owner for an extended period of time.
The informal draft rules would require qualified patients to have an on-going relationship with a physician (medical doctor, osteopath, naturopath, homeopath) who diagnoses the patient with certain conditions. On-going means the physician has seen the patient at least 4 times in one year OR is beginning a course of treatment and "is intending" to treat the patient. According to the informal draft rules, the physician will need to initial the type of relationship they have with the patient and sign an affidavit when recommending medical marijuana. Explanation: The word "will" should be changed to "is intending" to eliminate the possibility of legal action against a physician if the patient chooses to discontinue treatment by that physician without indemnification if future health problems occur.
Most of the language is pretty easy to understand,
Allow a patient to have a primary doctor and at the same time be able to see yearly a medical marijuana doctor. But with the caveat, that the patient has a true history where it is needed.
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. REMOVE these subsections or you will face legal challenges from many fronts.

Not yet...

The suggestion that a "one year" relationship must exist is extreme.

none

It seems to me that the issues involving the infusion of marijuana into an edible food product should

be completely addressed within R9-17. It should also be more effective to require the infusion of, storage and dispensing of an edible food infused with marijuana should be restricted to an operation within the licensed dispensary.

ADHS needs to define Smoking In or Near a Dispensary as "inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, weed, plant, or other combustible substance in any manner or in any form. This activity is prohibited in or near a dispensary." This could be included under Definitions (R9-17-101). Smoking in or near a dispensary - Any proposed rule should defer to the Smoke Free Arizona rules or local Smoke Free rules, if the local Smoke Free rules are more strict than Smoke Free Arizona rules. There is no need to create another set of rules as the state and local Smoke Free rules have been effective. This could be included under Dispensaries Administration (R9-17-307).

You could do a shorter amount of days for approvals. Over a year it could be for a dispensary approval?? Come on, that is ridiculous. Instead of weighing waste, how about just tell when and how the waste was discarded.

Dispensaries may only offer marijuana that is priced relative to labor required for its proper growth and handling. Labor includes cost of water, soil, any fertilizer, costs involved in maintaining equipment required to grow marijuana or fraction of total cost of equipment for the first six months after acquiring said equipment, etc. Handling includes costs in transporting marijuana to patient, or transporting and holding marijuana at dispensary. (I have no experience in legal writing, as you can tell, but something to keep the cost of this medicine reasonable and not based on illegal black market prices would do patients a tremendous service.)

Dispensary licenses could be held by any AZ resident with no felony records and at least 2 years residence. There would be no limit to number of dispensaries. The market would determine the number through competition. Patients could cultivate as long as it is in an enclosed, locked area and could be inspected by the department of health.

A doctor can not be barred from making marijuana recommendation by a clinic or hospital. A patient may have a primary doctor and a marijuana doctor at the same. Yearly fees for a marijuana card are \$50. A dispensary can have a registered nurse, a pharmacist or a doctor on call.

...

There are many medical conditions that should qualify that are not debilitating. The word debilitating is not the right word. Maybe qualifying would be better.
Page 28 f i-- I would like to see a Rule that requires Applicants to address the fact if they are applying for multiple licenses for a dispensary. I would like there to be an opportunity for 120 DIFFERENT applicants to get at least 1 (one). ii -- I do not understand what that means. iii -- same -- I don't understand. ix -- of the Department (what department?) Is that the Health Department? There are MANY different departments within the state. It address Law Enforcement. Shouldn't it address if they are also employees of the State, County, or a City. I would like to see that. I have heard your Department already has the licenses ready to go the Organization that bank rolled this Initiative.
How about this for an ongoing Dr. Patient relationship means: "A physician and a patient have a treatment relationship in the course of which the physician has and can documentation demonstrating that the physician has: 1) completed a full assessment of the patients medical history and current medical condition including a complete physical examination; 2) consulted with the patient with respect to the patients debilitating medical condition; and 3) committed to follow up care and treatment to the patient including but not limited to patient examinations to determine the efficacy of the use of medical marijuana as a treatment for the patients debilitating medical condition."
Improvement: There are no rules related to Veterans The exception for the rule can state if the applicant is a Veteran with Honorable Discharge, has a disability rating with a history, and can show medical documentation then the doctor patient physician relationship is waived.
Change the Patient Registration Fee to \$25.
I suggest that the definitions R-17-101 16 b and R-9-17-202 F 5 e ii be revised to require the recommending doctor to state that he/she has "assumed primary responsibility...." unless it is not feasible for the recommending doctor to do so. If this is the case, the recommending doctor should state on the form why it is not feasible for him/her to do so.

As long as a patient has the needed documentation of their illness, a patient can see their primary doctor and still get a medical MJ recommendation yearly from a secondary physician. A dispensary shall have either a pharmacist or a doctor available on call.

no

change smoking areas it needs to be more than just your home.

the smoking ares in the rules need changing. parks,campgrounds,lakes etc should be ok for patients to smke their medicine. im going to be a patient and i like to fish and want the choice to take my medicine out while im doing that. and hotels should be let in to. if i travel up north or to tucson or wherever i go its medicine and it needs to be treated like it!

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the smoking ares in the rules need changing. parks,campgrounds,lakes etc should be ok for patients to smke their medicine. im going to be a patient and i like to fish and want the choice to take my medicine out while im doing that. and hotels should be let in to. if i travel up north or to tucson or wherever i go its medicine and it needs to be treated like it!

R9-17-102. 3. \$1500 4.\$1500 5.a. \$75 5.b. \$150 5.c.\$100 6.a. \$75 6.b.\$150 6.c. \$100 Please start adding all this up and you should see a huge windfall! The dispensary licenses alone should actually more than cover all the costs of implementing this(and that is without gouging people for the full \$5k for applying and being denied). I believe the AZDHS should see some extra funds that you can use for other beneficial programs, but please remember these are going to mostly be legitimate patients needing this medicine (and a lot of those on a fixed income) and they are going to have to pay for this out of pocket. Please be reasonable. -Please see the other categories.

For instance: Use of medical marijuana is permitted in public areas designated as such. Each public property such as a hotel or mall, any publically own property such as National or State parks must designate an area X number of feet from the public throughways for the use of medical marijuana. {such as the far corner of a parking lot as long as it is under cover}. I can certainly foresee a time when a patient is in desperate need, yet forced to stay over night in a hotel/motel, who goes outside around a corner to medicate and ends up getting harassed. This would surely be back in court and possibly cost money for the State to re-investigate the humanitarian issues this brings up among others.

At the very least, it would be helpful if a specific level of marijuana metabolites in the body (e.g. 100ng/ml) were established as conclusive evidence of impairment or being under the influence, accompanied by examples of the types of observed behavior might indicate impairment or being under the influence. Such examples would be very helpful for use in training supervisors and employees.

A qualifying patient or the qualifying patient's designated caregiver may be approved by the Department to cultivate medical marijuana if the qualifying patient lives more than 25 miles from the nearest dispensary or is unable to access a local dispensary due to financial hardship or a disability.

B. A dispensary may transport marijuana in any form, marijuana plants, and marijuana paraphernalia between the dispensary and: 1. The dispensary's cultivation site, 2. A qualifying patient, 3. Another dispensary, and 4. A food establishment contracted with the dispensary to prepare edible food products infused with medical marijuana. ---- How is this affected by towns or cities that have 'banned' deliveries to patients by dispensaries? Your rules here are clear and fair and are being circumvented by some towns. Perhaps add, "in spite of your town's unlawful ordinance.'

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 collect 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 correspondence 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 wayside? 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!

R9-17-201 #9 "severe or chronic pain" is medically subjective and difficult to measure. This should specify severe or chronic pain associated with recognized medical conditions. Other wise everything can be lumped under "severe and chronic pain" and there would be no need to submit a request to add a debilitating condition (R9-17-106)
smoking areas! open public places like parks,parking lots, campgrounds ,lakes ,etc should be permitted to smoke as long as patient has a valid users card and not near other people and by schools and churchs.
smoking areas! open public places like parks,parking lots, campgrounds ,lakes ,etc should be permitted to smoke as long as patient has a valid users card and not near other people and by schools and churchs.
If a physician is prevented from recommending medical marijuana, any other physician in good standing, upon examining one years records of the patient, and having performed an exam on the patient, may recommend medical marijuana in consultation with the patient's primary doctor.
Please clarify the 5th paragraph, 4th sentence in the FAQs. ADHS should allow qualified cultivation, regardless of residence distance from a dispensary.
Not being a lawyer—no, I do not.
Change the language of ARS 36-2801 i. and ii. to allow someone with well over a year of documentation from their current doctors and the department of Social Security to get the benefits of medical marijuana. Just because my doctors feel that the benefits of medical marijuana would be great does not mean that they are willing to give a recommendation due to the fear of DEA.



R9-17-102 Fees 5.a. Qualifying patient; \$35
Seems like if the dispenseries have to supply 70% of their own product that it takes more jobs from the unemployed, the dispenseries should dispense, a cultivation and infusion, you get 3 times the application fees, more jobs, have the dispenseries just work with the clients and not worry with the growing and infusion aspects, Growing certificate for the growers and all they are allowed to do is grow for the clubs and the an infusions certificate for the people making the baked goods or the infused items
1. R9-17-202 (F) 1 e This reads: "The name, address and telephone number of the physician recommending medical marijuana for the qualifying patient." The words "recommending medical marijuana for the qualifying patient" should be deleted and substitute therefore: " providing the written certification that in the physicians professional opinion, the qualifying patient may receive therapeutic or palliative benefit from medical marijuana." The Act uses the "written certification" language not "recommendation". Reason: Under the Model City Tax Code a drug prescribed or recommended by a physician makes it exempt from sales tax. Using the written certification of an opinion may allow sales tax to be applied to these sales. See, R9-17-304(A) in the same regard. 2. R9-17-302 (B) 6 This subsection has the Applicant certifying that the Dispensary is in compliance with local zoning restrictions. This is from the Medical Marijuana Act. We think that you should add "and as verified in writing by the local jurisdiction." 3. R9-17-302 (B) 5 This subsection has as part of the initial Application process a certificate of occupancy issued by the local jurisdiction authorizing occupancy for a medical marijuana dispensary and, if applicable, as the dispensary's cultivation site. This doesn't happen that way. A certificate of occupancy is the last stage in local building and zoning approval. It is usually issued when everything is done, all the punch lists are fulfilled and the business is ready to open. Cities won't be able to issue a C of O for a Dispensary unless and until all of the requirements, both state and local are met. Cities can't issue a C of O for a Dispensary until all of your requirements are met and all of the city's are met. Cities probably won't issue the C of O until ADHS approves it for a Dispensary or cultivation site. I would suggest that you provide instead, somewhere, that prior to opening or growing, a C of O from the local jurisdiction must be filed with ADHS. This way, the cart is not before the horse, and local jurisdictions can help ADHS enforce its requirements. The C of O should be filed after the ADHS inspection but prior to opening. That way, all of ADHS and Local requirements can be enforced. The C of O should be the final enforcement tool.



I want the language to reflect that doctors who are willing to help patients who have major chronic pain will not be penalized. I want my pain doc to be protected so that he can treat me in a less medically harmful manner.
Change the following: e. 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 qualifying patient's debilitating medical condition to: that the physician has seen or assessed the qualifying patient for the qualifying patient's debilitating medical condition and this assessment must be conducted annually in conjunction with application renewals. Note: the requirement that the individual be seen 4 times and existed at least one year is totally unfair and serves as a punishment. At a minimum, waive this requirement for the new start and grandfather this in for the first 2 years.
Section R9- notes that the Medical Director at the dispensary is responsible for collecting and disseminating addiction and treatment information. This is GREAT. I did not see, however, any rule on HOW that is to be done. Perhaps R9-17-307, 1e can be expanded to include provision of information in every dispensary lobby or common area, clearly displayed and updated regularly, on ' the risks of addiction to MJ' and 'local and national treatment resources', and all of the other info the Medical Director has to provide.





permitted in the same designated smoking areas! camoing fishing parks etc.
smoking areas need changing. marijuana is a medicine and should be treated like one. it should be permitted in the same designated smoking areas! camoing fishing parks etc.
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I would add under Sec.3 36-2801 Chapter 18-C 28.1 Definitions that the Dept.of Health and Human Services cannot deny licensing to an individual whose doctor has followed all the procedures and requirements herein and signed a recommendation. Otherwise, the Board at HHS has the power of God. Well, he isn't feeling ENOUGH pain or we don't give out cards for that condition, even though it may be obviously debilitating to the applicant. In addition, cannabis is a home remedy for conditions like arthyritis, especially in minority cultures. Are we going to deny grandpartents the relief from aches and pains given by cannabis? Would you rather they take meds with bad side effects instead of taking a few puffs before bed? That's just plain wrong. Also, how often can one apply for a card? I thought I read somewhere it was once. I hope I'm wrong. Thank you.
Yes, Medical Marijuana should be used for less major problems. It's a good treatment for PMS cramps, upset stomach, depression, trouble sleeping, anxiety, pain, headaches.
This is not a program for Recreational use, but for medical use.
stick to the language found within the law itself. Stop trying to expand upon it, stop trying to make it more difficult to get access for those truly in need and try some compassion. It's missing in your rules.
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. . .

Suggest amending to: b. Includes airports; banks; bars; child care facilities; STATE CERTIFIED child care homes during hours of operation. . . or, alternatively b. Includes airports; banks; bars; child care PROVIDERS AS DEFINED BY ARS 46-801 during hours of operation. . .

English

Take out the part about four visits in one year and it will be fine.

Physicians who are on ADHS Board Of Medical Marijuana Positions are all voluntary with the exception of one commoner Who has to have clinical experience.

Maybe a thirty or sixty day waite while the doctor goes over your medical file. Maybe you have to be under tretment for a condition for one year from any Doctor and have the records to prove it.

none.

If a patient falls under a category of a diagnosis which enables him to qualify for medical marijuana , and his primary care physician or specialist refuses to write, then he may follow up with a prescribing physician who will obtain the records for verification. A patient that falls under the accepted diagnosis for medicine should qualify immediatly if verified by records of past medical history by treating physicians. Applicants for dispensaries can elect a qualified outside grower that can show credentials to do a grow. The grower they choose will need a complete overview of their history in past grows including pictures and locations in the application.

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i want to be able to take my medicine if im camping or fishing or even take my kids to a sporting event! as long as im carrying a marijuana card i should do in non closed spaces. this needs to be improved.

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ya englis and no [REDACTED] that comes out of Mr Humble mouth quit pouting it passed efor the 3rd time do your job and give us dying patients medicine that im wont get addicted to. Your so focused on not letting someone get a card that doesn't deserve it when technically it can be used to prevent cancer



and treat everyday migraines and if they dont get a card they will get it from someone else on the black market you cant win you lost get over it your such a pussy. You better go get a colostomy you may have cancer now and the very things your fighting against will come back and bite you in the ass, quit looking for ways to keep it from us and set the program up fairly. U know PCP are not going to support it so you are already counting on that like i will show you guys attitude. you look foolish lightning up its obvious you never smoked before its obvious 5you have no idea of everyday benefits why dont you study what your trying to rescript there is a butterfly affect the more poeple with cards the better the black market is so you are a controlled and less crimes and less cartel movement, i have a masters degree so im not just a stoner i know what im talking about and my degree is body language and Psychology and you are easy to rid you were probably crying the night it passed, do research and quit judging people. good luck because you keep that creiteria you are noy going to be popular in this state i dont know if you office is by elected official but if it is you better made the right decisions or i dont see you doing well in any election if you make it harder and harder to get medication that doesnt compare to a percocet its like the gov wants the public to be sick so the health care and pharmaceutical industry stay afloat good luck Mr Humble

california has abig enough mess keep them from comming here. keep this for long term arizona residents

This is supposed to be for Arizonans. All liscences, should be for people living in arizona through the good and bad times. Make it a 5 year residence requirement for all applicants. All donations go to arizona charities. No out of state investors, companies, or agents, or caregivers. Must have lived in the state for 5 year. PRIORITY to people born in Arizona If this is for Arizonans lets make sure that Az gets all of the bennfits, jobs, investment opportunities and give Arizonans the better quality of life. Maybe 10 years. I am a non marijuana user and pray to god that I dont ever need it.

None other than mentioned above.

Title 19, Chapter 17: R9-17-101: 15: "Medical director" means a doctor of medicine WHO HOLDS AN MD DEGREE AND who holds a valid and existing license to practice ALLOPATHIC medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor, or a doctor of osteopathic medicine WHO HOLDS A DO DEGREE AND who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor, OR A DOCTOR OF HOMEOPATHIC MEDICINE WHO HOLDS AN MD OR DO DEGREE AND WHO HOLDS A VALID AND EXISTING LICENSE TO PRACTICE HOMEOPATHIC MEDICINE PURSUANT TO A.R.S. TITLE 32, CHAPTER 29 OR ITS SUCCESSOR, and who has been designated by a dispensary to provide medical oversight at the dispensary. (INCORPORATED LANGUAGE SHOWN IN CAP LETTERS)

the way the initiative was written says it all!

the language regarding definition of medical director. If the dispensary is not staffed with a registered pharmacist to oversee the medical director functions then it requires a medical director, but if there is a pharmacist as part of the dispensary this is better than medical director afterall this is medicine being dispensed, there are already doctors involved in the prescription recommendation

I have not read all the language so I really cannot comment. Shame on me.

A sliding scale will be used for determining fees for medical marijuana patients who have incomes less than \$10000. No Dr. is required for dispensary operators, but a clinic without a dr. can be fined if the state tests the medical MJ and it does not comply with state standards.

There shall be a price cap of fifty dollars an ounce including any tax, labor or other charge in place for each dispensary. insert the laguage after raising the 250 pound per year limit to 2000.

Recommending doctors who can veryify through a patients medicsal records or through previous doctors at least a year of substatiated complications from a listed condition., they can make the recommendation.

Patients with incurable disease or syndromes in accordance with the IDC-9-CM diagnostic codes shall be exempt from the growing regulations as to distance from a dispensary. Number of plants and usage shall remain as drafted in consideration of distance regulations. This language and language similar should be in place where implied patients protective rights or are listed through out the draft. A use of these codes could also be in place to expedite or release patients from certain residency requirements.

A registration packet for a dispensary is not complete until the applicant provides the Department with written notice that the dispensary is ready for an inspection by the Department. ONCE A LICENSE HAS BEEN ISSUED THE APPLICANT HAS UP TO 240 DAYS WHICH TO COMPLETE THE SITE BUILDOUT AND BE READY FOR INSPECTION. A DISPENSARY WILL NOT BE CONSIDERED COMPLETE UNTILL THIS TIME, OR LICENSE COULD BE REVOKED OMIT THE PART ABOUT A REGISTERED PHARMACIST AND MEDICAL DIRECTOR BEING PART OF OUR STAFF, THEY CAN BE AVAILABLE FOR QUESTIONS BUT IF THEY ARE AT WORK AND WITH PATIENTS, WE CAN NOT INFRINGE ON THEIR PATIENTS. THE DOCTORS THAT ARE RECOMMENDING MEDICAL MARIJUANA TO THEIR PATIENTS WOULD BE THE ONE WHO NEEDS TO BE CALLED IN THE EVENT A PATIENT HAS QUESTIONS OR PROBLEMS, AS THEY ARE THE ONE WHO KNOWS THEIR PATIENT. THE LIABILITY WOULD THEREFORE BE ON THEM AND NOT THE DISPENSARY.

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 Tile 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
Smoked cannabis is not the best option for treatment but once they get the cannabis no one can control how they use it. Pipes and joints should remain an illegal way to use the cannabis while water pipes, edibles and vaporizers should be legal so that we can reduce the health consequences on the body and society. Harm reduction is the best way to incorporate this law because it's been shown to work in other places around the world.
N/A
I am not versed enough in the legal language to help with that.
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; --- R9-17-102. Fees An applicant submitting an application to the Department shall submit the following 'Certified Letter of Funds' to meet applicable fees upon approval: 1. For registration of a dispensary, \$(Final Amount Approved); -- - -----  R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 5. For a registry identification card for a: a. Qualifying patient; \$150; b. Designated caregiver, \$200; and --- R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 5. For a registry identification card for a: a. Qualifying patient; \$(reduced amount here); b. Designated caregiver, \$(reduced amount here); and --- -----  R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 6. For renewing a registry identification card for a a. Qualifying patient, \$150; b. Designated caregiver, \$200; and --- R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 6. For renewing a registry identification card for a a. Qualifying patient, \$(reduced amount here); b. Designated caregiver, \$(reduced amount here); and ---
I find R9-17-202. F, 5, e, i, stating that the prescribing physician must provide written certification of,

"...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," highly problematic. I would propose that this be changed (here and elsewhere) to, " ...a professional relationship with the qualifying patient must be documented to exist and the physician must have seen or assessed the qualifying patient on at least one visit for the patient's debilitating medical condition during the course of the professional relationship." My rationale for this change is that the requirement for a year of patient care and four visits fails to account for any number of plausible, legitimate medical scenarios. As just one example, suppose a previously healthy 40-year-old woman with no recent physician visits is diagnosed with a stage 4 extensively metastatic breast cancer. She is evaluated by an oncologist who prescribes a course of intensive chemotherapy resulting in severe nausea and vomiting. Furthermore, the cancer itself begins causing extreme pain. The patient may have had only a single visit with said oncologist and the course of events from diagnosis to treatment is likely to have been only a few days or weeks. Under the proposed regulation the oncologist would be prohibited from prescribing cannabis for this patient, who would, in fact, be exactly the type of patient most likely to benefit. Under the current draft regulations, by the time this patient becomes eligible for relief of her suffering by medical marijuana she will most likely be dead.

N/a

I feel that it would not be good for someone to be able to get a recommendation from a doctor after seeing him only once for a physical and then getting a medical marijuana ID card. Then go next door to the dispensary and pick up some marijuana, this would be an open door for abuse.

the pricing and fees need to be changed! and places that the medicine can be smoked. it has parks but a lot of people fish hike whatsoever and i dont see any harm in smoking it at a park or parking lot. as long as im not operating the vehicle or up fishing at the lake or up in the river i understand churches schools etc. but its not radioactive that part needs to be improved!

None

No dr. on call is required

SEE ABOVE

R9-17-102 5. For a registry identification card for a: a. Qualifying patient; \$25; b. Designated caregiver, \$25; and c. Dispensary agent, \$25; 6. For renewing a registry identification card for a a. Qualifying patient, \$10; b. Designated caregiver, \$10; and c. Dispensary agent, \$10; 7. For

amending or changing a registry identification card, \$10; and 8. For requesting a replacement registry identification card, \$10.

POT IS A SEQUENCE 1 DRUG IF THE DEA CATCHES YOU , YOU WILL GO TO FEDERAL COURT , IF FOUND GUILTY SENT TO FEDERAL PRISON

Inspections should be at anytime open, with out notice as in restaurants.

Yes, change to language to "provider-patient" rather than "physician-patient". Physicians aren't the only ones diagnosing and treating patients' medical problems. Nurse Practitioners need to be included or you will be doing a disservice to the many patients who do not see a physican for their medical needs. As is known, there is a shortage of physicans, especially primary care physicians. Nurse Practitioners have been, and continue to, fill the gap in the need for patient care providers. We are trained and certified to treat all medical problems. We can prescribe controlled substances including opiates, stimulants, and benzodiazepines. If we can correctly ascertain which conditions qualify for these controlled substances, then it stands to reason that we can identify the medical conditions that qualify for the use of medical marijuana (especially since they are clearly outlines in the rules).

I have a general question. I want to open a dispensary but I dont have any clue on how to start. You have put that a dispensary is a non-profit dispensary. Please let me know more in detail. Is there a difference in between having a dispensary to grow the plant and have a separate one to sell it and also a dispensary agent to sell it. I am confuse when it comes to that.

Refer to text in (BOLD): R9-17-302. Applying for a Dispensary Registration Certificate B. To register and obtain a certificate for a dispensary, a person shall submit to the Department the following: 1. An application in a Department-provided format that includes: --- b. The physical address of the dispensary; (BOLD) --- Language improved to: --- b. The mailing address of the dispensary applicant; upon acceptance of receiving Dispensary Registration Certificate ID #; The physical address of the dispensary and, if applicable, the dispensary's cultivation site to be submitted within 120 days; (BOLD) ---

A cultivation site business entity will be allowed to grow and provide medical grade marijuana to legal dispensary owners. In accordance with state, county, city laws, rules and zoning ordinances. And of course use all the awesome writing you have already done, ie; site plan requirements, bookeeping, security etc.

R9-17-313 subsection 3 a. The strain of marijuana seed or clone planted, growing method or medium used, and date planted. remove the watering schedule R9-17-302 subsection B. 15. a. this

item should be removed completely

help keep costs down...these people are poor

allow home delivery

Most of my above suggestions could be addressed in the "definitions" portion of the guidelines.

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 or a a doctor of naturopathic medicine who holds a valid and existing license to practice naturopahtic medicine pursuant to A.R.S. Title 32, Chapter 14 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary

R9-17-303 A dispensary may not transfer or assign the dispensary registration and certificate, except in the case of permanent disability or death of a principal. In the case of permanent disability or death of a principal, the department must be notified within ten (10) days of such occurrence. The proposed transferee or assignee would be required to submit an application and to qualify for a license pursuant to these rules no later than thirty (30) days after the initial notification. NOT QUITE SURE WHAT LIMITATIONS YOU'D WANT TO PUT ON THE TRANSFER OR ASSIGNMENT, HOWEVER CLEARLY AN APPLICANT'S FAMILY SHOULD NOT BE AT RISK TO LOSE THEIR ENTIRE LIVELIHOOD IN THE EVENT OF THE DEATH OF THE APPLICANT. LIKEWISE, THE STATE SHOULDN'T RUN THE RISK OF A BUSINESS JUST SHUTTING DOWN BECAUSE THE APPLICANT CAN'T TRANSFER HIS HER/BUSINESS.

Fees Qualifying patient, \$50; For renewing a registry identification card for a a. Qualifying patient, \$50

See 3. above

Eliminate requirement of seeing your doctor 4 times the PREVIOUS year.

combine and simplify language for patient and caregiver especially if caregiver is a family member. id information could be combined. simplify te denial part can't remember what else too complicated.
When a doctor is prohibited from making a medical marijuana recommendation, a 2nd doctor may review all charts, doctors notes (as long as the patient has established a year's visits with the first doctor) and make a medical marijuana recommendation without being the patient's primary physician. Also home delivery of medical marijuana is allowable and may not be restricted by local communities.
no
Reduce all this clutter!
I like the way you separated must see a physician for 1 year and four times. If you would have said 4 times in a year, they could have went to a doctor 4 times in a week and it still would have counted.



Please address what type of Physician Statement/Recommendation format will the AZDHS deem appropriate regarding Section R9-17-202? There are several organizations that utilize different variations of Physician Statements and Recommendations i.e. Electronic Verification of Recommendation, etc. Some are signed, dated and deemed valid for up to 12 months. Will these be acceptable? R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver

5. A physician's written certification in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that includes:

- 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. The qualifying patient's name and date of birth;

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- c. A statement that the qualifying patient has a debilitating medical condition as defined in A.R.S. § 36-2801;
- 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. 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;
- f. A statement, initialed by the physician, that the physician reviewed all prescription and non-prescription medications and supplements that the qualifying patient is currently using for consideration of any potential drug interaction with medical marijuana;
- g. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient;
- h. 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;
- i. 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;
- j. An attestation that the information provided in the written certification is true and correct; and
- k. The physician's signature and date the physician signed;

I no you are trying to get this right the first time and you have a lot to deal with but please think this out.

None at this point, however if the above suggestion is something we can pursue, feel free to contact me at [REDACTED] and I would be glad to draft the changes for submission.

it appears to me that the description you have in place for a medical director is the very definition of a pharmacist. Therefore, by definition , the medical director should include a Registered Pharmacist.

everything is good

36-2801 Definitions (Revised) 36-2801-5(d) ASSISTS NO MORE THAN FIVE QUALIFYING PATIENTS WITH THE CULTIVATION AND OR MEDICAL USE OF MARIJUANA. (Revised) 36-2801.05(e) MAY RECEIVE COMPENSATION FOR COSTS RELATED TO CULTIVATING MEDICAL MARIJUANA OR ASSISTING A REGISTERED QUALIFYING PATIENT'S MEDICAL USE OF MARIJUANA IF THE REGISTERED DESIGNATED CAREGIVER IS CONNECTED TO THE REGISTERED QUALIFYING PATIENT THROUGH THE DEPARTMENT'S REGISTRATION PROCESS. PAYMENT FOR COSTS UNDER THIS SUBDIVISION SHALL NOT CONSTITUTE AN OFFENSE UNDER TITLE 13, CHAPTER 34 OR UNDER TITLE 36, CHAPTER 27, ARTICLE 4. (Add) 36-2801.05(f) MAY CULTIVATE NO MORE THAN TWELVE PLANTS PER QUALIFYING PATIENT ASSIGNED TO THE DESIGNATED CAREGIVER. (Add) 36-2801.05(g) MAY BE INSPECTED BY LOCAL LAW ENFORCEMENT NOT MORE THAN ONCE EVERY 180 DAYS IF CULTIVATING MARIJUANA FOR QUALIFYING PATIENTS TO ENSURE COMPLIANCE WITH STATE GUIDELINES FOR THE CULTIVATION OF MEDICAL MARIJUANA 36-2803. Rulemaking (Revised) 36-2803.04 GOVERNING NONPROFIT MEDICAL MARIJUANA DISPENSARIES AND DESIGNATED CAREGIVERS, FOR THE PURPOSE OF PROTECTING AGAINST DIVERSION AND THEFT WITHOUT IMPOSING AN UNDUE BURDEN ON DESIGNATED CAREGIVERS OR NONPROFIT MEDICAL MARIJUANA DISPENSARIES OR COMPROMISING THE CONFIDENTIALITY OF CARDHOLDERS,

INCLUDING: (a) THE MANNER IN WHICH THE DEPARTMENT SHALL CONSIDER APPLICATIONS FOR AND RENEWALS OF REGISTRATION CERTIFICATES. (b) MINIMUM OVERSIGHT REQUIREMENTS FOR NONPROFIT MEDICAL MARIJUANA DISPENSARIES AND DESIGNATED CAREGIVERS. (c) MINIMUM RECORD KEEPING REQUIREMENTS FOR NONPROFIT MEDICAL MARIJUANA DISPENSARIES AND. 36-2804.02 Registration of qualifying patients and designated caregivers REVISE 36-2804.02(c) NAME, ADDRESS AND DATE OF BIRTH OF THE QUALIFYING PATIENT'S DESIGNATED CAREGIVER AND ADDRESS OF WHERE CULTIVATION OF MARIJUANA PLANTS OCCURS, IF ANY, REVISE 36-2804.02(f) A DESIGNATION AS TO WHO WILL BE ALLOWED TO CULTIVATE MARIJUANA PLANTS FOR THE QUALIFYING PATIENT'S MEDICAL USE IF A REGISTERED NONPROFIT MEDICAL MARIJUANA DISPENSARY IS NOT OPERATING WITHIN TWENTY-FIVE MILES OF THE QUALIFYING PATIENT'S HOME OR IF THE QUALIFYING PATIENT HAS APPOINTED A DESIGNATED CAREGIVER TO CULTIVATE MARIJUANA PLANTS ON THE QUALIFYING PATIENT'S BEHALF.

No dispensary should be located where it is not accessible to the citizens that are in need of Medical Marijuana. The Med Cards needed for persons qualified should be issued for \$5.00 per card and should have a renewal fee of \$5.00 per year.

Maybe simplify some of the patient cultivation rules into lamins terms.

No dispensary will located where it is no accessible to the citizens that are in need of Medical Marijuana. The Med Cards needed for persons qualified will be issued at \$5.00 per card and will have a renewal fee of \$5.00 per year.

A dispensary that elects to cultivate its own marijuana pursuant to the rules: 1. Must also maintain a retail location for sales to qualifying patients and 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;

I believe that there should be language that says that an application will be tentatively approved based on a time frame to acquire a bonifde location for their dispensary. Maybe applicants should be

required to get a tentative lease agreement based on a successful application. There could be other language to make sure the potential site meets all other regulations etc.

I believe there was an error in the draft. R9-17-107 C. pg 8. on C. 2. it says "within 60 working days..." then on 3. line 3 it changes to "60 calendar days..." I may be misreading this but it appears to be an error.

You should not call it medical marijuana. It is marijuana for people with medical problems.

withdraw all the legalese and begin implementing the act which was simple in it's format yet extensive enough in its coverage.

We are my requesting these suggestions get inserted into ADHS RULEMAKING. But if they are unable (or unwilling) to implement these ideas, we will probably be seeking a Legislative Remedy. This first issue actually requires an AMENDMENT TO EXISTING LEGISLATIVE STATUTE. So, I will ask my Legislators if they can draft a bill that will require AZ's CSPMP (CONTROLLED SUBSTANCE PHARMACY MONITORING PROGRAM) to ADD a notation for all patients who have been approved for Medical MARIJUANA cards onto the CSPMP website. As a physician, representing other Pain Management doctors in ASAM (AZ Society of Addiction Medicine), we feel this is crucial, esp in dealing with our Chronic Pain patients WHO ARE ON NARCOTICS Contracts. Our goal is to REDUCE CRIMINAL DIVERSION of pain pills, and I have spoken with DEA office who seems supportive of this concept (if a Bill was ever submitted, I believe they would endorse it). I know ADHS shares our goal, and I hope they would support this idea. If we don't feel we can have a voice in this process, then we in ASAM will see if we can draft a Legislative bill instead. This is vital since it's possible that ADHS will NOT implement either of these ideas, and once Jan 17th passes, I will have no chance of getting a bill on the table. I also intend to speak to ADHS about a SECOND issue to mandate drug testing for all CAREGIVERS who are picking up Medical MJ for their patients. I've already run into a situation where a caregiver/pot addict was usurping all of this terminally-ill patient's cannabis for herself. My patient has stage 4 colon CA and weighs under 90lbs. This patient desperately needs the Cannabis for appetite stimulation and pain control, and this "caregiver" has NOT been giving her this supply. We have to tighten the regulations for caregivers to ensure they do a UDS every month if they are picking up Cannabis for patients. Since cannabis stays in the urine for 30 days, a mandatory UDS every month should be sufficient to ensure they are clean. In fact, I think they should be clean from all Drugs of Abuse--because otherwise they may choose to steal the patient's Cannabis and then go buy other street drugs instead. This is very serious issue and I feel the DEA will want to weigh-in on this matter. This patient agrees to come to an ADHS or Legislative hearing if they need her to speak about her own situation. We will WAIT to call LEGISLATURE in hopes that ADHS will be able to resolve this adequately before their April deadline. However, If we don't see any progress by Jan 10th, we will pursue Legislative options, since last day to submit bills is Jan 17th, 2011. We will let the bills sit in the drawer, and If ADHS is unable to address these issues by the end of April, only then will we ask the Legislature to push the bills forward.

I see an area that will impact me. Under R9-17-202, Section F, 5, e, i, a doctor who can approve this use for me must have already known me and treated me for at least a year. I am a disabled Veteran, and with VA Healthcare, one never knows who their primary doctor might be. We are assigned "teams". I doubt a Federally-employed physician would commit to such or even be allowed to prescribe cannabis. I have already given a release of my VA medical records to a third party processing service, namely AZMMCC, who feels they are in a position to employ physicians to review the VA health

records, and then satisfy the conditions of the Statute and Rules. As I read the rules, I could not participate until 2012. Am I misreading something?

I think it would be beneficial to add some language regarding these cultivation requirements and taking some more time to analyze the future effects of the growing percentages. Also, it seemed a little unclear if the cultivation center and the dispensary are allowed to be in the same location. I would add some language clarifying this issue as well.

We are my requesting these suggestions get inserted into ADHS RULEMAKING. But if they are unable (or unwilling) to implement these ideas, we will probably be seeking a Legislative Remedy. This first issue actually requires an AMENDMENT TO EXISTING LEGISLATIVE STATUTE. So, I will ask my Legislators if they can draft a bill that will require AZ's CSPMP (CONTROLLED SUBSTANCE PHARMACY MONITORING PROGRAM) to ADD a notation for all patients who have been approved for Medical MARIJUANA cards onto the CSPMP website. As a physician, representing other Pain Management doctors in ASAM (AZ Society of Addiction Medicine), we feel this is crucial, esp in dealing with our Chronic Pain patients WHO ARE ON NARCOTICS Contracts. Our goal is to REDUCE CRIMINAL DIVERSION of pain pills, and I have spoken with DEA office who seems supportive of this concept (if a Bill was ever submitted, I believe they would endorse it). I know ADHS shares our goal, and I hope they would support this idea. If we don't feel we can have a voice in this process, then we in ASAM will see if we can draft a Legislative bill instead. This is vital since it's possible that ADHS will NOT implement either of these ideas, and once Jan 17th passes, I will have no chance of getting a bill on the table. I also intend to speak to ADHS about a SECOND issue to mandate drug testing for all CAREGIVERS who are picking up Medical MJ for their patients. I've already run into a situation where a caregiver/pot addict was usurping all of this terminally-ill patient's cannabis for herself. My patient has stage 4 colon CA and weighs under 90lbs. This patient desperately needs the Cannabis for appetite stimulation and pain control, and this "caregiver" has NOT been giving her this supply. We have to tighten the regulations for caregivers to ensure they do a UDS every month if they are picking up Cannabis for patients. Since cannabis stays in the urine for 30 days, a mandatory UDS every month should be sufficient to ensure they are clean. In fact, I think they should be clean from all Drugs of Abuse--because otherwise they may choose to steal the patient's Cannabis and then go buy other street drugs instead. This is very serious issue and I feel the DEA will want to weigh-in on this matter. This patient agrees to come to an ADHS or Legislative hearing if they need her to speak about her own situation. We will WAIT to call LEGISLATURE in hopes that ADHS will be able to resolve this adequately before their April deadline. However, If we don't see any progress by Jan 10th, we will pursue Legislative options, since last day to submit bills is Jan 17th, 2011. We will let the bills sit in the drawer, and If ADHS is unable to address these issues by the end of April, only then will we ask the Legislature to push the bills forward.

None that I can think of at the moment.

As above. In the sections which relate to the Physicians long term relationship with the patient and the requirement for continued treatment thereafter. I am on full disability with both Social Security and the Veterans Administration and the VA supplies all my medical treatment. I was advised by them that as a Federal Agency they will not issue letters contrary to Federal Laws. The only way for me to circumvent this is to provide their Medical Records to a physician for an independent evaluation as I must continue to be treated by the VA as a matter of financial necessity.

It' great draft but where the patient must see a doctor 4 times a year can be tuff on some patients with fixed incomes costing Medicare & Medicaide how about amending it too read 4 times a year or proof from a doctor of medical condition

Add: Will Humble is God.

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?

Yes, State licensed Pharmacists at Pharmacies only.

It should take into account that the 25 mile restriction on growing around a dispensary will be found to violate equal protection laws and will be repealed from the act, so the draft rules should be able to accommodate this inevitability. I saw no section about growing permits.

\$50.00 registration fee. Renewal \$10.00. Caregiver Fee \$60.00 Renewal \$10.00

Non excluded felonies should be no felonies. If you are convicted of any crime, including

misdemeanor crimes I think that goes to character and you should be excluded. Wording similar to this: "Any conviction of a felony charge or any conviction of a misdemeanor or traffic violation within the past 5 years." We want to keep everyone, willing to violate ANY law, out of this business.

NO!

Call it Cannabis instead of marijuana.

I have specific questions because I'm a veteran with multiple sclerosis who has a history of severe nausea. My neurologist who knows my history, as it is also in my VA medical record, is a VA employee and says that because he is a federal employee he can't write the prescription even though it is legal on the state level. Will I have to pay a private doctor to look at my medical file and write the prescription or, even worse, will I be unable to go to another doctor's recommendation because they're not my normal doctor? Will I be penalized for a conflict of interest?

MEDICAL MARIJUANA DISPENSARY SHALL NOT BE OPERATED OR MAINTAINED ON A PARCEL WITHIN FIVE HUNDRED (500) FEET FROM A PUBLIC OR PRIVATE SCHOOL, MEASURED BY A STRAIGHT LINE IN ALL DIRECTIONS, WITHOUT REGARD TO INTERVENING STRUCTURES OR OBJECTS, FROM THE NEAREST POINT OF THE PROPERTY LINE OF A PARCEL CONTAINING SUCH USE. A PATIENT/CAREGIVER RESIDENCE, FOR THE PURPOSE OF CULTIVATING, SHALL BE LOCATED 25 MILES OR GREATER, MEASURED BY A STRAIGHT LINE IN ALL DIRECTIONS, WITHOUT REGARD TO INTERVENING STRUCTURES OR OBJECTS, FROM THE NEAREST POINT OF THE PROPERTY LINE OF A PARCEL CONTAINING A MEDICAL MARIJUANA DISPENSARY.

Whereas a patient's primary physician is prevented from making a medical marijuana recommendation by the clinic or hospital that the physician is a member of, the patient can choose a secondary doctor to receive a medical marijuana recommendation, provided that the patient's charts and notes are available to the 2nd physician, and provided the patient has a relationship with their primary doctor and the illness meets the guidelines set by the ADHS..

See above

I would be happy to spend time and energy drafting language for these ideas and am particularly interested in starting a non-profit research company to study both the potential health benefits and risks of this complex drug. Please feel free to email me at [REDACTED] if you'd like me to donate my efforts drafting language towards either research center licensing or infused products licensing.

Hospitals and health care clinics can not prohibit physicians from making medical marijuana recommendations.

Same as above.

Protect caregivers. Include a provision that cities can not zone against medical marijuana delivery. Some medical marijuana patients will not be able to travel to get their prescription. Do not let cities zone to prevent deliveries. A patient's caregiver should not have to be put in the position of buying marijuana for their patients since it is a crime in the eyes of the US Government. As a caregiver I do not want to do an illegal activity. I don't want to get a marijuana card for myself. But, I don't want to deny my patient marijuana. I want my patient to get a marijuana card and some delivery person or dispensary operator deliver the medical marijuana to my patient.

I request the opportunity to think for about this and respond later.

Are you trying to derail the new marijuana law. Why would you write something so vague as that the clinics are required to grow 70% of what they sell. Idiotic. Growers coop makes sense.

Marijuana prevents Alzheimer's. It should be available to anyone who wants it!

Revoke Patients right to Marijuana: 1. For driving under the influence. 2. Committing and found



guilty of violating laws that protect the public from those while under the influence. 3. Cannot claim innocence for being under the influence. 4. For finding having caused an automobile accident, hitting a pedestrian, hitting a motorcyclist, hitting a cyclist, and hitting a fixed object while under the influence. 5. For injuring or killing those mentioned in number 4. 6. Cannot be licensed to carry any weapons whether concealed or not. [REDACTED] [REDACTED] [REDACTED]

No.

See above.

How is a dispensary to get their 1st clones/plants/crop/MM? (someone has to be 1st?) in order to buy local who provides the 1st Medical Marijuana without going across state lines? Offsite can grow how much quantity? Any Maximum?

See above. But as usual you will use the legal industry which, in its normal self-serving mode, will create a rash of rules that no one will comprehend and everyone will pay inflated fees to those same lawyers to "interpret" these laws.

If you feel that any of my ideas worthy of consideration, I'd be happy to spend the time to draft the language. I'd welcome any thoughts...please reply to [REDACTED]

See above comments
"Enclosed" means what prop 203 describes. It says nothing about 12' walls.....
R9-17-310 Medical Director I would revise subsection B to read as follows: B. During hours of operation, a medical director 1. On -site, or 2. The medical director shall provide oversight for the development and dissemination of educational materials for qualifying patients and designated caregivers that include: a. ... etc.
No residency requirements for Patients, Caregivers, or Dispensaries.
It was my understanding that the dispensary applicant had to be a non-profit. If so, it couldn't be a LLC, but would have to be a non-profit corporation. Any language referencing LLC's would be inappropriate.

I think the rule could say That you want to track from seed or clone.
Disempower the sheriff who consistenly oversteps his bounds.
I think the four visits is proper as this will allow doctors to recommend alternative treatment methods before a possible recommendation as well as ongoing visits possibly quarterly after the recommendation to oversee the treatment just like an other treatment method but the one year requirement needs to be stricken as this ties the hands of the physician and the patient.
In R9-17-314, the use of the term "nonorganic" is perilous without some additional clarity as to what constitutes "organic". The popular use of the term contradicts the chemical terminology and while USDA and others have instituted rules and certification, it is likely safer to require labeling to include ALL pesticides, herbicides, fertilizers or other additives to be listed, be they manmade or naturally derived.
REGARDING R9-17-315 I am concerned regarding the provision to allow dispensaries to transport marijuana directly to a qualifying patient, a service which has been problematic in other states. My understanding is several cities will not allow it. "Delivery" restrictions and procedures may need to be better defined, specifically: "Unless otherwise restricted or regulated by the municipality in which the dispensary is located, a dispensary may transport marijuana for medical purposes directly to a qualifying patient if such patient does not a have a designated qualified caregiver who is able to provide such service" "Such transport shall be limited to: Motor Vehicles in good repair and deemed reliable by the dispensary director (I.E. No Bicycle deliveries, regardless of how "green" this may be) and shall include security measures to assure safe and protected transport.
There should be on Doctor's visit with no time frame. Whoever is making these rules up seem more interested in politics than helping the citizens of Arizona. Please leave the medical decisions up to the

Doctors which is what the majority of voters demanded.
Date of diagnose of disease from a qualified could override rephysicianquired patient/physician relationship as long as the physician states he/she will be the physician for the pateient treatment. When the patient is no longer his/her patient he/she would be required to notify the health department that they were no longer treating the patient.
plan englsh not large corporate words that everyone needs a corporate dictionary to understand.unable to determine
I feel narrowly defining 'chronic pain' as it only applies to diseases and the treatment of diseases is unfair and inhumane to people who truly suffer from daily pain that is not the result of a disease. I have a friend who has suffered from chronic pain in his lower back for the better part of a decade. He has had two operations but the suffering is not the result of a disease. It's a combination of genetics, a job that required him to lift heavy objects, and a car accident he was in as a teenager. The prescription pain pills he's been given in the past tend to upset his stomach, yet he says he finds true relief if he smokes marijuana. I understand not wanting to make 'chronic pain' so broad that anyone with a hangnail or a headache can be prescribed medical marijuana, but to limit it only to people suffering from a known disease is unfair to people in Arizona who experience intense pain on a daily basis but have not been diagnosed with a disease.
page 12 section 12 actually adding arthritis to the verbiage next to m.s
No.

none that I could see

Need to specify that home delivery is allowed by any dispensary with proper recordkeeping, proper identification

no

Include Certified Nurse Practitioners in the wording ♦where the other allowed practitioners are listed.

A copy of the designated caregiver's: i Arizona driver's license issued after October 1, 1996; or ii. Arizona identification card issued after October 1, 1996; or iii. Arizona registry identification card; or iv. Photograph page in the qualifying patient's U.S. passport; or v. An Arizona driver's license or identification card issued before October 1, 1996 and one of the following:

A health clinic may not restrict it's doctors from recommending medical marijuana to it's patients.

The patient physician relationship should be of either one documented year or four scheduled visits.

<p>I noticed that one of the information pieces needed for a license is 'gender.' Why? What is the reason you need that? and what if the person is trans-gendered? the requirement also states that revocation can be issued if "failed to pay child support." What if you are current and at one point in the past you were behind. The way it is stated says "failed," implying that at anytime past or present can be assumed here. I think a better phrase is "currently behind on any child support."</p>
<p>A: C.1.c.iii.(2) requires video cameras with a resolution of "704 x 480 or the equivalent". This is a non-standard resolution which basically doesn't exist in any commercial camera product. The "standard" video camera resolution in North America is 640 x 480, and almost all security cameras on the market use this resolution. While other camera resolutions are available, 704 x 480 is not really an option. A brief perusal of the internet to try to discover the origin of this oddball resolution number reveals that 704 x 480 is one of several possible resolutions for television displays with rectangular pixels. This is not relevant to modern security cameras or digital display and recording systems, which use square pixels. 640 x 480 is a reasonable standard. Any different resolution requirement for security cameras should be justified by some compelling argument, considering the difficulty in implementation. Regardless, 704 x 480 is nonsensical and looks like a technical error. B: The requirements in C.1.c.ix that dispensaries have a static IP address and 384kbps upstream connectivity seem poorly considered. First, a static IP is not required to implement remote viewing. While it is one possible approach, it is not an absolute requirement and many solutions exist to provide a robust and reliable system even with a dynamic IP address. If the functional goals of remote viewing are met, why should it matter whether the implementation utilized a static IP or not? Secondly, 384kbps is hardly enough bandwidth for remote viewing of live video at high resolution. A 640x480 video stream can easily require over 600kbps, possibly over 1Mbps depending on format and compression. Again, a functional requirement ("internet connectivity sufficient to allow live remote video viewing") avoids codifying potentially incorrect technical parameters.</p>
<p>The acquisition of the initial product should be clarified. Meaning would a Dispensary need to grow the initial product from seed or can it be brought it from California or Colorado. Please address the fact that it should be ok to utilize clones rather than having to grow medicine from seed each time. Growing from seed would be extremely labor intensive and time consuming for Dispensaries. Will you be offering certificates for professional cultivators who are not planning to be Caregivers or Patients but would like to provide professionally grown product to local Dispensaries only? This is something we are most interested in as we have 28yrs of combined experience in horticulture and Cannabis cultivation as well as published books.</p>
<p>This is test content and can be deleted.</p>



**Do you have any specific language to improve the rules? Please include where the language could be incorporated.**

Open-Ended Response

The following section R9-17-202 of the draft rules should be improved with changing the formal language in the initial draft to the following: 5e. A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient and may provide management and routine care of the patient's debilitating medical condition or may, after conducting a comprehensive medical history and physical examination, including a personal review of the patient's medical records maintained by other treating physicians, qualify the patients debilitating medical condition including the patient's reaction and response to conventional medical therapies;

The AzMMA requires this: 18. "WRITTEN CERTIFICATION" MEANS A DOCUMENT DATED AND SIGNED BY A PHYSICIAN, STATING 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 [NOTE: "assessment," singular, not plural; 1, not 4] OF THE QUALIFYING PATIENT'S MEDICAL HISTORY.

A patient that can show a providing doctor a current medical record showing history of cancer treatment or one of the described debilitating conditions may be recommended marijuana by that provider. Fees paid by patients are calculated on a sliding scale, taking into account low income, # of household dependents and any bills paid for treatment of the condition for which the recommendation is being made, including medical bills, perscriptions, cost of travel, room and board for treatment purposes

Delete: R9-17-101(15) Medical Director, there are no need for medical marijuana dispensaries to have a medical director we are not performing any medical treatments that need their supervision as in the need for pre-hospital providers aka EMTs and paramedics. Also if any counseling is needed it need to be done between the patient and their doctor before they are recommended medical marijuana.  
Change: R9-17-101(16)(a) two visits instead of four if this is the primary care doctor it should take four visits to determine if medical marijuana will be beneficial  
Change:R9-17-102 from non refundable to refundable this isn't a chance for DHS to get rich and take advantage of people seriously if need be add a processing fee \$50  
Change:R9-17-102(3) Change of location to \$1000 if a dispensary feels it is necessary to relocate due to a safer location for it patients which I feel this will be an issue due to the



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R9-17-101.18 should have a section that has restrictions on what could be defined as a public place. The list of public places should have a qualifier that reads "... except where there is an area of said public place that has a fence, or other physical partition that both prevents or inhibits patron access, and would not be accessed by patrons in the normal operation of said public places." For instances, the public would not normally go behind a large building in an area around dumpsters. Because this area would be accessible to employees and not patrons, this should be excluded from the definition of being in public.

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Most of the proposed language is acceptable, after all, it was pretty clear cut what was being voted upon. The only thing that needs to change is the added requirements that were tacked on by paranoid Big-Brother types that want to subvert the voters and violate the state constitution. Just Delete the added "junk" that tries to place all control in the hands of those that disagreed with the bill to start with.

I'm not a lawyer & this really needs one.

I think that overall you have done a good lawyer-like job of wording the rules. The only problems I have with them are listed above - I truly believe that in you attempt to make sure there won't be any "recreational" use increase as a result of Prop 203 that you have forgotten that caring and knowledgeable people who are honest and sincere about helping the sick and suffering will be financially unable to apply for a license. The rural county law enforcement community is bound to be

upset as well because these rules, if not changed, will insure that most of the state of Arizona outside of Maricopa, Pinal, and Pima counties will have no dispensaries and thus will be wide open for thousands of qualified medical marijuana patients growing their own since no one will be able to afford to open a dispensary with the small amount of clientele living in the rural areas.

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!!!

Specific language detailing the sections where my suggestions can be incorporated has been sent by other commenters. Please refer to those details.

Suggestion: I propose a source for saleable product could be evidence confiscated by law enforcement destined for destruction. Instead, it may be redirected and multiply taxed. It could serve as revenue to the state at three junctures... enforcement release, pharmacy acquisition and patient purchase. Lesser quality if any, would reflect in a reduced price thereby providing the cost-conscious consumer an option. This belongs in the section dealing with product source.

When referring to "Marijuana Plants" in 36-2801. Definitions 1. "ALLOWABLE AMOUNT OF MARIJUANA" (a)(ii) and (b)(ii) - use the term "Mature, Female Marijuana Plants" In 36-2801 (1)(c) use "including male plants, immature female plants (not showing flowers), clones, cuttings, sprouts, and seeds" In 36-2801 - 3. "DEBILITATING MEDICAL CONDITION" MEANS ONE OR MORE OF THE FOLLOWING: (b) ... SEVERE AND CHRONIC PAIN "Including Phantom pain; " In 36-2801 (5) (e) add "Any such compensation shall not constitute the sale of controlled substances. Compensation costs may include, but are not limited to, rent and furnishings, utilities, mileage and travel expenses, cost of supplies and materials, cost of security, record-keeping expenses, and registration fees."

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. While this all sounds good it limits people that have moved to the state recently for other jobs. I agree that the people here should be the ones running the program it should more read but someone that has recently moved to the state should not be discriminated upon based upon that. I am sure that the state constitution says that all of its citizens should be treated fairly. It would be unfair for a resident that was not here for a long time. By doing that it most likely violate the Arizona's constitution. if you look at PREAMBLE 2 DECLARATION OF RIGHTS SEC 13. Equal privileges and immunities Section 13. No law shall be enacted granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which, upon the same terms, shall not equally belong to all citizens or corporations. A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident before the law was voted upon and preceding the date the dispensary submits a dispensary certificate application. An applicant that is not in the state would not be a citizen of the state must wait one year after establishing residency to apply for a dispensary license. Proof of Establishment of residency could be one of the following. Mortgage, Rental agreement, or utility bill set up in the same name.

e. 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; If a person is a citizen of the state of Arizona they can not be discriminated upon simply because a person has recently established a residency here. It is a clear violation of the State of Arizona's Constitution. If a person has recently relocated to the state and has become a resident then it shares the same equal rights as a citizen that has previously been here. And by recently moving to the state it would have a new Doctor in the state. And by direct action of being a Citizen they retain the same rights. If a person is able to document a previous injury or ailment prior to becoming a citizen of Arizona, in another state that it has sought treatment for, then they should be treated as the same as a resident that was previously in the state and currently seeking treatments for their ailments. It would violate on the following clause of making people into a "Class of Citizen" PREAMBLE 2 DECLARATION OF RIGHTS SEC 3 13. Equal privileges and immunities Section 13. No law shall be enacted granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which, upon the same terms, shall not equally belong to all citizens or corporations. Therefor once a person is a Resident all pertaining laws and State Constitutional rights are bestowed upon them as a Citizen of Arizona.

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C. A dispensary: 1. Shall cultivate at least 70% of the medical marijuana the dispensary provides to qualifying patients or designated caregivers; Should be changed to buy any amount as long as its by 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; In the event a Dispensary can not keep up with the demand it would put an undue strain on the patients that need to get their medications or it may drive the prices out of the reach of the patients that need it most. If a dispensary is a slower sales in the front office but can produce for many operating dispensaries then it should be able to freely sell its product to another dispensary that can not produce enough of its own products. This will also allow for many more medical strains to be available through out the state that will benefit its Medical patients. Some dispensaries may only be able to produce 1 or 2 strains because of a limitation of space so having an inventory of more strains and different potencies will be available. Thus it will be benefiting all parties from the ones that can produce more. To the Dispensaries that can now provide a wider variety of medicines to its patients. And the Patient would be better off because they can now choose a strain that more helps out their particular ailment. Some strains work better for certain ailments than others do.

For medical oversight of the dispensary it should be a medical person such as a "nurse, doctor, or pharmacy technician with at least a year 2 degree"

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. While this all sounds good it limits people that have moved to the state recently for other jobs. I agree that the people here should be the ones running the program it should more read but someone that has recently moved to the state should not be discriminated upon based upon that. I am sure that the state constitution says that all of its citizens should be treated fairly. It would be unfair for a resident that was not here for a long time. By doing that it most likely violate the Arizona's constitution. if you look at PREAMBLE 2 DECLARATION OF RIGHTS SEC 13. Equal privileges and immunities Section

13. No law shall be enacted granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which, upon the same terms, shall not equally belong to all citizens or corporations. A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident before the law was voted upon and preceding the date the dispensary submits a dispensary certificate application. An applicant that is not in the state would not be a citizen of the state must wait one year after establishing residency to apply for a dispensary license. Proof of Establishment of residency could be one of the following. Mortgage, Rental agreement, or utility bill set up in the same name.

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).  
• 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."  
• Cancer, HIV, Hepatitis C, and ALS patients often do not have 1 year to live.  
• The patients that do live are cruelly being told to change doctors or suffer for 1 year.  
• 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.  
• Marijuana is 100% safe, gives patients good relief, and cures some conditions-Marijuana is not deadly and is not addictive.  
• 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.  
• 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  
• The draft regulations are cruel and unreasonable. 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.

R9-17-310 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.

None





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.

Will & Staff....keep up the good work! I think I have a way you can let patients not abuse the system, but not hurt the patient who needs it. A new patient must have 2 visits each year unless it is obvious, like a paraplegic, advanced cancer, etc. A patient who has a year's history can keep their doctor and can see a marijuana doctor once each year providing the original doctor provides the marijuana doctor the necessary documentation.

All Arizona Cities and Towns having a population larger than 25,000 with at least five city pharmacies within its corporate boundaries shall be eligible to have at least one medical marijuana dispensary located within its city limits effect with the implementation of this ordinance. If no dispensary has located in the city or town by Jan 1, 2014, the State shall make the license available for utilization in another locality.

Delete sections R9-17-106 A7 and R9-17-106-C. Edit R9-17-106-B3a to read "Meets the requirements in subsection (B)(2) and the request is approved" Clarify R9-17-106-B4 that public hearings are only needed if requested by the petitioner.

R9-17-302 B. 3. d. vi- as it pertains to utility bill dated within 60 days before the date of dispensary application. The wording of this section has led to some confusion. However, I believe, it is only one of other potential proof of residency by the principal applying for the application; not a requirement on the proposed site of the dispensary prior to being awarded a license as many alarmist are claiming.

smoking areas! smoking areas! smoking areas! smoking areas! smoking areas! smoking areas!

Throughout the draft rules the word debilitating is used except in the list of debilitating medical conditions to which the word chronic is added. There needs to be clarification throughout the draft rules or at least in the definitions section of the difference between chronic and debilitating.

Can the dispensing agent, if an M.D., also serve as the recommending physician? There should be a requirement that the business proposal include a patient accountability plan. The caregiver cannot

also be a qualifying patient. Preference should be given to those proposing ongoing medical marijuana studies and marijuana's therapeutic effects. The language is a bit confusing on the mandate that a dispensary also cultivate. Throughout the rules, the language implicates that it is an option, but then at R9-17-307(c)(1), the language mandates 70% cultivation at the dispensary.

I don't consider myself well qualified to add specific language to a law. I would appreciate if you do the honors. :)

A physician is permitted to prescribe or recommend marijuana for a condition that falls outside of the original list, providing professional judgement for doing so and providing some form of record keeping to evaluate the effectiveness.

My name [REDACTED] I am a coder/ programmer I have a completely finished application offering to AZ THAT DOES EVERYTHING... total tracking.. down to the 1/2 gram..Daily Journal and Point of Sale specific for this industry I created this great do everything in marijuana dispensary busy, being in and round California I like Arizona to look at its possibilities, offering it as may there own. The source code! Its driven by FileMaker.com and can handle VERY large to small. Its desktop.. quite frankly most dispensaries rather use a web base application.. ONLY so if they get raided, they don't lose their computers to the raid. and thus just log on to the net and continue running. I am not greedy or anything.. just an old man that hope something comes of all the hours spent. What I am finding... that most dispensaries rather not be compliant and or as tight as I have created [REDACTED] [REDACTED] [REDACTED]

In regards to doctor referrals I believe that a good Dr./patient relationship is a good approach for a requirement but I also think that for cases of chronic pain this relationship should be given preference rather than being subject to a bureaucratic decision. The DHS can keep tabs on MDs that appear to only hang out a shingle to recommend for recreational users and revoke their license!

You may already have a draft of this document - but just want to be sure it was submitted electronically. It is quite comprehensive and is directed to specific sections. Medical professionals and attorneys assisted in its drafting Thank You [REDACTED]

COMMENTS ON INITIAL DRAFT RULES ARIZONA MEDICAL MARIJUANA INITIATIVE January 3, 2011

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that it remains a crime to produce, use, sell or transport marijuana in Arizona. In other states such as California and Colorado, insufficient regulation and enforcement has allowed the "exception" of medical marijuana to swallow the "rule" of marijuana criminalization. This must not be allowed to happen in Arizona. In order to enforce Arizona's strong policy of marijuana criminalization, policies and procedures developed by DHS and the legislature under the medical use exception should, to the greatest extent possible, control marijuana production, transportation, sale, possession and use to insure that marijuana is allowed for medical purposes only. Medical marijuana should not be allowed to become a source of illicit marijuana; production should be limited to only what is necessary to supply legitimate demand and should be strictly tracked; medical need should be based on medical facts subject to objective review; employers should not be forced to tolerate impaired employees or protect employees that are in violation of federal law. To these ends we suggest the following:

3 II. DISPENSARIES

1. DHS must require geographic dispersion of dispensaries. Rationale: The initiative allows individuals and caregivers to produce their own marijuana if they live more than 25 miles from a licensed dispensary (the 25 mile circle surrounding a dispensary have been called "halos.") Individual production of marijuana is far more difficult to monitor and control than production by dispensaries. This marijuana can easily be converted to illicit use and the production location will attract criminal activity as well. Lawful marijuana production for medical purposes by individuals should be eliminated to the greatest extent possible. DHS should adopt policies that mandate dispensary locations that cover the state in dispensary "halos" that have the effect of preventing individual marijuana production. DHS should have the ability to consider in its sole discretion whether or not the geographic location of a proposed dispensary is appropriate. DHS regulations should allow DHS to award exclusive dispensary rights to geographic areas. DHS regulations should allow DHS to mandate that an applicant, as a condition of granting a dispensary certificate, also apply for and obtain a dispensary certificate at another location in the state designated by DHS. In short, DHS policies must insure that most if not all of the state is covered with dispensary "halos" so that no individual will be permitted to produce their own marijuana. This may be best accomplished by requiring dispensaries in urban areas to operate dispensaries in rural locations as a condition of their dispensary licenses. Implementation: Substitute for R9-17-107(F) as follows: "The Department may in its sole discretion consider the geographic location of the proposed dispensary in determining whether to grant a certificate. In its sole discretion, the Department may grant exclusive dispensary certification to any geographic area of the State. The Department may as a condition of granting a certificate pursuant to A.R.S. Title 36 Chapter 28.1 and this Chapter, require the applicant for dispensary registration to apply for, obtain, and maintain another dispensary within the state of Arizona within 2 miles from a location designated by the Department."

4 DISPENSARIES, CONT.

2. Each location where marijuana is produced, infused or sold must have a separate dispensary certification. Rationale: The Rules as currently written would double and possibly triple the number of dispensaries within the state. The Rules as written allow a dispensary to both have a separate location for cultivation and a separate location for infusion. A.R.S. §36-2801 defines "Nonprofit medical marijuana dispensary" as an entity that acquires, possesses, cultivates, manufactures, delivers, transports supplies, sells or dispenses marijuana . . . A.R.S. §36-2804(C) limits the number of dispensary certificates to approximately 124. A.R.S. §36-2806(C) requires each certified nonprofit marijuana dispensary to have a single secure entrance. If the holder of a single dispensary certificate is allowed to have multiple locations for sale or cultivation, or to contract with others to infuse food, it would be physically impossible for the dispensary certificate holder to comply with A.R.S. §36-2806(C). Thus, when these sections are read together, it is clear the intent of the initiative is to require each physical location where marijuana is produced, infused or sold have a separate dispensary certificate that counts toward the total allowed in the state

under A.R.S. §36-2804(C). This rationale also comports with the overall goal of maintaining tight control over medical marijuana use so it cannot be diverted to illicit use. Implementation: (a) Modify R9-17-302(B)(5) by striking "and, if applicable, as the dispensary's cultivation site." (b) Modify R9-17-304 to strike all references to a Dispensary's Cultivation Site. (c) Modify R9-17-306 to strike all references to a dispensary's cultivation site. (d) Modify R9-17-307 to clarify that cultivation sites require separate dispensary certification. (e) Modify R9-17-313(B)(5) and (6) to clarify that food infusion sites require separate dispensary certification. (f) Modify R9-17-315 to clarify that cultivation and infusion sites require separate dispensary certification. (g) Modify R9-17-316 to clarify that infusion sites require separate dispensary certification. (h) Strike R9-17-101(6) 5 DISPENSARIES, CONT. 3. DHS may delegate inspection of dispensaries to local authorities. Rationale: Pursuant to A.R.S. §36-136, DHS may delegate to local authorities their power to regulate matters of health and welfare in the state. Nothing in the initiative forbids delegation of inspection authority to local governments. The ability to delegate this authority will allow DHS to better effectuate control of dispensaries, and will give local authorities the ability to better control the health and safety impacts of dispensaries in their communities. Implementation: Add R9-17-306(H): "The Department may delegate its authority under this section to local authority pursuant to A.R.S. §36-136." 6 DISPENSARIES, CONT. 4. Reasonable notice of routine inspections should be 24 hours, and occur within posted business hours. Rationale: Inspection of dispensaries is designed to insure that the dispensary is operating within the limits of the law. The rule as currently written gives the dispensary the option of refusing a time suggested by DHS. The initiative requires only that the inspection be reasonable. Given the strong policy of this state against marijuana possession or use, it is imperative that DHS inspections provide an accurate picture of the dispensary's operation. 24 hour notice of an inspection to occur during posted business hours fulfills the statewide policy against illicit marijuana use and fulfills the "reasonable notice" provision of the initiative. Implementation: Modify R9-17-306(C) as follows: "Except as provided in subsection (E), routine on-site inspection of a dispensary shall occur no earlier than 24 hours after the Department submits written notice of the Department's intent to inspect the dispensary. Routine inspections under this subsection shall occur during the dispensary's normal business hours." 7 DISPENSARIES, CONT. 5. Dispensaries must dispense marijuana and marijuana infused products in DHS approved and supplied containers. Rationale: In order to strictly control medical marijuana, it is important that DHS and law enforcement be able to clearly and easily distinguish between marijuana possessed, sold, or transported pursuant to the initiative. The containers must be distinctive and traceable with bar codes or other computerized tracking system. Distinctive containers that are registered or supplied by DHS that can be easily identified will help DHS and law enforcement insure that marijuana encountered is in fact produced pursuant to the initiative and is used strictly for medical use. The containers should be sealed when dispensed. DHS should strongly consider developing standardized containers and requiring dispensaries to obtain those containers from DHS. Implementation: Add to R9-17-314(A)(7): "The marijuana shall be dispensed in a sealed container approved by the Department. The containers shall contain a bar code or other computerized tracking system approved by the Department." 8 DISPENSARIES, CONT. 6. Dispensaries may not dispense a smokeable form of marijuana unless the qualifying patient is approved by DHS to receive it. Rationale: Based on the proven health risk of smoking, for the past 45 years the medical community has worked to curtail the use of smoking in the United States. In November, 2006 Arizona voters passed the Smoke-Free Arizona Act (A.R.S. §36-601.01), severely curtailing the use of smoking in the state. For most people, marijuana's alleged therapeutic benefits are effective when it is consumed orally. Given the serious negative health effects that come with smoking any product (including marijuana), the smoking of marijuana should be strongly discouraged. Implementation: Modify R9-17-311 to require

the dispensary verify the patient is authorized to receive marijuana in a smokeable form prior to dispensing. Include the requirement that all smokeable marijuana must be dispensed in a container that prominently displays a warning in substantially the following form: "Marijuana smoke contains known carcinogens and has been determined to be carcinogenic by the Arizona Department of Health Services. Although preliminary research shows marijuana may contain substances that may help in the treatment of cancer, this research also shows that smoking marijuana may be linked to cancer of the lung, skin of the head and neck, testicle and bladder."

9 DISPENSARIES, CONT. 7. Dispensaries should be required to file public reports providing information on the number of customers, marijuana sales volume, and financial status of the dispensary. Rationale: In order to insure that dispensaries are not operating illicitly, it is important that the legislature, DHS, local authorities, and the public have information regarding a dispensary's number of customers, volume of marijuana, and financial condition. A dispensary need not reveal specific information about individual customers in order to publish public reports regarding the number of customers, the volume of marijuana dispensed, the kind of marijuana dispensed (smokeable or infused food), the receipts of sales and costs expended. This information will allow the legislature, DHS, local law enforcement and the public to insure that the dispensary is not in reality a "front" for criminal activity, and that the marijuana produced and dispensed only to those with legitimate medical need. Implementation: Add as R9-17-312(E): "Not less than annually and prior to recertification under R9-17-305, a dispensary shall submit to the Department a report covering the period from the last certificate was issued to that dispensary that contains the following information: (1) the total number of sales of marijuana products, detailing each kind of product sold; (2) the total amount of usable marijuana sold; (3) the total amount of usable marijuana produced or otherwise procured; (4) the total amount of marijuana on hand; (5) the total amount of cash or other reimbursement realized for the sale of marijuana; (6) the total amount of cash or other reimbursements paid for producing or acquiring marijuana."

10 III. PATIENTS, CAREGIVERS AND DISPENSARY AGENTS 1. Caregivers must pay a separate fee for each patient they care for. Rationale: Caregivers may possess and assist in the use of marijuana for up to 5 qualifying patients under the act. Each patient that designates a caregiver requires additional administrative scrutiny by DHS, increasing administrative costs. A.R.S. §36-2803(A)(5)(a) requires that the total revenue from the fees for registry identification cards and dispensary registration certificates must be sufficient to implement and administer the program. Given the additional administrative costs inherent in a caregiver assisting multiple patients, and to insure that caregiver activity is adequately monitored, it is reasonable that a caregiver be required to pay additional fees for additional patients. Implementation: Modify R9-17-102(5)(b) and (6)(b) as follows: "Designated Caregiver, \$200 per patient for which caregiving services are provided."

11 PATIENTS, CAREGIVERS AND DISPENSARY AGENTS, CONT. 2. Caregivers must undergo training (at least 8 hours) on, and pass a test on, the effect and hazards of marijuana, the terms of the initiative, DHS rules governing medical marijuana and applicable laws. Rationale: Caregivers under the initiative administer marijuana to qualifying patients. They are the link between the patient and the dispensary, and need to know the effects and alternatives to marijuana to properly administer medical marijuana. Without adequate training, the caregiver runs the risk of improperly procuring or administering marijuana to the patient. Implementation: (a) Add R9-17-202(F)(6)(I): "Certification of completion of a Caregiver Training Class administered or approved by the Department." (b) Add R9-17-206: "The Department shall develop a Caregiver Training Class of no less than 8 hours to teach caregiver applicants about the effects and hazards of marijuana, alternatives to marijuana use, the terms of the Arizona Medical Marijuana Initiative, and these rules. The class shall include a test designed to reasonably test caregivers about the subjects taught in the class. Before issuing a certificate of completion to caregiver applicants, the applicant shall pass the test with a score of at least 80%."

12 PATIENTS, CAREGIVERS AND DISPENSARY AGENTS, CONT. 3. Caregivers, Cardholders and Dispensary Agents must be residents of Arizona and must possess an Arizona driver's license or identification card. Rationale: The initiative declares that its purpose is to remove state-level criminal penalties for medical marijuana use for the citizens of Arizona. Other states such as California and Colorado have allowed non-citizens to participate in medical marijuana programs, which resulted in a tremendous increase of illicit use of marijuana due to cross-border smuggling of marijuana. The use or administration of marijuana under the initiative should be narrowly tailored for the use and benefit of Arizona citizens that are in need of medical marijuana. Patients, Caregivers, and Dispensing Agents should be required to prove they are citizens of the State of Arizona by producing identification cards issued only to Arizona citizens " an Arizona Driver's License, or an Arizona Identification Card. The current draft of rules allows a patient or caregiver to obtain a registry card by showing a U.S. passport as proof of identity. A U.S. passport contains no information about the person's state of residency. In addition, because of the potential for criminal activity inherent in a person's possession of marijuana, registry with the Department of Public Safety's driver's license/identification card system will allow law enforcement to obtain additional information about a caregiver/patient that is involved with criminal activity. Implementation: (a) Strike R9-17-105(F) (b) Strike R9-17-107(F)(1)(d)(iv) (c) Strike R9-17-202(F)(2)(d) (d) Strike R9-17-202(F)(6)(i)(iv) (e) Strike R9-17-202(G)(6)(d) (f) Strike R9-17-203(A)(2)(i)(c) (g) Strike R9-17-204(A)(5)(f)(iv) (h) Strike R9-17-308(5)(d) 13 PATIENTS, CAREGIVERS AND DISPENSARY AGENTS, CONT. 4. Caregivers must be subject to the same security, inspection and reporting requirements as dispensaries. Rationale: Caregivers are operating small dispensaries. They acquire marijuana in the same fashion as dispensaries, and distribute the marijuana to others. They are subject to the same security risks as dispensaries, and have the same potential for diverting marijuana to illicit activities as dispensaries. Implementation: Apply appropriate provisions of Article 3 (R9-17-301 to R9-17-320) to caregivers allowed to cultivate marijuana for patients. 14 PATIENTS, CAREGIVERS AND DISPENSARY AGENTS, CONT. 5. Patients, or caregivers acting on behalf of patients, may not possess smokeable marijuana unless specifically authorized by DHS. Rationale: Based on the proven health risk of smoking, for the past 45 years the medical community has worked to curtail the use of smoking in the United States. In November, 2006 Arizona voters passed the Smoke-Free Arizona Act (A.R.S. §36-601.01), severely curtailing smoking in the state. For most people, marijuana's alleged therapeutic benefits are effective when it is consumed orally. Given the serious negative health effects that come with smoking any product (including marijuana), the smoking of marijuana should be strongly discouraged. Implementation: (a) Add to R9-17-202(F)(5) the following: "If the physician is recommending the patient be dispensed a smokeable form of marijuana, then a statement detailing at least 3 efforts of the physician and patient to administer infused marijuana, a statement detailing why such attempts were unsuccessful, and a declaration from the physician why only smokeable marijuana will alleviate the patient's condition." (b) Add to R9-17-202(G)(13) the following: "If the physician is recommending the patient be dispensed a smokeable form of marijuana, then a statement detailing at least 3 efforts of the physician and patient to administer infused marijuana, a statement detailing why such attempts were unsuccessful, and a declaration from the physician why only smokeable marijuana will alleviate the patient's condition." (c) Add to R9-17-204(B)(4)(f) and R9-17-204(B)(4)(g) the following: "If the physician is recommending the patient be dispensed a smokeable form of marijuana, then a statement detailing at least 3 efforts of the physician and patient to administer infused marijuana, a statement detailing why such attempts were unsuccessful, and a declaration from the physician why only smokeable marijuana will alleviate the patient's condition." (c) Issue patient and caregiver cards that clearly indicate if the patient is allowed to possess smokeable marijuana. (d) Indicate in the Department data base available to dispensaries and law enforcement whether the patient or

caregiver is allowed to possess smokeable marijuana. 15 PATIENTS, CAREGIVERS AND DISPENSARY AGENTS, CONT. 6. Private marijuana use "clubs" should be prohibited. Rationale: As written, Rule R9-17-101(18) (a) would exclude private clubs from the definition of public place. This would allow marijuana users to form private "smoking" clubs where marijuana users could gather and use marijuana. The goal of the initiative is to provide medical marijuana that qualifying patients and their caregivers may administer for medical purposes, not to establish private marijuana use clubs. Private "smoking clubs" create opportunities to divert medical marijuana to illicit use, and pose a safety and security threat to the communities in which they are located. Implementation: Modify R9-17-101(18)(a) to read as follows: "Public place:] Means any location, facility, or venue that is not intended for the regular exclusive use of an individual or the non-commercial use of a specific group of not more than 5 individuals." 16 IV. MEDICAL PROFESSIONALS 1. Policy Statement Three different types of medical professionals are authorized to provide certification for medical marijuana use under the initiative. All are governed by a different licensing board, and none of the licensing boards actively govern their respective charges with regard to medical marijuana. Unless DHS monitors the activities of these medical professionals, there is no central authority to monitor and govern the actions of medical professionals authorized to certify medical marijuana use under the initiative. Under the initiative, DHS is charged with regulating possession and use of medical marijuana. DHS thus has the authority to qualify medical professionals designated under the act as appropriate to issue certification for medical marijuana use. Such a system would ensure a centralized authority to monitor medical professionals for abusive or illicit issuance of certifications, preventing fraud and abuse. 17 MEDICAL PROFESSIONALS, CONT. 2. Medical professionals that wish to issue medical marijuana certificates must be registered with DHS in order to issue certifications and a reasonable fee should be charged. Rationale: Registration with DHS would allow the Department to determine the qualifications of medical professionals that wish to certify medical marijuana use. DHS can examine proof of the medical professional's certification as a medical doctor, osteopath, or naturopath, and of their primary practice in Arizona. DHS can determine if the medical professional is currently undergoing discipline or substance abuse counseling. DHS can determine the number of patients the medical professional has certified for marijuana use, and can monitor the number and quality of contacts between the patient and the medical professional. DHS can monitor the number and justification for certifications of smokeable medical marijuana use. Implementation: Create Article 4 for the Medical Marijuana Program in DHS Rules that governs medical professionals wishing to issue medical marijuana certifications in Arizona. Medical professionals must meet the following requirements: (a) DHS must create and administer a medical professional certification registry. (b) Qualified medical professionals that wish to issue certificates under the initiative must register annually with DHS and pay a reasonable annual fee to offset the cost of registry administration. (a) Medical professionals must be Arizona licensed in and primarily practice in Arizona. (b) No more than 30 active patient registry cards may be issued based on the certification of an individual medical professional at any one time. (c) Medical professionals must see their certified patient at least once every 6 months, face to face, and document they have done so in annual certifications. (d) Medical professionals may not issue certificates to themselves or immediate family. (e) Medical professionals undergoing discipline or substance abuse problems must not be authorized to issue certifications. 18 (f) Medical professionals recommending the patient be dispensed a smokeable form of marijuana, must provide a statement detailing at least 3 efforts of the medical professional and patient to administer infused marijuana, a statement detailing why such attempts were unsuccessful, and a declaration from the medical professional why only smokeable marijuana will alleviate the patient's condition. 19 MEDICAL PROFESSIONALS, CONT. 3. 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. Rationale: Medical marijuana is the narrow exception to the criminalization of marijuana in Arizona. In addition to rules requiring previous and ongoing relationship between a certifying medical professional and a patient, the medical professional must be able to de-certify a patient if they believe the patient no longer qualifies for medical marijuana. In addition, the medical professional must de-certify the patient if they have not seen the patient within 6 months. Once de-certified, the patient must be presumed to no longer qualify for medical marijuana unless re-certified by two different medical professionals that are aware of the previous de-certification. This would insure that patients are seeing their medical professionals on a regular basis, and insure that medical marijuana is continued to be needed by the patient. It would also encourage medical professionals to act ethically in certifying, and prevent "doctor shopping." If certification is revoked, the patient must present certifications from two other medical professionals, both of whom state they are aware of the patient's certification revocation, before a new registry card may be issued.

Implementation: (a) Add to new Article 4 a requirement that the medical professional must notify the Department within 3 business days if the patient no longer qualifies for certification for medical marijuana, or if the medical professional has not had a face to face contact with the patient for more than 180 days. (b) Add R9-17-205(l) to require the Department to revoke a Qualifying Patient's Registry Identification Card upon notification by the certifying medical professional that the patient no longer qualifies for certification or that the medical professional has not had a face to face contact with the patient for more than 180 days. (c) Add to R9-17-202, 203, and 204 a section that requires certification from two medical professionals for any person applying for a registry identification card after having had a previous one revoked under R9-17-205(l), and require both certifications state that the medical professional is aware of the grounds for prior de-certification.

#### 20 V. LEGISLATIVE ACTION

1. The legislature should set a presumptive THC metabolite level for impairment (similar to presumptive blood alcohol level) effective in situations of driving, machinery operation and employment Rationale: The initiative authorizes the use of marijuana for medical purposes, but does not allow a user to be impaired while employed or operating automobiles or other machinery. Use of marijuana impairs a person's ability to operate automobiles and other machinery, and to properly perform their job. Impairment is difficult to determine without presumptive standards. Marijuana impairment can be compared to use of alcohol, which is legal but impairment is not allowed when a person is operating automobiles or other machinery or by most employers. Levels of presumptive alcohol impairment are codified in law so employers and law enforcement may more easily determine if a person is impaired. Scientific tests are available to determine the level of marijuana metabolite, and standards exist that prove a person is impaired at certain levels of marijuana metabolite within a person's body. Presumptive levels of marijuana impairment for both employment and operation of automobiles and other machinery must be adopted by the legislature in order to allow them to quickly and easily determine if probable cause exists that a person is impaired, and to take appropriate action to protect the person, the employer, and the public. Implementation: DHS must develop presumptive marijuana impairment levels that may be determined by blood, urine, breath or other tests and propose legislation that will implement such standards in the criminal and civil codes.

21 LEGISLATIVE ACTION, CONT. 2. 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. Rationale: Arizona has a strong public policy against marijuana. The initiative has carved out a narrow exception to that policy for medical use. To uphold Arizona's prohibition against marijuana, it is imperative that those individuals granted access to marijuana through the initiative be strongly discouraged from using their access to marijuana to add to the supply of illicit marijuana in the state, or to supply it to those without authorization to possess

marijuana. One of the best ways this may be accomplished is for the legislature to specify and clarify what constitutes illegal marijuana activity by dispensaries, cardholders and caregivers, and to enhance the punishments for those offenses. Such legislation will discourage dispensaries, cardholders and caregivers from using their access to marijuana for illicit purposes. Offenses should include cultivation without permission, transfer of marijuana to those not entitled to possession, consuming, transporting, selling, and cultivating marijuana without

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


See comments above

1. I would like to suggest a separate and unique category for Pharmacists wanting to open dispensaries. One of a "specialty" nature, similar to a "compounding" pharmacy. The AzDHS should recommend to the DEA that these Pharmacists be eligible for a Schedule 1 DEA license as a manufacturer/distributor. Perhaps with the provision that they work in conjunction with a University or medical facility with an added "research" element. 2. A Pharmacist wanting to open a dispensary should not be subjected to "distance" regulations. The Pharmacy I own is not subject to distance regulations, and we regularly stock drugs much stronger than cannabis.

Make dispensaries cultivate and sell their own marijuana, do not let others who are not dispensaries grow or sell.

The language of prop 203 that was on the ballot should be the "version" that should be the final rules.

Perhaps R9-17-302(A) could be reworded to read: "Each principal officer [as defined] or board member of a dispensary must have significant ties to Arizona."

see above
"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.
The section on dispensary application and registration seems to be causing concern with the current language (or have you noticed?). "approved for a permit" should be clearly differentiated from "registered" I'm trusting that what was intended should read: "After a complete dispensary application has been submitted and approved to receive a permit, the 90-day time frame for issuing a permit (full registration to operate) is suspended until such time as the department receives written notice that the facility is ready for inspection. After inspection is complete and the dispensary facility is deemed in compliance with operating guidelines, the 90-day permitting period is resumed, and registration will be completed and an operating permit issued in accordance with prop 203. A dispensary will not begin production in any manner until full registration is complete, and may not operate provisionally after a permit is approved, but only after inspection and full registration is complete"
Yes.Â 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.
2) Dispensaries only need to produce 40 percent of their own product. This will allow all types of medical marijuana that are now great producing plants but deliver great benefit. Remember: Indica plants do not produce large quantities and are very beneficial. If space becomes to big of an issue no one will want to grow it.

Yes.Â 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.

1. Demonstration of Financial Security—Surety Bond For the reasons discussed above we believe the following language should be added to the Surety Bond requirement in R9-17-302(B)(1)(f): Or other equivalent demonstration of Financial Security such as a letter of credit or equivalent cash deposit in an escrow account. 2. Dispensary Application Requirements—Zoning Approval As discussed above we believe the zoning approval/certificate of occupancy requirement should be modified with the following language: Revised R9-17-302 (B)(5): An official statement or other documentation from the city, town or county in which the Dispensary would be located indicating that for the proposed Dispensary and, if applicable, the Dispensary’s cultivation site, applicant has obtained or is in compliance with the local zoning restrictions, including but not limited to appropriate zoning and use permits, but not including design review, building safety review, build out/certificate of occupancy permits, business licensing, and any other administrative approvals that would normally occur in order to perform final improvements prior to operating. Omit R9-17-302 (B)(6) The same changes should be made for R9-17-304 (A)(2) and (3) concerning a change in location of a Dispensary of cultivation site, as follows: Revised R9-17-304 (A)(2): An official statement or other documentation from the city, town or county in which the Dispensary would be located indicating that for the proposed Dispensary and, if applicable, the Dispensary’s cultivation site, applicant has obtained or is in compliance with the local zoning restrictions, including but not limited to appropriate zoning and use permits, but not including design review, building safety review, build out/certificate of occupancy permits, business licensing, and any other administrative approvals that would normally occur in order to perform final improvements prior to operating. Omit R9-17-304 (A)(3) 3. Medical Director Qualification—Naturopathic Doctors For the reasons identified below the following language to include Naturopathic Doctors should be included in the definition of a Medical Director in R9-17-101(15) to read as follows: “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, a doctor of naturopathic medicine who holds a valid and existing license to practice naturopathic medicine pursuant to A.R.S. Title 32, Chapter 14 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.” 4. Cultivation—70/30 Split Requirement To avoid the unintended consequences of this requirement Rule R9-17-307(C) should be deleted. 5. Cultivation Facility Requirements--Greenhouses To allow cultivation facilities to utilize our vast natural solar resource thereby preventing waste. The definition of “Enclosed” should be altered to specifically allow secure greenhouse facilities. 6. Product Testing The only way to ensure that patients are able to have access to safe and effective medicine is to require cultivators to test their MMJ for contaminants, THC levels and cannabinoid profiles. Without this information, patients will have no way of knowing what they are getting. The Rules should be modified to include these requirements by adding them to the labeling provisions in R9-17-314(A): 1. THC percentage 2. Cannabinoid profile 3. Results of lab tests for mold and pesticides 4. Verification of any

“organic” claims

NO.

While I do not personally have specific language to improve the first draft of the rules, I place complete trust in the Arizona Medical Marijuana Association (AzMMA) in providing alternative wording. Their writer is the woman who wrote Proposition 203 and I feel that if anyone has a good idea of what this bill's implementation would look like with the highest possible standards, it's her and the AzMMA. I yield to their suggestions with full trust, as their founding members are the ones who made this bill's existence possible in the first place.

Regarding ARS 36-2801, which discuss current marijuana laws and the application requirements, please put in language that insures that each application of a director or agent who has had a prior conviction still be considered and not completely ruled out. Each case is unique and should be given fair consideration, especially if prior arrests for marijuana possession did not lead to convictions. If an applicant had successfully completed a rehab program, such as TASC, that should suffice and allow them to open a dispensary or be a board of director.

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.

Legal terms to describe the above comments....I'm not a lawyer....

Include language that would require training for physicians before making recommendations for MM. Patients with a teminal illness should have an exemption for the ony year time frame. They may be dead in a year and it would be unfair to them.

1. Eliminate R9-17-202 5e. R9-17-202 5i. should read: A statement that, in the physician's professional medical opinion, formed after conducting a sufficient review of the patient's state of health, the qualifying patient has an enumerated debilitated medical condition and is likely to receive therapeutic or palliative benefit from the ....

should draft and propose legislation that provides specific and enhanced criminal penalties for cardholders smoking marijuana in the presence of those under the age of 18."

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.

The sections on forms of Identification that must be submitted is confusing.

A medical doctor should not be required as a board member, this is stupid. Very had to obtain in the

more rural parts of Arizona.
A medical doctor should not be required as a board member, this is stupid. Very had to obtain in the more rural parts of Arizona.
A medical doctor should not be required as a board member, this is stupid. Very had to obtain in the more rural parts of Arizona.
If the State has chosen to retain undelegated control over medical marijuana, the State should regulate and be responsible for all aspects, including where infused foods are produced. The State should be responsible for issuing permits/licenses to dispensaries for making the infused foods. Making "brownies" is simple -- using a County-licensed food establishment is not necessary, nor desirable, from my perspective. Finally, since the State has an exclusion allowing small B&Bs not to be licensed for food service (with similar caveat-emptor signage), so can simple marijuana-infused products. Thanks for the opportunity to provide input.
I am not a registered engineer or architect, just as you are not, and I have no business designing buildings. In fact State law prohibits non-registrants from doing this type of work. ADHS does not employ registered engineer or architects that have this expertise, so they should not be specifying materials and design.
see above
R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver F. Except as provided in subsection (G), to apply for a registry identification card, a qualifying patient shall submit to the Department the following: 6. If the qualifying patient is designating a caregiver, the following in a Department-provided format: l. Copies of the designated caregiver's: i. Current CPR certification and; ii. Current basic First Aid certification; and m. A copy of the designated caregiver's Direct Care Professional Certificate; and n. A copy of the designated caregiver's negative TB skin test or x-ray results; and R9-17-203. Amending a Qualifying Patient's or Designated Caregiver's Registry Identification Card A. To add a designated caregiver or to request a change of a qualifying patient's designated caregiver, the qualifying patient shall submit to the Department the following: 1. An application in a Department-provided format that includes: l. Copies of the designated caregiver's: i. Current CPR certification; and ii. Current basic First Aid certification; and m. A copy of the designated caregiver's Direct Care Professional Certificate; and n. A copy of the designated caregiver's negative TB skin test or x-ray results; and R9-17-204. Renewing a Qualifying Patient's or Designated Caregiver's Registry Identification Card A. Except for a qualifying patient who is under 18 years of age, to renew a qualifying patient's registry identification card, the qualifying patient shall submit the following to the

Department at least 30 calendar days before the expiration date of the qualifying patient's registry identification card: 5. If the qualifying patient is designating a caregiver or if the qualifying patient's designated caregiver's registry identification card has the same expiration date as the qualifying patient's registry identification card: l. Copies of the designated caregiver's: i. Current CPR certification; and ii. Current basic First Aid certification; and m. A copy of the designated caregiver's Direct Care Professional Certificate; and n. A copy of the designated caregiver's negative TB skin test or x-ray results; and R9-17-102. Fees An applicant submitting an application to the Department shall submit the following nonrefundable fees: 6. For renewing a registry identification card for a a. Qualifying patient, \$30; b. Designated caregiver, \$40; and c. Dispensary agent, \$40; Remove: R9-17-106B(a),(b), (c), and (d), UNLESS the public hearing has qualified the petitioning patient and is used as record for precedent for other patients with the same or similar medical condition. If the patient is denied qualification for medical marijuana, the patient should not also be subject to loss of privacy with regard to the patient's denied medical condition. R9-17-106. Adding a Debilitating Medical Condition B. The Department shall: 4. If applicable: a. Schedule a public hearing to discuss the request; b. Provide public notice of the public hearing by submitting a Notice of Public Information to the Office of the Secretary of State, for publication in the Arizona Administrative Register, at least 30 calendar days before the date of the public hearing; c. Post a copy of the request on the Department's website for public comment at least 30 calendar days before the date of the public hearing; and d. Hold a public hearing no more than 150 calendar days after receiving the request; and Remove: R9-17-106 C. An individual submitting a request for the addition of a medical condition to the list of the debilitating medical condition shall submit the request in January or in July of each calendar year.

Dispensary owners must have a 7 year residency in the State of Arizona from the current date 2011 counting back 7 years ( i.e. 2004-2011). Notes: 1) Qualified Example: applicant has a 7 year residency in the State of Arizona from 2004 to current 2011. 2) Disqualified Example: applicant lived in Arizona for 7 years from 1980 to 1987. Then moved and returned back to Arizona in 2009 to current 2011.

R9-17-318. Physical Plant C. 1 c. A sink with hot and cold running water;

Delete R9-17-307. C in its entirety and renumber accordingly.

Remove the mandatory log record. The patient will feel they have to use appropriate words, if they are not written down or they write the wrong words, their privileges will be revoked. The sole purpose of the log should be to treat the interactions or side effects that may be encountered with Marijuana. Don't treat it like a parole report, these are truly physically sick people and may not be



able to provide this data and believe they can. Why not state, please write down what you are feel over the course of a month, and have you experienced and ill effects so we may be able use this medication. Show an interest, not contempt.

For the outside growing area "A lockable gate" For the doctors qualification "A doctor that has not had a year long prior relationship can recommend the use of medicinal marijuana for a patient if said doctor has been provided with a comprehensive patient medical file and finds the patient to qualify"

already stated to lower the time frame and to only have one docotor to reccomend

JUST STOP POT SHOPS AND MAKE \$ / PAY THE TAX

There should be a licensing option for facilities that wish to test medical marijuana samples for cannabinoid content, mold and spore counts, and/or pesticides.

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. [REDACTED]

36-2804.02. Registration of qualifying patients and designated caregivers A. A QUALIFYING PATIENT MAY APPLY TO THE DEPARTMENT FOR A REGISTRY IDENTIFICATION CARD BY SUBMITTING: 1. WRITTEN CERTIFICATION ISSUED BY A PHYSICIAN WITHIN THE NINETY DAYS IMMEDIATELY PRECEDING THE DATE OF APPLICATION. 2. THE APPLICATION FEE. If I am reading this correctly, you are going to charge an application fee to a patient. I don't think the patients should be charged an application fee. I would venture to bet that most patients have exhausted most of their monies on traditional methods trying to fight their ailments. (ie cancer) They may not even have medical insurance any longer. If an application fee has to be incurred by the patient it should be VERY nominal and the language should state that. We did not vote this in for gov. agencies to make a killing on application fees but to help those who have tried other avenues and those avenues are not successful for them.

R9-17-102 5. For a registry identification card for a: a. Qualifying patient; \$150; CHANGE TO \$25 b. Designated caregiver, \$200; and CHANGE TO \$25 c. Dispensary agent, \$200; CHANGE TO \$25 6. For renewing a registry identification card for a a. Qualifying patient, \$150; CHANGE TO \$10 b. Designated caregiver, \$200; and CHANGE TO \$10 c. Dispensary agent, \$200; CHANGE TO \$10 7. For amending or changing a registry identification card, \$10; and 8. For requesting a replacement registry identification card, \$10. Possibly add something about reassessing the fees to ensure the program pays for itself annually. As the goal of the state is not to make money off this program, it is for it to pay for itself and not be a burden/debt to the state.

- R9-17-302.B.5 discusses "certificate of occupancy or other documentation issued by the local jurisdiction." Does this imply the Department of Health Services expects someone to have a location already secured. This seems very questionable especially c

I suggest removing R9-17-310 altogether. The portion about educational materials is good but should not require a staffed medical director. I believe the dispensaries should work with a medical doctor to create the materials and maintain them, but that would not require a full/part time staffed position. So I would suggest putting the education materials part in another section or new section.

- In section R9-17-302, B. 15, it specifies that "A registered pharmacist will be onsite or on-call during regular business hours". Since this requirement is not mentioned in any other location in the Draft Rules, is this a correct statement or is this t

Quads and paralegics should be specifically mentioned as qualifying.

If you qualify, you can get it from any dispensary

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.

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.

PLEASE PLACE A STRIKE OUT LINE THROUGH EVERYTHING. REMOVED, DELETED, NEGATED, NOT APPLICABLE, DISREGARD, UNCONSTITUTIONAL ARE ALL GOOD WORDS TO PUT IN FRONT OF EVERY RULE.

Please consider changing the term "entity" as defined to "person." The term "person" is used throughout your suggested rules, but is not a defined term, while "entity" is infrequently used in your rules. I think you are trying to be as broad as possible when you use the term "person" in your rules, but your use does not do that.

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.

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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 rulemaking. 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.

1. Demonstration of Financial Securityâ€”Surety Bond For the reasons discussed above we believe the following language should be added to the Surety Bond requirement in R9-17-302(B)(1)(f): Or other equivalent demonstration of Financial Security such as a letter of credit or equivalent cash deposit in an escrow account. 2. Dispensary Application Requirementsâ€”Zoning Approval As discussed above we believe the zoning approval/certificate of occupancy requirement should be modified with the following language: Revised R9-17-302 (B)(5): An official statement or other documentation from the city, town or county in which the Dispensary would be located indicating that for the proposed Dispensary and, if applicable, the Dispensaryâ€™s cultivation site, applicant has obtained or is in compliance with the local zoning restrictions, including but not limited to appropriate zoning and use permits, but not including design review, building safety review, build out/certificate

of occupancy permits, business licensing, and any other administrative approvals that would normally occur in order to perform final improvements prior to operating. Omit R9-17-302 (B)(6) The same changes should be made for R9-17-304 (A)(2) and (3) concerning a change in location of a Dispensary of cultivation site, as follows: Revised R9-17-304 (A)(2): An official statement or other documentation from the city, town or county in which the Dispensary would be located indicating that for the proposed Dispensary and, if applicable, the Dispensary's cultivation site, applicant has obtained or is in compliance with the local zoning restrictions, including but not limited to appropriate zoning and use permits, but not including design review, building safety review, build out/certificate of occupancy permits, business licensing, and any other administrative approvals that would normally occur in order to perform final improvements prior to operating. Omit R9-17-304 (A)(3) 3. Medical Director Qualification's Naturopathic Doctors For the reasons identified below the following language to include Naturopathic Doctors should be included in the definition of a Medical Director in R9-17-101(15) to read as follows: "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, a doctor of naturopathic medicine who holds a valid and existing license to practice naturopathic medicine pursuant to A.R.S. Title 32, Chapter 14 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." 4. Ensuring Secure Patient Access--Biometrics In order to be 100% certain that those purchasing MMJ are indeed authorized to do so, we believe that DHS should require biometric verification of patient identity prior to dispensing medicine by amending 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;" 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. 5. Cultivation's 70/30 Split Requirement To avoid the unintended consequences of this requirement Rule R9-17-307(C) should be deleted. 6. Cultivation Facility Requirements--Greenhouses To allow cultivation facilities to utilize our vast natural solar resource thereby preventing waste. The definition of "Enclosed" should be altered to specifically allow secure greenhouse facilities. 7. Product Testing The only way to ensure that patients are able to have access to safe and effective medicine is to require cultivators to test their MMJ for contaminants, THC levels and cannabinoid profiles. Without this information, patients will have no way of knowing what they are getting. The Rules should be modified to include these requirements by adding them to the labeling provisions in R9-17-314(A): 1. THC percentage 2. Cannabinoid profile 3. Results of lab tests for mold and pesticides 4. Verification of any "organic" claims 8. Employee Education DHS should require dispensary agents to be educated in at least MMJ basics via a reputable institution. Therefore R9-17-308 should be modified to include: Documentation of whether the dispensary agent has attended or is enrolled in an approved/accredited educational institution for medical marijuana education.


I have a qualifying disability. Yesterday my doctor advised me that he is not allowed to make a medical marijuana recommendation due to his clinic's policies. It is the largest clinic in northern Arizona and is the only service provider in many of the small rural communities. My insurance will not allow me to see anyone else. I need to keep my physician but I also need medical marijuana. Please allow me to keep my physician but also see another physician for a recommendation.

See the [REDACTED] suggestions.

Yes: "Those that would wish to impart evil upon our land, in our schools and our children will perish, for we will destroy them and the places that they hide."

1. AZDHS must allow the patient/caregiver to grow if the patient's home is more than 25 miles from a dispensary, and individual grows cannot be allowed if the patient lives within 25 miles of a dispensary. The initiative does not reference where the caregiver resides. The caregiver could reside next door to a dispensary. Therefore, it would follow that if the caregiver resides within the 25-mile radius there is no need for him/her to grow as access is readily available. 2. Since I live in a rural area, I really feel strongly that AZDHS should minimize the ability to "home-grow" as this creates a huge potential for misuse and crime. Therefore I urge AZDHS to strategically license dispensaries to encompass as much geographic area of the state as possible. 3. As with other medication, marijuana should be kept in properly labeled and sealed and child-proof containers so that they are safe from young children. This should be the case in either the smokeable or eatable form. For example, eatable brownies put children at risk unless they are properly contained. 4. The initiative calls for marijuana that is being grown or sold to be in a locked facility. However, once it is in the hands of the caregiver or patient, there is no requirement to keep marijuana secure. It can be stored on the kitchen table. Therefore, some requirement should be made to keep the marijuana in a secure-locked closet, room, container, etc. 5. Require that sale of marijuana be conducted in person. No automated sales.

Working on this now...

Summary The department has a duty to facilitate "not subvert" the law. Consistent with the Arizona Medical Marijuana Act, the department must acknowledge that patients have rights to choose their care and their providers. The department has a duty to ensure that compassionate and talented providers who do not have millions of dollars to gamble are awarded licenses. The department has a duty to promulgate compassionate and reasonable regulations.

No. However we have a specific suggestion for an amendment. The Rules should be amended by completely removing R9-17-307 (C).

The only error in language... 15. Whether: a. A (CHANGE registered pharmacist to medical director) will be onsite or on-call during regular business hours; b. The dispensary will provide information about the importance of physical activity and nutrition onsite; c. (DELETE Whether) the dispensary has or has not incorporated; and d. (DELETE Whether) the dispensary has a surety bond and, if so, how much; and

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.

Unfortunately, the lawyer on my team has been out of the country for the entire draft comment period. We hope to provide some useful language in the January 31st - February 18th comment period. Apologies as this is something I very much wanted to do.

Let people get treatment if they are ill

A barrier wall 8 feet high with razor wire around the top surrounding a greenhouse...

The 25 mile cultivation clause does not mean that marijuana can not be cultivated in less distance to a dispensary. This is sabotage for the poor people that want to get off alcohol and prescription drugs. The 25 mile clause says that a patient can grow marijuana at that distance but that sentence does not preclude a closer more realistic option for people that want to grow their own medicine. The distance to an expensive and dangerous dispensary where you are put at risk by being forced to go to only adds to the danger and expense of acquiring medical marijuana. This is a sweetheart deal for the rich cats that want to get into the marijuana business but does nothing for sick people.

DHS may delegate inspection of dispensaries to local authorities. Add R9-17-306(H): "The Department may delegate its authority under this section to local authority pursuant to A.R.S. 36-

136.â€ Modify R9-17-306(C) as follows: â€Except as provided in subsection (E), routine on-site inspection of a dispensary shall occur no earlier than 24 hours after the Department submits written notice of the Departmentâ€™s intent to inspect the dispensary. Routine inspections under this subsection shall occur during the dispensaryâ€™s normal business hoursâ€ Add to R9-17-314(A)(7): â€The marijuana shall be dispensed in a sealed container approved by the Department. The containers shall contain a bar code or other computerized tracking system approved by the Department.â€ Modify R9-17-102(5)(b) and (6)(b) as follows: â€Designated Caregiver, \$200 per patient for which caregiving services are provided.â€ Caregivers must be limited to how many "medical" marijuana patients they see and must have a bona-fide doctor-patient relationship established. No more than 30 patients. The medical professional should be required to revoke if they havenâ€™t seen the patient within 3 months. Just as other federal controlled substances must be only given out for 30 days, this, too, should be regulated 3. Caregivers, Cardholders and Dispensary Agents must be residents of Arizona and must possess an Arizona driverâ€™s license or identification card. (a) Strike R9-17-105(F) (b) Strike R9-17-107(F)(1)(d)(iv) (c) Strike R9-17-202(F)(2)(d) (d) Strike R9-17-202(F)(6)(i)(iv) (e) Strike R9-17-202(G)(6)(d) (f) Strike R9-17-203(A)(2)(i)(c) (g) Strike R9-17-204(A)(5)(f)(iv) (h) Strike R9-17-308(5)(d)

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 donâ€™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 donâ€™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 (driverâ€™s license) like you would have to at a bar to get served.

An HIV / AIDS person should have documented wasting (10% of lean body weight in the past 3 - 6 months or whatever wasting definition is appropriate), have severe, documented peripheral neuropathy pain syndrome. A diagnosis of HIV / AIDS DOES NOT imply need for marijuana.



Removal of the attempt to define a patient-doctor relationship. Much of what is in this section is not the authority of DHS to regulate or define.

As a physician, I find your rules alarming. The POOR need to be considered. Do not make it hard for those patients in NEED to procure medical marijuana. In many cases it is more effective and less dangerous than pain pills. Make application fees low, make dispensary costs low. Make it easy for the patient to get a doctor. It is up to the doctor, not the patient, not the AZ Health Dept., to determine whether a patient should have medical marijuana.

R9-17-102 section 18 c viii. Where smoking tobacco is allowed. R9-17-102 section 20. "Working day" means the period from 8am-10pm on a Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. On Sunday means the period from 10am-3pm. R9-17-204 A to renew a qualifying patient's registry identification card, the qualifying patient shall submit the following to the Department at least 7 calendar days before the expiration date of the qualifying patient's registry identification card: ( 30 days is to long of a time to renew your card, as long as it is renewed before the expiration date should be fine) R9-17-204 A 4. A physician's written certification in a Department-provided format dated within 30 calendar days before the submission. ( 90 days is way to long for patients to wait) R9-17-204 A 4.e.i Has a professional relationship with the qualifying patient that has existed for at least 30 calendar days and the physician has seen or assessed the qualifying patient on at least 2 visits for the qualifying patient's debilitating medical condition during the course of the professional relationship

Article 2 R9-17-201 14. Or, whenever the available pharmaceutical medications or treatment for the above conditions have side effects that are more harmful to the patient's health than marijuana treatment. (patients should maintain the right to choose the least harmful treatment for their condition) R9-17-201 g. (append) ... as well as the benefits and risks of alternative pharmaceutical drugs.

The "activities of daily living" definition should also include working, shopping, and traveling. The "ongoing" definition should be removed.

Things just need to be reviewed and areas rewrote and understand that some areas your crossing the law. The Health Department is to over see things to a point We have laws in place so everyone needs to follow them. I think with some review that this can be put together and this can come together and operate fine Please remember that there are everyday working hard people that were born and

raised in Arizona trying to get dispensaries to make this program work correctly for everyone.

Overall, it is full of encumbered regulations and unnecessary rules. Please clean this up and make it more about the patient instead of about the business. If you don't, people won't be bothered with the dispensaries and the black market will reign.

"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 naturopathic medicine who holds a valid and existing license to practice naturopathic medicine pursuant to A.R.S. Title 32, Chapter 14 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

see above

- R9-17-302.B.5 discusses "certificate of occupancy or other documentation issued by the local jurisdiction." Does this imply the Department of Health Services expects someone to have a location already secured. This seems very questionable especially c

Medical marijuana dispensaries supplying marijuana used for infusion shall submit samples for laboratory analysis every 90 days to ensure wholesomeness of the food product. The laboratory performing the analysis shall be capable of detecting pesticides, fungicides and other toxic chemicals injurious to human health. Medical marijuana dispensaries shall grow all marijuana used for infusion and shall not be permitted to obtain marijuana from other sources for the purposes of infusion. The cost of all the analysis performed shall be the responsibility for the medical marijuana dispensary. The medical marijuana dispensary shall supply a list of all additives applied to the marijuana while growing and subsequent to harvesting to prospective customers. The additives shall also be posted in the medical marijuana dispensary, in a conspicuous place, for public inspection.

Cleaning requirements for storage vessels and equipment/machinery causes an undue burden. The language could be improved by including that such cleaning be performed "before use/contact with usable marijuana". Inspections of designated caregiver facilities should be better defined for regulatory purposes. The timeline provided for audits of financial records does not allow for a dispensary to submit a full years financial statements for re-certification after the first year of business.

R9-17-101 # 6 Cultivation site means the one additional location BESIDES THE DISPENSARY where marijuana will be cultivated by and for the dispensary.

â€¢ In R9-17-301, the draft rules allow a dispensary entity to be an individual, LLC, partnership, etc and in R9-17-302. B 13, the dispensary business plan is required to â€œdemonstrate the on-going viability of the dispensary as a non-profit organizationâ€œ. Please consider revising this verbiage to â€œan entity that operates on a not-for profit basisâ€œ. In short, some additional clarity is really needed in the area of permissible entity structures. â€¢ In R9-17-313 B 3a, please consider rewording this and other sections that refer to growing methods to read, â€œThe strain of marijuana and growing method.â€œ As you are probably aware, marijuana is commonly vegetatively-propagated using a method called â€œcloningâ€œ. With clones, the date that the mother plantâ€™s seed was sown is irrelevant. Many hybrid strains are only available as clones as their genetics are not stable. Unless there is an option for â€œnoneâ€œ, it is misleading to require that the type of soil be recorded as marijuana is commonly grown hydroponically, without soil. In this case, the watering schedule is not really needed. In a hydroponic setting, water is constantly supplied to the root system. â€¢ In R9-17-317 A 1, Please consider rewording this to add color that ensures proper, not daily, disposal of waste materials.

The entire draft needs to be revised. It does not allow access to medical marijuana as the statute THAT THE PEOPLE OF ARIZONA voted in.

Patients should be allowed to cultivate either 24 plants 1'x1'x1' or 12 plants as big as they want.

The security section should be the same requirements as any pharmacy.

16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship has existed for at least three months and the physician has seen or assessed the patient on at least two visits for the patient's debilitating medical condition during the course of the physician-patient relationship;

See above info

See above
See [REDACTED] recommendations
Correct the definitions: In the original proposition voted on by AZ residents, physician included NMD's and HMD'S. This draft seems to manipulate the definitions and intent of AZ law to selfishly exclude the extremely beneficially state approved benefits of alternative medicine. It appears as though they conveniently omitted chapter 14 and 29. How sneaky and self serving!!!!!!!!!!
No
R9-17-302 Each principal officer board member or person's with financial interest in or a dispensary is an Arizona Resident and has been for the two years immediately preceding the date the dispensary submits a dispensary certificate application. (Key wording "with financial interest")
R9-17-101. Definitions 16. "Ongoing" when used in connection with a physician-patient relationship means: a. The physician-patient relationship where the debilitating medical has been assessed
None
* A patient must pay \$150 each year for an identification card, and a designated caregiver, \$200. There does not appear to be a sliding scale or lower cost card available for low-income patients, as most other states have. We suggest reducing the fee for patients receiving SSI, SSDI, or Medicaid benefits. * A dispensary may provide only 30% of its cultivated marijuana to other registered dispensaries and may acquire only 30% of its own marijuana supply from other registered dispensaries. This is very problematic and not in the best interests of patients, as it will likely create acute shortages in rural areas and drive costs up. Those patients within 25 miles of a rural dispensary unable to meet demand will have no secondary option for safe access to their medicine. Please submit comments asking DHS to create an open wholesale relationship between dispensaries. This will assure consistent supply to rural Arizona, easy access for all qualifying patients, and lower costs due to increased competition of organizations trying to meet demand. * A patient's Arizona physician must either 1) have been treating that patient for the debilitating medical condition for at least a year that included at least four visits, or 2) have taken primary responsibility for the care of the

debilitating medical condition after compiling a medical history, conducting a comprehensive exam, and reviewing medical records. This provision is stricter than in most of the medical marijuana states, but does not appear designed to prevent a seriously ill patient with a demonstrable debilitating medical condition from getting a written certification. It may make it impossible for some veterans to qualify, because Veterans Administration Hospital doctors do not issue recommendations.

R9-17-307. Administration A. A dispensary shall: 1. Develop, document, and implement policies and procedures regarding: a. Job descriptions and employment contracts, including personnel duties, authority, responsibilities, and qualifications; personnel supervision; training in and adherence to confidentiality requirements; periodic performance evaluations; and disciplinary actions; b. Business records, including manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers; c. Inventory control, including tracking, packaging, accepting marijuana from qualifying patients and designated caregivers, and disposing of unusable marijuana; d. Qualifying patient records, including purchases, denial of sale, delivery options, if any, confidentiality, and retention; e. Patient education and support. Information collection will be handled by the Department of Health by a survey. Questions to be determined by a State sponsored Medical Research Panel from the University of Arizona and Arizona State 2. Maintain copies of the policies and procedures at the dispensary and provide copies to the Department for review upon request; 3. Not allow an individual who does not possess a dispensary agent registry identification card issued under the dispensary registration certificate to: a. Serve as a principal officer or board member for the dispensary, b. Be employed by the dispensary, c. Have access to medical marijuana at a food establishment contracted to infuse medical marijuana into edible food products for the dispensary; or d. Provide volunteer services at or on behalf of the dispensary; and 4. Provide written notice to the Department, including the date of the event within ten days after the date, when a dispensary agent no longer: a. Serves as a principal officer or board member for the dispensary, b. Is employed by the dispensary, c. Has access to medical marijuana at a food establishment contracted to infuse medical marijuana into edible food products for the dispensary, or d. Provides volunteer services at or on behalf of the dispensary. B. Except as provided in subsection (C), a dispensary shall cultivate the medical marijuana dispensed by the dispensary in an enclosed, locked facility. 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.

Define more clearly what are "edibles" and what oral agents are considered pharmaceuticals.

None

A registration packet for a dispensary is not complete until the applicant provides the Department with written notice that the dispensary is ready for an inspection by the Department. The application process for a dispensary is a two step process. Step One is the application process, as outlined in the draft under R9-17-302. Applying for a Dispensary Registration Certificate with the following changes. 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. B. To register and obtain a certificate for a dispensary, a person shall submit to the Department the following: 1. An application in a Department-provided format that includes: a. The legal name of the dispensary; b. The physical address of the dispensary; c. The name of the person applying; d. The name of the individual designated to submit dispensary agent applications on behalf of the dispensary; e. The name, address, and date of birth of each: i. Principal officer, ii. Board member, and iii. Dispensary agent; f. Whether a principal officer or board member: i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked; ii. Is a physician currently making qualifying patient recommendations; iii. Has not provided a surety bond or filed any tax return with a taxing agency; iv. Has unpaid taxes, interest, or penalties due to a governmental agency; v. Has an unpaid judgment due to a governmental agency; vi. Is in default on a government-issued student loan; vii. Failed to pay court-ordered child support; viii. Is a law enforcement officer; or ix. Is employed by or a contractor of the Department; g. Whether the dispensary agrees to allow the Department to submit supplemental requests for information; h. The dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department, 120 days from the date of issuance of the temporary Dispensary Registration Certificate. i. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and j. The signature of the individual or individuals in R9-17-301 and date signed; 2. If the person applying is one of the business organizations in R9-17-301(2) through (7), the following: a. The name of the business organization; b. The name and title of each principal officer and board member; and c. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable; 3. For each principal officer and board member: a. An attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. Â§ 36-2801; b. 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; c. For the Department's criminal records check authorized in A.R.S. Â§ 36-2804.05: i. The principal officer's or board member's fingerprints in a Department-provided format that includes the principal officer's or board member's name, date of birth, social security number, and fingerprints; or ii. If the fingerprints and information required in subsection (B)(3)(c)(i) were submitted as part of an application for a designated caregiver or a dispensary agent to the Department within the last six months, the registry identification number on the registry identification card issued to the principal officer or board member as a result of the application; and d. A copy of one of the following

containing the principal officer's or board member's name and current residence address: i. A non-expired Arizona driver's license; ii. A non-expired Arizona identification card; iii. A current lease agreement; iv. A mortgage statement for the most recent tax year; v. A tax statement issued by a governmental entity for the most recent tax year; vi. A utility bill dated within 60 calendar days before the date of the dispensary application; vii. A paycheck or statement of direct deposit issued by an employer dated within 60 calendar days before the date of the dispensary application; viii. Current motor vehicle, life, or health insurance policy; or ix. Any other document that demonstrates that the principal officer or board member is an Arizona resident; 4. Policies and procedures that comply with the requirements in this Chapter for: a. Inventory control, b. Qualifying patient recordkeeping, c. Security, and d. Patient education and support; 5. Upon receipt of a temporary Dispensary Registration Certificate, the applicant will provide within 120 days 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; 6. Upon receipt of a temporary Dispensary Registration Certificate, the applicant will provide within 120 days 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; 7. The applicable fee in R9-17-102 for applying for an initial registration of a dispensary. Step Two in the R9-17-302. Applying for a Dispensary Registration Certificate should include the following sections of the draft. R9-17-302. Applying for a Dispensary Registration Certificate B.-1.-h. The dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department, 120 days from the date of issuance of the temporary Dispensary Registration Certificate. and R9-17-302. Applying for a Dispensary Registration Certificate B.-5. Upon receipt of a temporary Dispensary Registration Certificate, the applicant will provide within 120 days 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. and R9-17-302. Applying for a Dispensary Registration Certificate B.-6. Upon receipt of a temporary Dispensary Registration Certificate, the applicant will provide within 120 days 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 main.

25 mile rule: DRIVING DISTANCE

“The definition of “Medical Director” should include Naturopathic Physicians, as defined in A.R.S. Title 32, Chapter 14. Naturopathic Doctors are licensed primary care physicians. They have pharmaceutical prescription privileges, and are covered by many insurances here in Arizona.”

Respect the original Proposition 203 definition of "Physician" that was passed by the majority of Arizona voters. Please refer to the Original definition of "Physician" in Prop 203. Thank You for honoring the original Prop 203 that was voted on and passed in our wonderful state of ARIZONA.

Respect the original Proposition 203 definition of "Physician" that was passed by the majority of Arizona voters. Please refer to the Original definition of "Physician" in Prop 203. Thank You for honoring the original Prop 203 that was voted on and passed in our wonderful state of ARIZONA.

Delete the definition of "ongoing" and "physician-patient relationship" from the "definitions" and any subsequent requirements related to doctor certifications or approval of registration of a qualifying patient.

No. I have never written anything like this. I'm sure you could hire a lawyer to help you, such as [REDACTED]. His website is [REDACTED] and his phone number is [REDACTED]. His office is in Chandler, but I am sure he would be thrilled to help you.

06 January 2011 [REDACTED]

Dear Mr. Humble, et al: Please consider the following comments with respect to the 47 pages of proposed regulations for the Medical Marijuana Program as described in your document of 17 December 2010. I write only on my own behalf, and do not represent any other person or group. First, I read the text of your proposed regulations a few hours after it was posted. Then I printed it out and laid it aside for some weeks. Frankly, my initial reaction was that this was a document written by a committee of bureaucrats whose primary agenda was not the welfare of the sick and suffering. Rather that agenda was (and remains) primarily the maintenance of the status quo with respect to the prohibition of cannabis. My initial impression has since expanded in scope. I read with some interest the feedback from Dr. Suter, which you have no doubt seen as well. Briefly, I agree with him entirely. So, I won't recapitulate his critique. I will offer a little of my own criticism. I noted particularly on further examination your inclusion of a number of clauses that reference the citizenship status of applicants for cards. Now why might this have been suggested? Always a fan of Occam's Razor, I infer that this reflects the current vile Republican obsession with and exploitation of the Mexican immigration issue. Shame on you. Call it what you will, I call it racism, pure and simple. While on the subject of Republicans and Republican politics, I would also observe that many Republicans make great political hay out of opposing burdensome rules and regulations for business. Yet what do we find here in your proposed regulations? I know you guessed that much: burdensome rules and regulations. As an aside, this is largely why I don't vote Republican: because they talk a good line about freedom, but deliver mostly hypocrisy. I'll further note that while I am not a devotee of naturopathy or naturopathic physicians, Proposition 203 as passed did allow for NMDs to issue recommendations. This should be allowed, and you have no authority to prohibit. So, to sum up, your agenda is transparent. This agenda has little to do with the public welfare, and certainly nothing to do with freedom. It is straight out of early 20th century progressivism: idealism distorted by a peculiar world view and manifest first in the Harrison Act, then the Volstead Act, and later by a succession of laws devoted to the oppression of hated minorities by the application of laws allegedly devoted to the public health. Mr. Humble, one of my mentors once impressed upon me the value of brevity and clarity in writing. Do yourself and the rest of us a favor. Pare those 47 pages down to 5. The rest is horse crap. Thank you for your time and consideration. Sincerely, [REDACTED]

P.S. In the interests of full disclosure, you might as well know that while I am not one of the engineers of Prop 203, I was one of its early supporters. I have been a member and backer of



several organizations concerned with drug law reform during the past three decades. cc: [REDACTED]  
[REDACTED]

R9-17-315. Big Brother Monitoring and Invasion of Privacy Surveillance Since all items listed in this section are mandatory and not voluntary this section should be retitled to truly represent the intention.

arthritis, fibromyalgia, stomach problems, nausea, anxiety, high blood pressure, stress

rewrite the drafts and treat it as a prescribed medication instead of an illegal activity - I expect more from those who have a Dr title in front of their name.

The Department of Health could state somewhere that if the rules are not followed that Criminal action against a person could happen.

R9-17-109 DUTY TO REPORT/DISCLOSE A. All holders of Registry Identification Cards must notify the department within 10 days of being convicted of a violent crime according to ARS 13-901.03 and/or convicted of a controlled substance law according to ARS 36-2801. R9-17-202(F)(6)(f) An attestation signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and proof that any offenses reported in his/her criminal history are not excluded offenses. (i) Applicant has the burden of proof to determine that each offense reported in his/her criminal history is not an excluded offense, and (ii) Applicant must provide copies of official police and court records showing the date of disposition and the final disposition for each offense reported as a result of providing their fingerprint results. (iii) All applications are considered administratively incomplete if offenses are reported without the records required in R9-17-202(F)(6)(b). Applicant understands his/her application or renewal may be denied without providing official records the department has determined are sufficient to meet requirements for obtaining a Registry Identification Card. R9-17-202(G)(3) An attestation signed and dated by the qualifying patient's custodial parent or legal guardian that the qualifying patient's custodial parent or legal guardian has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and proof that any offenses reported in his/her criminal history are not excluded offenses. (a) Applicant has the burden of proof to determine that each offense reported in his/her criminal history is not an excluded offense, and (b) Applicant must provide copies of official police and court records showing the date of disposition and the final disposition for each offense reported as a result of providing their fingerprint results. (c) All applications are considered administratively incomplete if offenses are reported without the records required in R9-17-202(F)(6)(b). Applicant understands his/her application or renewal may be denied without providing official records the department has determined are sufficient to meet requirements for obtaining a Registry Identification Card. R9-17-302(B) (3) For each principal officer and board member: a. An attestation signed and dated by the

principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. Â§ 36-2801; and proof that any offenses reported in his/her criminal history are not excluded offenses. (i) Applicant has the burden of proof to determine that each offense reported in his/her criminal history is not an excluded offense, and (ii) Applicant must provide copies of official police and court records showing the date of disposition and the final disposition for each offense reported as a result of providing their fingerprint results. (ii) All applications are considered administratively incomplete if offenses are reported without the records required in R9-17-202(F)(6)(b). Applicant understands his/her application or renewal may be denied without providing official records the department has determined are sufficient to meet requirements for obtaining a Registry Identification Card.

Eliminate all the political angling in the proposal and treat Marijuana as you would any other medicine. The voters have decided TWICE and you aren't listening. Use common sense.

Use precise wording and clear directives.

If we are in the State of Arizona, we should comply with Title 10 of incorporating within this state. Can you imagine if every Company or Corporation was able to Incorporate differently just because of its line of work. Page 17 of the Initiative states "is NOT" required to incorporate pursuant to Title 10 Didn't this ██████████ work for the Corporation Commissioner at one time? He is the Chairman of AZ Med MJ Policy project. I appreciate the Voters of Arizona spoke about this Health Matter, but these organizers have held fund raising events that have not been open to the Public. They insinuate that they have an inside track.

Google [URL=http://google.com]google[/URL]
In section 3 for cultivation A Type of soil used? Do you mean type of growing medium? You are asking if soil or hydro? If you are, it should be growing medium..... Seems a little silly to be so anal about the medicine inventory, when drying/curing will make the weight evaporate
Incorporate the changes in the above where needed.
The draft of the rules is not clear as to whether or not a Dispensary can have both the grow site and dispensary at the same physical location. At what point in the process do the City and Town regulatory agencies come into play? Where are the notations in the rules which mention whose rules take precedence? Can a local jurisdiction prevent a State licensed dispensary from opening in their jurisdiction? From what vendor/agency is the Dispensary to purchase their initial inventory? The preliminary rules state that the dispensary may only purchase or sell 30% of their inventory. How do they acquire the initial inventory and if using their own grow site, how do they legally obtain the seeds to start?
No.
A statement, initialed by the physician, that the physician: i. Has a professional relationship with the qualifying patient for treatment of a debilitating medical condition which includes a complete medical history and physical exam. ii. That they have provided care for the debilitating medical condition for a 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; or iii. That the physician has determined that it would be unreasonable for a patient to wait for treatment to begin because of the patient's life expectancy and or acute nature of their debilitating medical condition.
Please expand the definition of "Medical Director" as found in Section R9-17-101(15) to read as follows: "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, a doctor of naturopathic medicine who holds a valid and existing license to practice naturopathic medicine pursuant to A.R.S. Title 32, Chapter 14 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."

I leave the appropriate language to you.

pricing card cost and smoking areas u figure it out

make changes to the smoking areas. outdoors hotels any designated smoking area should be fine. all adults in there anyways. and its not like everybody will be in there smoking pot anyways get real. we passed it stop making the rules so hard forus. police have other things to worry about than someone smoking pot. pricing also is a big issue and its no where in the rules or law to protect patients from high cost of medicine.

Section R9-17-307 Administration: Section 1: expand to include the following: Site-specific employee handbooks, Non-compete agreements, random drug testing, workers compensation. and a policy procedure mnual to encompass all other adminstrative and HR functions.