Has anything been left out that should be in the rules?
Open-Ended Response
You forgot to refund the 5000 application fee to dipensary permit applicants that are not approved.!!!!!
Yes but it would take me days to correct the faults of the DHS. and it would be pointless because you wouldn't take any of it into consideration.
Local governments should be the final arbiters about who is able to establich dispensaries in rural districts.
1. DHS should require geographic dispersion of dispensaries. Please place dispensaries so that fewer individuals are allowed to grow their own marijuana. 2. DHS may delegate inspection of dispensaries to local authorities. Please allow our local authorities to keep our community protected. 3. Reasonable notice of routine inspections should be only 24 hours. This will insure the dispensary is following guidelines. 4. Dispensaries should be required to file public reports providing information on the number of customers, marijuana sales volume, and financial status of the dispensary. (The dispensary need not reveal specific information about individual customers, but 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.) 5. Caregivers, Cardholders and Dispensary Agents must be residents of Arizona and must possess an Arizona driver's license or identification card. (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. Please require that patients, caregivers, and dispensing agents should be required to prove they are citizens of the State of Arizona and the United States of America.) 6. 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. 7. 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. (Impairment is difficult to determine without presumptive standards.) 8. The legislature should impose criminal penalties for smoking marijuana in public. (The initiative forbids smoking marijuana in public, but provides no penalty. Smoking of marijuana in public encourages its illicit use, and exposes marijuana to children. Since marijuana use in public is not authorized by the initiative and is a criminal activity in Arizona, smoking of marijuana in public by a cardholder should be made a serious criminal act.)
Is there any way to determine the time frames for the approval/inspection process for the dispensary. In order to ensure the product's validity, check points should be made for each dispensary to keep an eye on the cultivation process. This will ensure the product is not just shipped in from somewhere where there are no regulations. In order to create a dispensary there should be an inspection process from seed to dispense. And once this is set, a time frame should also be established.
Naturopathic doctors were not included in the definition of "Medical Director". Naturopathic physicians are specially trained in how the body operates as system, and routinely work with naturally occurring herbs and remedies. Thereby Naturopaths are uniquely qualified to work as Medical Directors in MM Dispensaries in this state. We feel that the omission of "Naturopathic Doctors" from the definition of "Medical Director", as stated in the draft rules, is not in the best interest of the State of Arizona and

those patients who will benefit from MM therapies. To incorporate "Naturopathic Doctor" in the definition of "Medical Director" is to allow those with the greatest understanding of how natural remedies impact the body to be available to assist in and oversee the use of MM.
I am unhappy with the "medical" marijuana law and plead for rules that will preclude recreational use.
Please See Above. THANK YOU FOR ALL OF YOUR EFFORTS.
Please See Above. THANK YOU FOR ALL OF YOUR EFFORTS.
Limit out of state interests ability to hire local "puppets" to set up dispensaries for them. When it comes down to it you're going to have to pick your battles, Bankrupting your agency in litigation to have Doctors telling patients what their own Doctor already should have is a non issue. Requiring dispensary owners to be millionaires, when $125-150k will be more than enough to set up and operate a responsible and respectable establishment is in one word: criminal! Aside from walking the line and keeping abuse minimized, the one thing you should fight for is keeping the cali/rado consortium from turning our state into another pothead haven! You know that their motives consist of only two things: greed, and promoting legalization! Just keeping the residency requirement through the process of distributing the initial licenses would eliminate 99% of the riffraff from getting in. Legally defending after that would probably be a waste of money, but it will have already worked for the most part. There are Arizonans that are respectable hard working middle class people that should have the right to benefit from any new industry that is coming here! Alone you might be able to shove us under the carpet, but unless you address the issues we brought up in the improving the draft section we intend to participate in legal action to keep this fair and honest. We realize the [redacted] has their own agenda, but we also agree with more than half of their arguments and unless some revisions are made that address our grievances we will also consider supporting them. Unless you desire to see a pile of lawyers get rich at the expense of our bankrupt state we urge you to carefully reconsider your position on the most heavily contested issues. Bringing this all together won't be easy, but we do wish you luck. I can honestly say this submission is an attempt to help you make the process better for everyone with the best of intentions!
I see a lot of infomation about Patients, Caregivers, and Dispensaries, but I see little information on how employers and law enforcement officers are to adhere to the new laws. Here are two areas that I would like to see address and/or clarified. 1. What is "under the influence"? That needs to be addressed. We have clear limits for What is speeding; there is a speed limit; What is the amount a person can show for alcohol; .08. What type of drugs and their amounts for DOT purposes. There needs to be a limit for what is considered "under the influence" for medical marijuana. We should be looking at Colorado's proposed limits of 5 nanograms. We need this placed in the law now because of the backlash that will happen if we do not. How will employers look at work comp claims; employees who have accidents while driving vehicles or equipment and cause damage to company property, co-workers, the public or themselves. Again, the law gives definitions for all of the other terms, but 'under the influence' has never been address. How is anyone to enforce that part of this law? If there is no clear cut defination of under the infulence, then the courts will be seeing many more cases and those who will win will be the lawyers. In essences, you are telling the employers and law enforcement to enforce the rules, but we will not give you the tools to do so. 2. Employers and Law Enforcement need to have the ability to look into the card registry to see who is a 'eligible card carrying patient or caregiver'. Again, "here's the law, enforce it, work with it; but we won't help you with the tools to work with. It would be no different than using E-Verify. Please get as much of this law as right as you can from the start. Arizona doesn't not need to turn into another CA. Thank you for your time, [redacted]

You need to address the disposal of any product or by-product that is left over. Can a dispensary have more then one (1) grow facility? Can a dispensary also have a kitchen at a seperate location? Can you own more then one dispensary on a license? Can you own more then one (1) dispensary and have the same grow facility for both? For chronic pain, does the patient have to have four visits to the Doctor for accidents where the patient has fallen or gotten into an auto accident and is hurt? I think that the grow facility should not be made public as to keep the potential crime down. I do not believe that nurses should be able to fill this spot, only MD's. How do the dispensaries handle repairs? Plumbing leaks, electrical. Do these people have to be licensed to enter the facility? What happens if the states system goes down, will their be a telephone contact or does the dispensary have to close until the problem is fixed?
"The definition of 'Medical Director' should include Naturopathic Physicians, as defined in A.R.S. Title 32, Chapter 14. I value my naturopathic doctors as much as my western medicine caretakers and believe them to be a medical director of mine. They have pharmaceutical prescription privileges, and are covered by many insurances here in Arizona, and should therefore be able to dispense in addition to refer. Thanks.
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.
"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."
I want to register my extreme displeasure with this legislation, and my wish that those of you writing the regulations will make them as difficult and stringent as the parameters of the legislation permit. The legalization of medical marijuana has been shown to lead to increased marijuana recreational use in other states, and it will happen in Arizona as well. In Colorado, for example, researchers have found that since the legalization of medical marijuana in that state, treatment referrals for marijuana at the Denver Health Medical Center have tripled, "with 83% of the teens who smoke pot daily saying they obtained it from a medical marijuana patient." We should never have legalized medical marijuana. It is nothing more than a smokescreen for legalization of recreational marijuana use. Now that the idiots in our state have legalized it, I implore you to at least follow my suggestions in writing the final draft of the regulations. It is partidularly important to permanently terminate the rights of any qualifying patient who is proven to have dispensed it to anyone else at all. You and I both know that most of the patients will fake symptoms just so they can use pot legally. Let's at least try to make it very tough for them to do so.
How will patients know when a dispensary is within 25 miles of their residences?

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.
ADHS should provide rules that do not duplicate or usurp the responsibilies of other established government subdivisions. ADHS should focus less on preventing recreational use and more on rules that do not interfere with medicine supply, that preserve patient dignity and rules that do not delay or prevent a patient acquiring adequate marijuana to treat their conditins
The Department has failed to include safeguards for dispensary applicants against crippling costs and has failed to provide rules that will ensure that an adequate, reasonably-priced supply of marijuana will not be delayed or prevented by overzealous rules. The Department must take responsibility for allowing dispensaries to supply marijuana under Title 36 without obstruction from its rules.
Not sure but I'm confident you'll get comments if there is something of substance left out.

unhappy with the "medical" marijuana law and plead for rules that will preclude recreational use. 98% of California marijuana "cardholders" are not the terminally ill, or cancer patient - this can be WIDELY abused!
SEE ABOVE
There needs to be strong regulation to prevent recreational use.
Since the teenage drug problem has already begun to include the abuse of prescribed or controlled substances we need to ensure we are keeping this out of the hands of minors. The geographic location needs to ensure it is not near a school, daycare or church.
The rules leave out understanding, appreciation and respect for patients and their doctors presumably because the Department is preoccupied and obsessive about preventing recreational use. Title 36 has adequate intrinsic safeguards
-Driving -Operating Heavy Machinery -Being under the influence of marijuana while at school and work **Especially driving** Please draft up a rule about patients driving with medical marijuana. This greatly frightens me that nothing has been said or included and patients can be very heavily stoned while driving on public roads. Feel free to email me at [redacted] Thank you.
The rules need to make sure our schools remain drug-free zones in order to ensure the protection and safety of the students and teachers
Transporting n delivery service to patient that can't leave home.
As patients apply for medical marijuana services (registry ID cards) via ADHS, procedures should include those used when patients first apply for services from their primary care physician, a medical clinic, or the hospital. Specifically, in their application, patients should provide, at a minimum, their name, age, sex, social security number, address, occupation, and ethnic background. This information helps to uniquely identify the patient. It is the basic information that doctors and medical care systems use to link records when providing care. It is the basic information needed for entering data into protected, advanced medical records systems which are now becoming the norm (the systems save money and improve care). And it constitutes information that ADHS will need for its annual reports that describe the basic characteristics of the state's medical marijuana population base.
HOW DO WE LEGALLY PURCHASE SEEDS? HOW DO WE STORE AND DISPOSE OF WASTE? DO THE GROW FACILITY AND POINT OF SALE NEED TO BE SEPARATE OR UNDER ONE ROOF? THE DISPENSARIES SHOULD BE LOCALLY OWNED, MOM AND POP TYPE BUSINESSES WHICH WOULD MAKE PATIENTS MORE COMFORTABLE AND HELP THE LOCAL ECONOMY. WE ARE ALSO MORE

KNOWLEDGABLE OF LOCAL CHARITIES AND SPECIAL SITUATIONS. KEEP BIG BUSINESS OUT OF SMALL TOWNS.
Do not allow dispensaries to purchase marijuana from ANY source that is not PRE-QUALIFIED. Meaning that the grow areas should be subject to inspection and approval before they can supply "medicinal marijuana". Also, please do not allow them to purchase from illegal grow areas that are out of the state, or country.
What are the specific amounts of medical marijuana that a designated caregiver can cultivate for a qualifying patient?
The rules fail to demonstrate the Department's sensitivity to the needs of patients, by delaying a qualifying patient's registration and thereby obstructing the acquisition medicine and the initiation of treatment as provided by Title 36. Provisions to prevent the delay of acquisition should be held in higher regard. By focusing through a "lens" that is primarily concerned with preventing recreational use the Department does no great service to the regulated community. There is little need to build redundant safeguards against recreational use when Title 36 has many such intrinsic safeguards already.
The draft rule does not address the area of reciprocity with the rest of the states that have decriminalized the medical use of marijuana. A valid prescription for any drug accepted by the FDA is recognized in any of the 50 states and can be filled by any pharmacy. This would include those drugs that have an illegal, (Black Market), trading system - e.g. morphine sulfate. I recommend that language be added to permit dispensaries to provide medical marijuana to persons holding valid recommendations from another state. Arizona is a tourist destination and school destination for many people. It is an unreasonable burden to require all "snow birds" and other temporary visitors to re-qualify in this state. The State of Arizona does not require every visitor from another state to re-qualify for an Arizona Driver's License in order to drive here. When a visitor's status becomes such that am Arizona Driver's License would be required, a Arizona Medical Marijuana Registration would be required.
Yes, please see above "How Can the Draft Rules Be Improved?"
hello.my concern is i am disabled but do drive.my incomeis very limited and i am worried about driving under my current perscription pain meds. i have read other state due allow special grow permits of plots 10x10' for personal consumption. i would prefer to grow my own plants and not worry about the driving and dispencery costs. i would like to see some form of special permit for home growing within the 25 mile rule. for disabled and low income reasons. thank you.
I think the occupancy rules should be changed to 5 years and should be enforced so as to keep out the influences from California and Colorado. Arizona and Arizonians are center of right and expect only law abiding citizens who genuinely care about the sick and believe that marijuana has a place in the medicine cabinet, but not on every street corner.

The Department has left out several important things within the concepts of "Physician-patient relationship" and "Ongoing." Provisions to prevent the delay of acquisition should be held in higher regard. Also, provisions that help to protect doctors and patients from the stigma of marijuana that we all know exists. By focusing through a "lens" that is primarily concerned with preventing recreational use the Department does no great service to the regulated community. There is little need to build redundant safeguards against recreational use when Title 36 has many such intrinsic safeguards already.
See Improved
Suggestions provided above
The Department should focus less on its preoccupation with stopping recreational use and instead look through a lens that helps patients and reduces suffering. Furthermore, through unrealistic regulation the Department may be driving the price of marijuana available from registered dispensaries and force patients back to the criminal market.
No. Aside from our recommendation to delete §R9-17-307(C) because of highly probable detrimental collateral consequences, the draft rules appear to be well thought out and complete.
I am not a user of MM or a user of marijuana for recreational purposes as I do not like the smell, but felt compelled to understand what was going to be implemented for those patients who truly need this alternative medicine. The costs which will be required to implement your rules and regulations on all parties will ultimately elminate any oppportunity for patients to get this alternative medication. ADHS Director Humble was very clear prior to the passing of Prop. 203 that he did not want this law. It is now evident from the "draft" rules and regulations, including how ADHS has set up this "comment" form. How can patients and their providers get fair treatment and reasonable workable guidelines from a department whose head and state Governor is against this alternative medication. I do not see it happening. Director Humble is denying citizens needing this alternative medicine legal, fair, and safe access. It is a disappointment related to fair treatment for all involved. .
- Do not see where off-site cultivation facilities not specifically associated with a dispensary have been addressed. - Do not see where requirements for home growing have been addressed, specifically what happens when someone has been growing at their home and a dispensary becomes available within 25 miles. How is it verified that they are no longer growing at their home? Also do not see any provision where verification can be made that the home grown facility meets all applicable building and safety codes. - Do not see requirements on how a dispensary, cultivation facility or home grown operation is able to obtain initial product.
Dear Will: During our Dispensary Application process and in preparation, I have run into a situation in obtaining the application for fingerprint clearance, that I feel could possibly be a tremendous issue for Dispensary Agents, Employees, Volunteers, Board Members, and Caregivers. In contacting the Arizona Department of Public Safety Application Clearance Card Team and speaking with [redacted] who is an ADPS representative, she stated that we need to contact your office because they are not issuing the fingerprint application packets for Medical Marijuana Dispensaries and gave the WWW.AZDHS.GOV website. There is no information on how to obtain the applications on the above web site, pertaining to

ordering the applications. In speaking with [redacted] a representative with the Arizona Department of Health Services, she stated that this process is not complete, and will likely be available in April. Working in the Health Care Industry and having firsthand knowledge of the timeline of getting a fingerprint background check complete this could take six to eight weeks and longer if the search is more intense, for say any past out of state residency history to process. How is this going to directly affect the Dispensary Application process and will an application be delayed, and or rejected for deficiency due to its incompleteness of the Fingerprint/background check? Respectfully, [redacted]
- Please provide rules regarding how a dispensary's landlord (if leasing the building) is to enter the building without a dispensary agent registry identification card. - Step by step inspection process for dispensaries and how it coincides with the application process. - Whether or not a surety bond is required for dispensaries, and for how much.
Assuming 1000 applicants could meet all qualifications an open Public Lottery of these 1000 applicants for the 125 Licenses is the only solution to Fairness and Transparency! Thus any suggestion of collusion or corruption on the part of the AZDHS or its representatives COULD NOT be accused. This system would also alleviate and or dismiss any form of Appeals by non-successful applicants and give BOTH the Middle and Upper classes a fair, equal and balanced chance of successfully obtaining a License.
How applicants will be decided upon for licensure as there will be more than 124 competing which exceeeds the number of available licenses. When and how and if more licenses may be made available if the number of pharmacies (the standard identified as the measure) increases in a locale. What will be done in counties that have no applicants. Congruency with the law has been left out to some degree, and some compassion for those legitimatly pursuing aiding the seriously ill by offering a local option that takes pride in caring for community.
You will find in the section how the draft can be improved.
COMPASSION FOR PATIENTS
No Too much now- [redacted]
Include language to incorporate HIPAA rules to insure that private health information (PHI) remains private.
The list of "debilitating medical conditios" should be expanded. PTSD, Anorexia, Arthritis, Autism, Crohn’s Dx, depression, incomnia, Migraine, MS, spasticity, stress
I think it is very complete. I have been in the health care business for many years. I have written several Policy and Procedure Manuals for both hospital and community pharmacies. The mandates or standards you have set forth are both formidable and attainable, but all the above comments need to be taken to heart. Thanks for giving us a great format to give you input.

Naturopathic Doctors should be able to be medical directors/owners of a MM pharmacy.
The patients/caregivers that put out a small fortune to start growing before the dispensaries are up and running need to be grandfathered in for keeping their grow operations once the dispensaries move into their areas. The dispensaries are grandfathered in if they are up and running first and one of the forbidden zones (school, church or library) moves into their area so that courtesy needs to be extended to the caregivers/patients. It is not cheap to set up your cultivation especially if you have to do it offsite to comply with local zoning rules. Whether you set it up in the rules (which would be nice but I don't expect that from you) it will be granted by the next Director of Health Services since you will be fired over your incompetance in handling the rules implementation.
Nothing that I can think of.
A.R.S. §36-2801(5)(e) provides that a designated caregiver may not be paid any fee or compensation for his service as a caregiver. However, a person with a debilitating medical condition may have a caregiver who provides medical and/or non-medical services to him. That caregiver may also be his designated caregiver under the Arizona Medical Marijuana Act. If so, that caregiver should be entitled to receive compensation for providing those services, including any time expended as part of his or her normal duties in connection with obtaining medical marijuana or providing medical marijuana to his or her client. The regulations should clarify that that is permissible. A.R.S. §36-2804.02(a)(3)(f) provides that a qualifying patient (or his designated caregiver) may cultivate his own medical marijuana if there is no dispensary within 25 miles of his home. If a dispensary is subsequently established within that 25-mile radius, will the qualifying patient's right to cultivate his own medical marijuana be eliminated, either upon the establishment of the dispensary or upon the qualifying patient's annual renewal of his registry identification card? The regulations should clarify this issue.
Including other means of ingesting medical marijuana as mentioned above such as baked goods, suckers, lozenges, tinctures, drinks, hashes, etc. should be included and made available to patients.
see above
Rule does not address when/how future application periods for dispensaries will be announced. Presumably, ADHS will be flooded with applications for the ~124 dispensary licenses in April. However, what happens after the initial application period? For example, what if no one applies for a dispensary in Graham County? How/where will it be announced that a dispensary license remains available in that County? Also, how will additional licenses be added as Arizona's population grows? Will the number of Arizona pharmacies be re-evaluated on an annual or semi-annual basis, and then when applicable, the availability of additional dispensary license(s) announced in some widespread and fair fashion?

R9-17-310. Medical Director D A medical director shall not establish a physician-patient relationship with or write medical marijuana recommendations for a qualifying patient [Comment] - additional complication, Medical Director – Implied Physician/Pharmacist-patient relationship and Liability Issues. According to the Arizona Pharmacy Alliance, Medical Marijuana Position Statement: "Until federal legislation changes the classification, marijuana is a Class-I controlled substance. It is illegal and a violation of federal law to possess." Further, "AzPA 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. R9-17-313. Inventory Control 3. For cultivation: a. The strain of marijuana seed planted, type of soil used [Problem – Change to Growing Medium], date seeds were planted, and the watering schedule; [Comment] Type of Soil – MUST ALSO INCLUDE HYDROPONICS AND AEROPONICS. Change to: GROWING MEDIUM USED! The word "hydroponics" comes from the Greek "hydros" (water) and "ponos" (labor), and refers to the method of plant cultivation achieved without the use of soils. In traditional cultivation, the soil acts as a water reservoir (and therefore a nutrient reservoir) that feeds the plant roots. The soil is basically a medium that delivers mineral nutrients, dissolved in water stores, to the plant roots. In actuality, the soil itself is not necessary, so long as a nutrient-rich water source is supplied to the plant roots. In very basic terms, hydroponics eliminates the soil completely, and supplies nutrient-rich water directly to the plant roots. It's a rather simple concept, but the applications and versatility of hydroponics are astonishing, when compared to traditional cultivation. 'Environmentally friendly' has become a mantra amongst those wanting to preserve our planet and stop the exploitation of the very land we depend upon. This trend to protect and sustain our fragile planet is one that will continue to grow in the future. The movement towards a more health conscious society is on the rise, providing an unmeasured opportunity for hydroponics and organic gardening. Thank you for your time and consideration regarding; the opportunity and the ability for us to include our Comments and Suggestions for the Arizona Medical Marijuana Program. Sincerely and Respectfully, [redacted] [redacted]
The rules should define the type of items that can be sold. For instance, I heard that only edibles could be sold - that would really change all of this and not reflect the intent of the law.
A Medical Marijuana Patient Bill of Rights That any citizen having legal access to medical marijuana in the State of Arizona shall not be tracked in Criminal/Law Enforcement Data Bases in connection with their homes, vehicles or by any other means. With the spirit and intent that medical marijuana and those citizens legally recommended for use be treated no differently than any other citizen being prescribed medication. That any citizen having legal access to medical marijuana in the State of Arizona shall not be deprived any freedoms, privacy or privilege afforded any other citizen under the constitution of the United States and the State of Arizona.
The rule leaves out a reflection of understanding that patients may need medication quickly, not to be held up by a regulatory dance of "please submit additional information" to be followed by another

"request for additional information" only to be followed by another and yet another, only to be followed by another and yet another, only to be followed by another and yet another...
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.
The preliminary rule leaves out compassion and sensibility for the patient. Changing an address (i.e., moving) is trauma enough with a superfluous notification and fee to ADHS.
Security systems, minimally including fencing and cameras, should be required at all faciilites.
You are doing a good job just listen to the people about the Dr patient requirments.
The rules leave out compassion for patients in provisions like R9-17-103. Electronic Submission. Many elderly patients will have trouble coping with this kind of requirement. Please include a reflection of compassion that is considerate of suffering people, not criminals trying to obtain marijuana for recreational use as you seem to assume is the case.
Yes, fairness. Many provisions intrinsic to these rules or caused by other factors my drive up the price of marijuana to qualifying patients. Department should include measures that show an appreciation that rule requirements would drive up the price of the medical marijuana and cause more harm and suffering than otherwise can be achieved. My understanding is that glaucoma treatment would require relatively high doses, much more that to abate appetite suppression. Fair treatment of glaucoma patients in this rulemaking is a primary concern to me. Adding a small concession in the fees would provide for greater fairness in the rules.
I am too busy at this point to continue, I have a meeting to attend but Consideration for people with limited finances seems lost with the cost of becoming a patient. I am actually saddened by the first draft and the apparent lack of consideration to patients and Arizonans; except of course the very wealthy investors or well to do patients whose diagnoses are already included.
Yes, In R9-17-101 Definitions 18. "Public place:" the rule should include "c.vii. Private offices,meeting rooms or other parts of the facilities in Part b. of this subsection as listed above." This will help to ensure that qualifying patients may receive timely doses of their medicine and effective treatment as intended in Title 36.
No. Once §R9-17-307(C) is removed from the rules they should operate in the way they were intended.
23. SURETY BOND: Clarify the purpose, the type, the amount and the third party beneficiary, of the surety bond, or eliminate its reference from the rules. 24. NON-PROFIT ENTITY: Clarify the need

to establish a non-profit entity. Title 36 only requires an applicant to operate the dispensary under a non-profit "basis". Can an applicant establish a LLC or other entity so long as his/her bylaws comply with Title 36? 25. 70% COOPERATIVE GROW: Clarify if a group of dispensaries can form a cooperative to grow their medical marijuana under one roof, so long as the facility is in compliance with Title 36 and the AZDHS rules. 26. SEEDS: Please clarify where a dispensary owner can purchase his initial seeds. 27. LANDLORD RIGHTS: Please clarify landlord rights with respect to entry and inspection of a dispensary/ cultivation facility. (Assuming the landlord is not a registered agent of the Dispensary). Additionally, please clarify access by a repair service to enter upon the restricted areas of a dispensary/cultivation to make necessary repairs. 28. TWO STAGE APPLICATION PROCESS: R9-17-302 Applying for Dispensary Registration Certification; we believe the proposed rules regarding the application process are inherently unfair and favor the wealthy. The average person who may otherwise qualify would be reluctant to invest hundreds of thousands of dollars in a dispensary application without knowing if they will get a license. In order to equalize the application process we believe AZDHS should adopt a two stage application process as follows: Review the principals and legal entity first. Perform whatever background checks AZDHS desires, including FBI and all the other requirements as set forth in the proposed rules relevant to the principals and legal entities. Issue a conditional License to the 125 most qualified individuals subject to approval of the facilities. (dispensary and cultivation sites) The conditional license would require that the applicant to complete the build-out and/or construction of the facilities within 90-120 days. Thereafter, the conditionally approved applicant would submit the second half of his application (Facilities) for inspection and approval. The second half of the application must meet all the requirements of the proposed rules relevant to the facilities. Provided the applicant meets all the facility requirements he/she would then be issued a Dispensary Registration Certificate This system allows for fairness across all demographic and financial groups. It would not preclude individuals simply because they are not millionaires, and would allow those that are chosen to obtain the financing they need to complete the project. Fairness and transparency requires AZDHS to adopt this application process or similar one.

NO ONE HAS THE RIGHT TO GET INVOLVED BUT THE MEDICAL FIELD AND PATIENTS, STATE. NO OUTSIDE COMPANY'S OR GROUP'S CAN INTERFEAR WITH THE RULE'S AND RULE MAKING.

1) There is no mention of a physician's DEA number requirement for any of the applicable paperwork or marijuana orders. 2) There is no mention of holding dispensary's accountable for assessing patient's other medications or medical conditions. Why aren't they being held accountable for this? 3) R9-17-311, 1: Clarify how patient's identity will be verified. 4) R9-17-311, 2: Will the dispensaries be required to document any education/patient instructions on a log? 5) R9-17-313, C, 2: Specify once discovered when and to what organization (i.e. DEA) the loss should be reported 6) R9-17-314, A: Two thoughts on labeling: should an expiration date be included? should a statement be necessary that medication is for intended patient only? 7) Upon dispensing of marijuana, is the dispensary responsible for collecting a signature by the patient or caregiver that the marijuana was picked up/received for proof of dispensing? 8) It seems that there should be some language stating how the medication will be measured or how the equipment will be calibrated (i.e. scales) to ensure accurate quantities dispensed. This is different than other drug formulations that can be more accurately counted.

Suggest language be placed on the marijuana packaging and verbally discussed by the dispensary representative with their patient: Marijuana is addictive. Its smoke has toxic effects on cells. It should not be used around other people. Marijuana impacts motor skills. Do not drive or operate machinery while using marijuana. ---------- Background information for recommendation: There is growing evidence of the potential dangers of marijuana and marijuana smoke. According to the White House Office of National Drug Control Policy: "Marijuana has a chemical in it called tetrahydrocannabinol, better known as THC. All forms of marijuana are mind-altering (psychoactive). In

other words, they change how the brain works. A lot of other chemicals are found in marijuana, too — about 400 of them, some of which are carcinogenic. Marijuana is addictive with more teens in treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined. Using marijuana can also lead to disturbed perceptions and thoughts, and marijuana use can worsen psychotic symptoms in people who have schizophrenia. Additionally, there are higher rates of depression, anxiety, and suicidal thinking among people who use marijuana when compared to people who don't use. Teens who started using marijuana before age 15 are more likely to suffer from anxiety and depression in early adulthood. A new study shows that smoking marijuana is associated with a 40% increase risk of psychosis, and the risk is greater among regular and frequent users." Marijuana impacts a person's motor skills. Sources: White House Office of National Drug Control Policy. The Genotoxicity of Mainstream and Sidestream Marijuana and Tobacco Smoke Condensates. Chemical Research in Toxicology, Online July 17, 2009
Yes but as stated above, I won't repeat my self, as I know your working hard.
What could possibly be left out, it is sooo long, why not just say what you mean and let the justice department deal with it, think about the patient
Google google
Hydroponic Marijuana was not addressed in this draft. Addition of hydroponic cultivation in the draft will lead to a higher quality medicine and various cultivation techniques.
people who have no or low income less than 18k a year should get there meds for free
This preliminary rule would assign unreasonable responsibility for the use of marijuana by a patient, a risk that few doctors would venture to take. The rule should include a recognition that Title 36 means that while doctors may recommend marijuna, it is the patient who is responsible for its use.
There are going to be a large amount of out of state individuals pooling resources to try and open a dispensary by listing a token principal officer or board member just to pass the Arizona residency requirement. Besides requiring Arizona residency for the principal officers and board members, there should also be a requirement to document the financial contributions toward the initial application and operation set up. Any dispensary application found to be associated with out of state money should be denied to keep this system funded and run by Arizonans rather than failed CA, CO, and MT applicants. My primary concern is black market marijuana making it's way into a dispensary. Any dispensary that is approved for a certificate should not have a product to sell until at least 3 months after application approval. This is due to the time it would take to cultivate and harvest the first crop. Any dispensary caught selling goods prior to that would have had to obtain it from black market sources prior to the application approval and therefore would have been breaking the law.
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.

Perhaps some language to clarify where dispensaries can obtain their first batch of starter plants and/or seeds. At this point, based on my interpretation of the regulations, a dispensary can only obtain marijuana from other dispensaries, patients or caregivers. If it is currently not legal in Arizona, it seems that a logical step would be to perhaps allow one shipment from another state like California or Colorado.
The rules leave out appropriate consideration for patients by requiring an overly long, persistent doctor-patient relationship. The rules fail to demonstrate the Department's sensitivity to the needs of patients, especially glaucoma patients, by delaying a qualifying patient's registration and thereby obstructing the acquisition medicine and the initiation of treatment as provided by Title 36.
Yes, the selection process! Are certificates going to the highest bidder? Do we need to have a medical 'reason' for wanting to go into this business? Is if first come, first served? Is there a waiting list? You've got to give us something, please!
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them.
In establishing these rules the Department should demonstrate an appreciation that extra control requirements would drive up the price of the medical marijuana and cause more harm and suffering than otherwise can be achieved. My understanding is that glaucoma treatment would require relatively high doses, much more that to abate appetite suppression. Fair treatment of glaucoma patients in this rulemaking is a primary concern to me.
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HAS ANYTHING BEEN LEFT OUT THAT SHOULD BE IN THE RULES? No. Once §R9-17-307(C) is removed from the rules they should operate in the way they were intended.

I've read that an average dispensary would need a little over 39 pounds of medical marijuana to operate throughout the year. How many plants will I be allowed to grow? Also, do we need to get patients to sign up with us in order to provide to them or are we a retail store allowed to sell to any card holder that has not exceeded their purchase limits? Thank You
How is the Taxation of these Dispensaries?
No. If §R9-17-307(C) is deleted, the rest of the rules should have the necessary and intended effects.
I think that the way and the tools (map quest, Google maps, Bing etc.) that you use in determining if a patients lives 25 miles to a Dispensary and has the permission to grow his or her own medicine needs to be lined out here.
No. Once §R9-17-307(C) is removed from the rules they should operate in the way they were intended.
Growers should be allowed.
1. There needs to be a proscribed method by which new licenses are given out as the population of registered pharmacies in the state increases, and forms of attrition reduce the number of active pharmacies below the 10% level allowed by Prop 203. 2. There needs to be an accommodation so that a grower can ultimately grow for more then one dispensary. To allow a grower to be registered agent for more then one dispensary, or allow a grower to be an agent unto his/her own with out a specific dispensary affiliation. This will be essential to keep within the Fed's 99 plant threshold, and provide the community with the many varietals that are required for different types of symptoms.
I think this new law needs to be made simple ...and easy to understand..thank you so we may make this happen ...not so many rules....
Out of state cultivation sites? Although I have been an Arizona resident for 32 years, I own a licensed cultivation sites in the state of California. I am interested in increasing my output in California and importing to Arizona. Generally because I can produce higher quality product in the California climate. Assuming I meet all Arizona dispensary requirements, what would be required to import my product across state lines for sale in my Arizona dispensary? I would be willing to pay applicable taxes to both Arizona and California when applicable so neither state loses revenue. I am also willing to open my cultivation site up for inspection and beef up my security and monitoring system to Arizona standards once those security monitoring standard have been finalized. Please share with me if importation is allowed, what other concerns I may have in addition to: Taxes & Security You can email me at [redacted]
The Department should include measures that show an appreciation that extreme control requirements would drive up the price of the medical marijuana and cause more harm and suffering than otherwise can be achieved. My understanding is that glaucoma treatment would require relatively high doses, much more that to abate appetite suppression. Fair treatment of glaucoma patients in this rulemaking is a primary concern to me.
It would appear that you have almost singularly addressed the issues of dispensaries without taking into

consideration that cannabis grow facility is strikingly different from a dispensary and has very different needs. If you group a grow facility and a dispensary in the same category and apply R9-17-101 item 10 to the facility to have eliminated the most economical method of vegetative growth and that is natural sunlight which Arizona has in abundance. Cheap and affordable. The definition should be expanded upon to include secured greenhouse facilities and taking into consideration the angle of the early and late evening sun. Many important facilities can successfully be maintained with chain link fence, razor wire, guard dogs, electronic surveillance systems and physical guards. The requirement of a wall of metal, concrete or stone with a one inch tick metal gate is not well thought out. Should cannabis grow facility need to meet a higher standard of security? R9-17-313 Inventory Control System No item has been presented to account for the natural loss of weight that occurs in drying cycle of cannabis but also the inevitable weight loss that will occur in normal storage conditions. Costly temperature and humidity controlled environments would prevent some moisture weight loss but may eventually lead to additional long term storage problems.
The draft rules lack the compassion for patients. Please remember that delays like this will cause harm and suffering.
---decriminalization of marijuana in AZ. If I can't $ afford MedMJ legally, so I risk paying penalties or risk being sent to jail? I have don't even have a speeding or parking ticket. I am lawful in every way! Why doesn't my $2.00 co-pay work for this new medicine? I feel I would be institutionalized without it. I'm so sorry I can't be there in person. But a room full of people staring at me...NO WAY. I don't deal with the public well. PS. I understand the need, but high walls or no growing plants? Preposterous. That punishes growers. The person 'breaking in' is the one to be prosecuted/punished.
How will the law translate for firearms purchases and ownership??????
Nothing has been mentioned about the debilitating effectds of marijuana during the length of time such a drug as marijuana stays in the body. The effects of marijuana can last for days and weeks and those with licenses to operate a motor vehicle with ANY levels of marijuana in their physical system are UNDER THE INFLUENCE! What is going to be done to protect those on the road from intoxicated drivers having marijuana on their person for medical use"? And how will the law be appklied to those who have proven to have marijuana in their system when suspected of a DUI? Personally I'm in favour of those who apply for a permit for medical marijuana surrender their driving priviledges for the concerns of the others on the road with them. It has been proven that continual use of marijuana results in lower brain function, slowed and severely disabled emergency reaction time and permanent memory loss! Has the motor vehicle insurance industry been contacted for their input into this matter? They certainly should be before these final rules go into effect! I'm also incredibly dissapointed to see therew is little or no oversight into "medical Marijuana" coming across the border from Mexico further complicating our war on drugs which we CANNOT affords to lose. Also for each location, 5 minutes of recording time for secuity cameras is not sufficient. In Washington state several robberies were comitted by just waiting until the backup power source went dead and then comitted the crime of robbery! In this day and age is not uncommon for backup battery power sources to not only stream online, which could go to local law enforcement agencies, but also are made to last for HOURS, not MINUTES! In my professional opinion, a minimum of 1 hour with A RECOMMENDATION OF 4 HOURS RECORDING TIME! My laptop computer will function for 2 hours 15 minutes solely on battery power running in "high performance" mode! Thank you for the opportunity to voice my opinion on this website. As a

supporter and propagator of washington's Initiative 692, I was incredibly dissapointed at how fast freaud and abuse ran rampant in the system. Concern about workplace accidents were also a reality and those employers who employ those on medical marijuana should be granted lawsuit immunity form accidents involving medical marijuana patients on the job! Professional and Commercial driver licenses should also be denied to patients with medical marijuana permits. Otherwise the State of Arizona could find itself in a legal situation that it cannot extract itelf from so easily. Surrendering ones drivers license in order to get medical marijuana is not a bad idea either for those same reasons.
First, a provision should be included that require dispensaries to test each strain for THC potency. This will ensure that patients will not over medicate which can cause bad reactions such as heart palpitations, hot flashes, ect. It cost about $80 to have a strain tested with a turn around time of 3 days. This is such a small price to pay to ensure that the public is aware of the exact potency of strain so they can judge what's best for their medical needs. There are companies in Montana and California that test strains on a regular basis. I think this requirement is a must, to ensure public safety. Secondly, most patients prefer to grow their own medicine which they will not be allowed to grow if they live within 25 miles of an "operating" dispensary. The term "operating" should be defined in the draft definitions. to mean; open for business to provide a minimum selection of (10) different tested strains of marijuana. It would be unfair to disallow a patient's right to cultivate his own medication if the dispensary does not have a minimum selection for the patients to choose. What potentially would happen is a dispensary would start producing a few strains that are easier to grow with less quality or warehousing inferior marijuana just to keep the business "operating". The rule should be if a dispensary does not provide a minimum of (10) strain selection for a patient to choose from then the dispensary is "not operating" within the meaning of ARS 36-2804.02(A)(3)(f).
Please add RA to the list of illnesses.
The current draft does not acknowledge or reflect: 1) that patients own their own lives, so have the right to choose who, when, and what kind of medical care they will seek, 2) that marijuana is completely safe in itself, cannot be lethal, and so should be treated as a safe and legal product as the findings of the Arizona Medical marijuana Act require, certainly not treated with more stringency than is currently required for the dispensing of medicine from Arizona's pharmacies and physician offices, 3) that the safety and legality of medical marijuana warrants the spread, not the suppression, of its use, and 4) that provision of medical marijuana services must be readily available to the people at large, not merely to an elite and wealthy group with favored and perhaps criminal access to the department. I also incorporate the findings and demands contained in the 1/4/2011 letter of the Arizona Association of Dispensary Professionals: Contrary to the assertions of Mr. Humble, (EXHIBIT A), clearly these [redacted] proposals have had significant influence on AZDHS, since all of them are incorporated into the AZDHS proposed rules. Additionally, these proposed rules, should they be adopted, will further the agenda of [redacted] by adding momentous increases to the cost of obtaining a dispensary license for the following reasons: Section 36-2804, of Title 36, among other requirements, necessitates an applicant to provide AZDHS with a "Physical address of both the Dispensary and Cultivation center, and a sworn statement that the applicant is in compliance with local zoning requirements. This in and of itself

creates a significant expense to an applicant, since they will have to secure a physical location without ever knowing if they will qualify for the license. However AZDHS has added a significant additional expense to the cost of the applicant by requiring a Certificate of Occupancy. This adversely changes the intent of Title 36. Under proposed rule R9-17-302, B-5 AZDHS is requiring an applicant, as part of the initial application process, to produce a Certificate of Occupancy This would require a applicant to not only secure a location for his/her dispensary and Cultivation center, but build-it-out as well at a cost of hundreds of thousands of dollars, all at risk, since all is done without any assurances that they will obtain a license. This rule alone will serve to eliminate all but the wealthiest of applicants. At the request of [redacted], (See EXHIBIT C), AZDHS's proposed rules regarding business operations are outrageously over-regulated. We recognize the need to maintain strict business operations, but the proposed rules are simply overkill, intended to play into the hands of [redacted] s agenda. (More on this below). There are no provisions in Title 36 that requires an applicant to produce a Bond. According to statements made by [redacted] all applicants with less than a million dollars of cash liquidity are considered "Trivial" and should be required to post a two hundred thousand dollar bond.(See Exhibit D). While there is no clarity or designation as to the purpose, type , amount or third party beneficiary of said bond, AZDHS has nevertheless, under proposed rule R9-17-302,15-D, and as part of the initial application , asks the question, "Whether the dispensary has a surety bond and , if so, how much?" While we have sought clarification from AZDHS on this point, none has been provided. Attention must also be given to the availability of said bond. Because of the unique nature of the medical marijuana business model, obtaining such a bond might be impossible or extremely costly. Under federal law Medical Marijuana Dispensaries are considered a criminal enterprise; consequently, most if not all insurance companies would consider a request for a bond a very high risk. Therefore, potential applicants may be denied a license merely because he/she is not a millionaire. The prompting by [redacted] to have a medical director on the staff of each dispensary is not necessarily a bad idea. Unfortunately, AZDHS, at the urging of [redacted] has taken the Medical Directors position to place where no Doctor will go thereby making it impossible to comply with this rule, unless you are wealthy enough to afford a full time Doctor on your staff. A medical director retained to provide assistance in developing the medical aspects of the program for a Dispensary is a welcomed idea; however, to have the Medical Director interact with patients or develop any materials for use by patients could be considered interference in a patient-physician relationship. All qualified patients of a dispensary must have a recommending, primary doctor to obtain their registration card. Any log books, rating scales, or guidelines for patient's self-assessment, as set forth in AZDHS proposed rule R9-17-310-2, may create a conflict of interest for the medical Director. This again plays into the main scheme of [redacted]. We are deeply concerned about the AZDHS's plans concerning the selection process. As you will note AZDHS's proposed rules are silent on this matter. On October 29th 2010, Director Humble wrote on his blog, (Copy Attached EXHIBIT E), that he had three choices before him, He asserted that method 3, (Evaluate the complete application using some kind of objective criteria), is probably the best because we'd be able to select the best qualified applicants. Humble went on to say, " An Interesting twist on method 3 would be to send the completed (And blindfolded) applications to a 3rd party (e.g. a consulting law firm) and ask them to score the applications for us. It is perhaps more than coincidence that just prior to that Blog entry, [redacted] sent AZDHS a proposal to use their new Association [redacted]) as an Application Review Board. (SEE EXHIBIT F). This is the most outrageous conflict of interest we have ever heard of. A group of weathly potential dispensary owners, reviewing their own applications! We demand that AZDHS immediately disclose their selection process. We further suggest, in fairness, and in compliance with AZDHS proposed rule R9-17-319, a, 2, g, that any member of the [redacted] roundtable be excluded from consideration of a dispensary license. We would further ask that Director Humble make a full public disclosure as to whether or not any member of AZDHS has had any contact with [redacted] [redacted] or any representative or agent of said organizations. As most people know, [redacted] staff actually wrote Prop 203, now the Arizona Medical marijuana Act. Title 36. What most were not aware of is the fact that under section 6 of Title 36, AZDHS compliance under A.R.S 41-1001 is waived. Title 41, The Regulatory Bill of Rights, is an Arizona law to ensure fair and open regulation by state agencies, limiting a state agencies rule making ability to subject matter listed in the specific statute and provides for

citizens right to file a complaint with the States Administrative Rules Oversight Committee. Any reasonable person would have to cast a sinister eye on [redacted] reasoning in exempting AZDHS from compliance with these provisions. This exemption eliminates the public's ability to object to the abusive behavior of the AZDHS.
Your 46 page manifesto is excessive and overdone. And ---just like the AZ Legislators---you are on the threshhold of creating rules that you cannot even begin to enforce.
selection criteria and process for dispensaries is blatantly missing
What the voters voted for.
PTSD as a qualifying condition.
You are allowed to grow your own if you live more than 25 miles from a dispensary, however if you happen to live closer you have to pay an outrageous price for your medicine. I heard it's about $400.00 per ounce. That is in no way fair to the ones that have to pay. If this is to be for non profit, the price should be much lower, after all it is a plant. I have heard people say that this is a multi million dollar industry. Personally I can't afford $2,000 per month for medication. I have to live on less than that per month! My current meds cost me about $150.00 per month, and they do not help me. What happens to people in my situation? Also the price for a card is higher than in other states, and I believe if someone needs to renew it, it should be cheeper the next time. Why is the cost of the caregiver higher?
pricing.
pricing.
pricing.
pricing.
Stronger language supporting the patients RIGHT to CHOICE of treatment. This is all about providing legal access to a valuable medicine that will help plain and ordinary people in their struggle for life, liberties and the pursuit of happiness, in a world full of pain.
In the director definition not only the M.D. and O.D. should be listed but a Naturopathic Doctor that has completed schooling. There should be a minimum of 2-3 years of experience in each field before one of the three can serve as a Medical Director for a Dispensary. The distance of dispensary or the cultivation site shall be no less than 2,500 feet from any school, private or public.

Indoor grows often involve the utilization of various fungicides, pesticides, fertilizers, acids, bases and soil. Many homes are contaminated with mold and chemical exposure as a result of improper storage and disposal of the aforementioned chemicals rendering the home a toxic waste-dump. In addition, there are oftentimes children living in these homes who are exposed to these toxic chemicals. Many states allowing indoor marijuana grows are plagued with an increase in residential fires endangering lives and property. This is due to amateurs altering residential electrical and plumping fixtures to accommodate indoor grow lighting and watering. Suggested Language: "Residential or commercial cultivation (authorized by ADHS) within the jurisdiction of a municipality or county will require a special use or conditional use permit authorizing the marijuana grow. Cultivation of medical marijuana inside a residence or property occupied by minor children is prohibited. Rental properties used as a cultivation site are the sole responsibility of the medical marijuana dispensary owner, caregiver and/or cardholder residing in the residence. Planned alterations to rental property by the tenants must be approved by the landlord. Clean-up costs associated with an indoor grow to restore a property to its original state will be the sole responsibility of the medical marijuana dispensary/owner, caregiver or cardholder renting the property. Alterations to fixed residential electrical systems, plumbing, or other permanent structural features will require applying for the appropriate permit through the local municipality or county. Construction must be completed by a licensed contractor. Once alterations are complete, the local city or county (ie: Inspector, Fire Department) shall inspect the residence to ensure all alterations are constructed to code. Illegal grows are subject to criminal prosecution in addition to civil fines and possible forfeiture."
Re: recommending physician. Certification/qualification to be a medical marijuana certificate of need provider is needed. Other situations in which a medical certification is necessary, such as pilot license, Dept of transportation commercial driver license and DPS law enforcement and firefighter physicial are performed by physicians who have taken certification courses in providing these services. Medical marijuana regulations should consider making a recommending provider complete a course, just as the Federal Aviation Admin requires for pilot physicals, the DPS requires for law enforcement officers and firefighters and the DOT for commercial license physicals. Without some form of standardization, medical providers will be using different standards from patient to patient and from, physician to physician. Certification will allow medical providers to become more knowledgeable about the dosing, quality and effect of different strains of cannabis. Otherwise we will end up wth medical providers making their 'best guess' as to how to most effectively use this new tool. Despite the added effort that will be required, providers recommending medical marijuana need to be certified through ongoing continuing medical education in order to provide this service. The DHS could contract out this duty and would not need to make it an in-house responsibility.
I'm a dual-citizen of California and Arizona. I have a mmj card in California, and I'm a legitimate. I have one of the qualifying medical conditions, but I wouldn't be able to find a doctor to prescribe cannabis due to the wordings of the draft. This isn't right. A lot of people are not going to have access, and everyone who has a medical condition that cannabis helps should be able to get medical marijuana. There needs to be better rules for quality control, especially to check the strength of medication. Also, to see if there are any pesticides or other harmful contaminants, e.g., powdery mildew, or grey mold. Samples of cannabis could be screened at a lab. Some dispensaries do this in California, and patients like to know more about their product. How are dispensaries supposed to get that 30% from other dispensaries when the dispensaries open without giving an advantage to someone who is breaking the law?
Currently the rules do not require an examination to be "in-person". Out-of-state on-line services are already attempting to pre-qualify potential Arizona medical marijuana cardholders on-line by requesting the forwarding of medical records and filling out medical questionnaires. To prevent on-line

examinations or on-line doctor-patient relationships; the following requirement should be included as part of a legitimate examination establishing a true "in-person" doctor–patient relationship. Suggested Rule Language to be added: "A 'valid recommendation' for medical marijuana requires in-person medical evaluation of the patient." "It is unlawful to 'recommend' medical marijuana solely based on a patient's completion of an online medical questionnaire."
A period of time that a person can have from committing a felony to be able to apply for a medical marijuana card or dispensary/caregiving license. Maybe ten years from a convicted felony. People change and often people are convicted of felony charges from cannabis years ago. I see no reason to not allow someone the right to medication or to help others medicate because of a conviction a decade or more ago.
4. The disposal of medical marijuana (unused or expired) is referenced in the inspection rules – but there is no mention as to what approved method of destruction is authorized by ADHS. To prevent diversion, it is imperative that ADHS provide strict guidelines relating to the destruction of unused or expired marijuana. The discarding of medical marijuana in local trash can or dumpster landfill etc. is unacceptable. Suggested Language: "Medical marijuana dispensaries, caregivers, and cardholders can dispose of unused or expired marijuana by documenting the weight and taking it to a local law enforcement agency or other licensed facility as directed by the ADHS for secure storage and destruction."
Yes, common sense. And the will of the citizens and voters of Arizona
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
Protection for Arizona State Marijuana cardholders. No prior notice for State Inspectors to visit dispensarys, or grow sites. These dispensarys, cardholders, and growers should be open to any visits. If they are within the law, they do not need prior notice!! Be firm, as there are those who will black market this product, or possible be over growing for profit. All cardholders, dispensarys should be within 1000 feet of a school, AKA a drug free zone. No minors should ever be present in or around the usage of medical marijuana. Define the amount of usable product for any cardholder, and dispensary. Sincerely, [redacted] [redacted] [redacted]

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.
I suggest that the state make sure that there is rural/small town dispensaries spread out evenly so that the 25mile radius for each the dispensaries covers the whole state, or there will be1000s of caregivers or patients growing they own medical marijuana. If the state does not do this it will be impossible to do proper inspections and oversee the inventory control of the production and distribution of the medical marijuana and it will get out of control like it has in other states. Since the state is going to allow around 125 permits/license for dispensaries, I would guess that there would still be at least 2/3 of them left for the higher populated city areas. It will be much easier for the state to oversee only 125 locations then 1000s of people saying that a dispensary is not with in 25miles of them and they want to grow there own. I trust the state and the agencies that have to enforce this new law will work to make sure this happens or AZ will be having problems like CAL an COLO are having and later have to try and pull back on the permitting and licensing of dispensaries Concerned Citizen I sent any early comment in but did not make all my points clear
I suggest that the state make sure that there is rural/small town dispensaries spread out evenly so that the 25mile radius from the dispensaries covers the whole state so that there are not 1000s of caregivers or patients growing they own medical marijuana. If the state does not do this it will be impossible to do proper inspections and oversee the inventory control of the production and distribution of the medical marijuana and it will get out of control like it has in other states. if the state is going to give out 125 permits to do this i would guess that there would still be at least 2/3 of them left for the higher populated areas. It will be much easier for the state to oversee only 125 locations then 1000s of people saying that a dispensary is not with in 25miles of them and they want to grow there own. I trust the state and the agencies that have to enforce this new law will work to make sure this happens or AZ will be having problems like CAL an COLO are having and later have to try and pull back on the permitting and licensing of dispensaries. concerned citizen
Yes, the manner in which how the licesnes will be granted are left out of the rules. I have heard as

many as 5000 people will apply for a dispensory license - it seems unreasonable the state would retain 24,000 million dollars from AZ residents who were denied a license.
Protect personal and public health and the environment by keeping Cancer Tar containing marijuana SMOKE out of Hospitals, other Health Care facilities, workplaces and other currently smoke-free public places, plus allow Public Transportation Companies to maintain their current 100% (24/7) drug free employee safety standards for drivers, Control tower employees and safety equipment operators.
I do not trust [redacted] but he has this right, please consider it! 1. Review the principals and legal entity first. Perform whatever background checks AZDHS desires, including FBI and all the other requirements as set forth in the proposed rules relevant to the principals and legal entities. 2. Issue a conditional License to the 125 most qualified individuals subject to approval of the facilities. (dispensary and cultivation sites) 3. The conditional license would require that the applicant to complete the build-out and/or construction of the facilities within 90-120 days. 4. Thereafter, the conditionally approved applicant would submit the second half of his application (Facilities) for inspection and approval. 5. The second half of the application must meet all the requirements of the proposed rules relevant to the facilities. 6. Provided the applicant meets all the facility requirements he/she would then be issued a Dispensary Registration Certificate 7. This system allows for fairness across all demographic and financial groups. It would not preclude individuals simply because they are not millionaires, and would allow those that are chosen to obtain the financing they need to complete the project. Fairness and transparency requires AZDHS to adopt this application process or similar one.
GOVERNING THE MANNER IN WHICH THE DEPARTMENT SHALL CONSIDER PETITIONS FROM THE PUBLIC TO ADD DEBILITATING MEDICAL CONDITIONS OR TREATMENTS TO THE LIST OF DEBILITATING MEDICAL CONDITIONS SET FORTH IN SECTION 36-2801, PARAGRAPH 3, INCLUDING PUBLIC NOTICE OF, AND AN OPPORTUNITY TO COMMENT IN A PUBLIC HEARING UPON, PETITIONS. Debilitating medical conditions:R9-17-201 more illnesses need to be included. Rheumatoid arthritis ADD - ADHD Depression sleep disorders diabetitic Neuropathy nerve pain 36-2801. Definitions IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES: (ii) IF THE QUALIFYING PATIENT'S REGISTRY IDENTIFICATION CARD STATES THAT THE QUALIFYING PATIENT IS AUTHORIZED TO CULTIVATE MARIJUANA, TWELVE MARIJUANA PLANTS CONTAINED IN AN ENCLOSED, LOCKED FACILITY EXCEPT THAT THE PLANTS ARE NOT REQUIRED TO BE IN AN ENCLOSED, LOCKED FACILITY IF THE PLANTS ARE BEING TRANSPORTED BECAUSE THE QUALIFYING PATIENT IS MOVING. That a quailfying patient MAY cultivate 12 plants.
The rules as written should be left out. As stated before, this should be approached the same way the state approaches all new drugs that come on the market for a doctor to prescribe to his/her patient.
see above

1) Requirement for revoking of the card if the caregiver is convicted of a drug distrubtion charge or providing the medical marijuana to anyone other than their qualifing patient 2) Requirement for revokement of the card to the qualifiying patient if they are convicted of a drug distrubtion charge or providing the medical marijuana to anyone other than themself 3) Require that employees, officers, board members, and the medical director of a dispensory cannot be a card holder or caregiver. 4) Require that all employees, officers, and the medical director of a dispensory be randomly drug tested in accordance with 49 CFR Part 40 standards a minimum of once every 30 days. 5) Require that any employee or medical director of a dispensory be terminated immediately for a postive test, refusal to test, adulterated and/or subsituted specimen. 6) Require that any officer of a dispensory be terminated and required to give up any ownership or compensated role for a postive test, refusal to test, adulterated and/or subsituted specimen. 7) Disallow any employee, officer, medical director or officer to be allowed to have any association or employmnent for a minimum of 10 years with a dispensory. 8) Include language that employers can legally terminate, not hire, or demote employees who posess a legal medical marrijuana card if their duties effects the maintenance of safety for employees, customers, clients, or the public at large. 9) Method for employers, their agents, and their drug testing program's MRO to verify the legitmacy/validity of a Card including access to a public database.
Details on inspecting the Marijuana to ensure highest quality Cannabis. The dispensary should be inspecting all Marijuana being cultivated for sale thoroughly to ensure no mold, or harsh contaminants. It should be strictly organic with no pesticides, etc. Who will ensure the quality? I also believe that the State should tax the business to provide funding for education, health, etc., of which currently funding has been cut off and the programs are no longer offered. This is going to be a billion dollar business so why shouldn't the State utlitize the business to improve our quality of life and pay off our debt?
The above information can be construed as what has been left out of the wording of the law such as : Med. Marijuana will be regulated the same way as other medications including drugs such as narcotics, psychiatric drugs and all controlled substances.: With no additional regulating of type of medical condition or time constraints. This law contributes in a positive manner to citizens obtaining and purchasing prescriptions without encountering prohibitive hurdles which delay or deny a patient the right to appropriate medications.
The above information can be construed as what has been left out of the wording of the law such as : Med. Marijuana will be regulated the same way as other medications including drugs such as narcotics, psychiatric drugs and all controlled substances.: With no additional regulating of type of medical condition or time constraints. This law contributes in a positive manner to citizens obtaining and purchasing prescriptions without encountering prohibitive hurdles which delay or deny a patient the right to appropriate medications.
I think that Cultivation sites should be limited to accommodate no more than 3 dispensaries. The Limit on the number of Dispensaries that a group has an involvement in. Since this law is NEW to Arizona, those that have had Marijuana approved in their state think that they have a BETTER chance to get a license. Has the Department decided how they will proceed with the application process of eliminating those that might not qualify? The application Fee is non-refundable, right?
1. Can a dispensary agent grow for other dispensaries being that they are not employed by the dispensary according to the rules the dispensary can obtain 30% of it's inventory from other dispensaries what about agents? 2.Why are there no medical marijuana edible dispensaries? What if

my wife wanted to start a line of edible products only, and went to the local dispensaries and they did not like her product or wanted to sell their own product. She is not interested in the distribution of the flowering of marijuana to be smoked or used by vaporizer; she is only interested in manufacturing a line of edibles using only specific medical marijuana strands, labeling each for the necessary illness. . I think you are putting way too much on the dispensary itself, as it is they will have no patients or medical marijuana for at least 4 months, according to timeline rules in the draft. Why is their no provision or licensing for edible dispensaries only, which would include growing the medical marijuana and manufacturing edibles, including tinctures, hash oils and hashes? The dispensaries are going to have a hard enough time providing enough medical marijuana to keep the medical demands for the patients let alone have enough for edibles. I believe that you have not put enough thought or rules for the edible manufacturing and growing. Why is their no provision for 124 edible dispensaries?
Force dispensaries to sell cheaply and not at street drug prices
The Department failed to include provisions for a sliding scale application fee for qualified patients whos household income is at or below the Federal Poverty Level. There should be provisions to reduce the application fee from $150 to $50 for qualified patients who are disabled and recieving SSDI, SSI, or public assistance. [redacted]
how dispensaries are to be selected,
Please address where dispensaries can obtain their initial seeds? Must the inital seeds be from AZ?
Under 36-2803. Rulemaking, I don't see anything in Prop 203 that allows you to change definitions voted in by the people, like "enclosure".
No.
see above. The statute regarding 1000 foot separation from Schools and School Bus Stops needs to be address. In particular, where prior permitted use of qualified patients, caregivers or other licensed dispensaries exist prior to establishing Schools or School Bus Stops. I am prescribed Codeine for neurogenic pain, resulting from a Stroke, 7 years ago. The local school just put a bus stop across the street from me. The only route in my rural AZ town, requires my to travel by the elementary school on my way to shop for groceries. This requires me to violate State statute regarding Opiates in school

zones. These is no exception or waiver to that statute. Don't create another similar problem.
shouldn't it be said that the nonprofits should be taxable instead of tax-exempt? The language is vague.
One particular subject I didn't see addressed was if card holders would be able to use their prescription from another state. For example, an individual from Michigan, a state which honors other states marijuana prescriptions, moves to Arizona during his treatment for cancer. He needs a refill when gets to Arizona but would have to wait for a doctor to accept his case, review his history, and undergo a full exam. If the doctor chooses not to do this, he would have to wait a full year before he is eligible for an Arizona card. There needs to be written in the law that card holders from other states have the following rights: 1. Be able to carry the legal limit of marijuana in Arizona, and 2. Be able to fill their prescription in Arizona.
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) In addition to the inventory control for cultivation, the department should devise a system for monitoring the quality of the product being dispensed. Patients deserve to be apprised of the THC and CBNs, as well as assurance of the absence of mold or fungus, in their medication. It should be the responsibility of the dispensary to provide accurate quantification. 2) ADHS will develop standardized educational materials, available online and in hard copy to disseminate to patients. 3) The department will develop a Hot-line to answer general questions, not to supersede the patient-physician relationship.
Yes, Please see above also. Physicians should see the patient in person. Food and other products infused with marijuana should only be manufactured and dispensed at a dispensary for regulation and oversight. It should be noted that smoked marijuana contains carcigens and may be hazardous to health. Marijuana dispensaries should be smoke free as are other workplaces in Arizona.
something to stop groups from trying to grab multiple licenses...i heard one group is going to try to get 30-40 of them!
*There needs to be a program for for inmates to receive access to medical marijuana only under one circumstance,if they are in serious pain and have prior records of the pain before there arrest date or they are over the age of 65 and have severe pain such as arthritis,fibromyalgia
Yeah you should not be writing the rules.
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.
Yes...you should address the types and colors of shoes to be worn by dispensary staff! Hell, you've addressed everything else...including the kitchen sink.

Let me go to another doc for my medical marijuana recommendation but keep my doc.
I will wait to see the revised rules.
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. 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.

- Where patients are able to use medicine? - If (as an example) 500 qualified applications for dispensaries are submitted, how the state plans to select 124 - Will any information provided to ADHS

as part of any of the applications become part of a public record. If so what?
Regarding measuring from a dispensary to restricted entities, parks, etc: The requirement is from the wall of the dispensary - 1000 feet to the property line of the park or school. So, if a school is located in a strip center across the street from the dispensary location,would the measurement go to the property line of the strip center where the school is located or to the actual location/boundary of the school within the center?
I am unclear as to how a submitting dispensary can possibly know if there is another dispensary submitting within 2,000 feet? The statues require that submissions include the site location, plans for the site, etc... which means that all parties submitting must invest in a property prior to knowing if they are to receive approval. If two entities are within 2,000 feet of one another, how will selection be determined? Or, will both be denied approval because of proximity? If so, this seems grossly unfair. Surely, this issue can be resolved prior to the next draft.

Don't know.
i think that the rules were perfect and to my point of view you didnt leave anything out and i totally soport you guys!!!!!
i thought that dispensary owners had to be Non for profit and the rules says nothing about that..
The basis for determining which applications for Dispensary will be granted and which will not. In other words, the criteria for evaluating which applications will be granted a license.
1. We need clarification around two conflicting sections of the Act. Does this mean that as an owner of assisted living facilities who does not want marijuana to be administered at my nursing homes, I only need to worry about 36-2805 if I am not lawfully in possession of the property? Is there any definition of "Lawfully in possession of property" that I should be aware of?: First Section... 36-2805. Facility restrictions A. ANY NURSING CARE INSTITUTION, HOSPICE, ASSISTED LIVING CENTER, ASSISTED LIVING FACILITY, ASSISTED LIVING HOME, RESIDENTIAL CARE INSTITUTION, ADULT DAY HEALTH CARE FACILITY OR ADULT FOSTER CARE HOME LICENSED UNDER TITLE 36, CHAPTER 4, MAY ADOPT REASONABLE RESTRICTIONS ON THE USE OF MARIJUANA BY THEIR RESIDENTS OR PERSONS RECEIVING INPATIENT SERVICES, INCLUDING: 1. THAT THE FACILITY WILL NOT STORE OR MAINTAIN THE PATIENT'S SUPPLY OF MARIJUANA. 2. THAT THE FACILITY, CAREGIVERS OR HOSPICE AGENCIES SERVING THE FACILITY'S RESIDENTS ARE NOT RESPONSIBLE FOR PROVIDING THE MARIJUANA FOR QUALIFYING PATIENTS. 3. THAT MARIJUANA BE CONSUMED BY A METHOD OTHER THAN SMOKING. 4. THAT MARIJUANA BE CONSUMED ONLY IN A PLACE SPECIFIED BY THE FACILITY. B. NOTHING IN THIS SECTION REQUIRES A FACILITY LISTED IN SUBSECTION A TO ADOPT RESTRICTIONS ON THE MEDICAL USE OF MARIJUANA. C. A FACILITY LISTED IN SUBSECTION A MAY NOT UNREASONABLY LIMIT A REGISTERED QUALIFYING PATIENT'S ACCESS TO OR USE OF MARIJUANA AUTHORIZED UNDER THIS CHAPTER UNLESS FAILING TO DO SO WOULD CAUSE FACILITY TO LOSE A MONETARY OR LICENSING-RELATED BENEFIT UNDER FEDERAL LAW OR REGULATIONS. Second section... 36-2814. Acts not required; acts not prohibited A. NOTHING IN THIS CHAPTER REQUIRES: 2. ANY PERSON OR ESTABLISHMENT IN LAWFUL POSSESSION OF PROPERTY TO ALLOW A GUEST, CLIENT, CUSTOMER OR OTHER VISITOR TO USE MARIJUANA ON OR IN THAT PROPERTY. 2. Also, nursing homes and other facilities that receive funding from Medicare are considered to be government contractors. Would this mean that we would qualify to base employment-related decisions on the use of marijuana even where an employee is a registered cardholder per the sections that reads: The Act specifically provides that employers may not discriminate in hiring, termination, terms of employment, or in any other way penalize an individual based on his or her status as a registered person, unless doing so would cause an employer to lose a monetary or licensing benefit under federal law. In other words, must I show an actual monetary or licensing benefit loss or a specific regulation that states clearly that I would loose a monetary or licensing benefit or is it sufficient to rest on the fact that my business is a federal contractor and therefor the federal regulations and executive orders would prevail even where grants and the like are not in play. 3. How do you define impaired in the phrase: A REGISTERED QUALIFYING PATIENT'S POSITIVE DRUG TEST FOR MARIJUANA COMPONENTS OR

METABOLITES, UNLESS THE PATIENT USED, POSSESSED OR WAS IMPAIRED BY MARIJUANA ON THE PREMISES OF THE PLACE OF EMPLOYMENT OR DURING THE HOURS OF EMPLOYMENT.
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.
For the people who are opening dispensaries, I believe their should be an investigation of where their money is coming from. I have no doubt that the majority of the dispensaries will be backed by people already in the illegal drug trade. Making the requirement that they cannot be a felon and an Arizona resident is a good start, but they can find ways around that. You should do checks on where the money is coming from, there should be full disclosure. Just like if I buy a house, they want to know where my money came from, same should apply here. If a person applies for a license and you do a check on his funds, if he all of a sudden (or anytime in say the last year) had $50,000 deposited in his account, he should be able to prove where he got that money from. Where is the money coming from paying the bills, rent, equipment, etc. That should keep out a lot of drug dealers out. If he can't prove where the money came from, that should be a giant red flag. If he got a loan from a bank, that is easy to prove. If it's from his savings or selling stock or what not, easy to prove. A "loan" from a friend or "business associate"....red flag. You should not only investigate him, you should investigate the "friend" giving him the loan, and where that money came from. That will keep the drug dealers out. The people applying for dispensaries should be scrutinized to the very last detail, not only their record, but more importantly, where their money is coming from. If the money trail is analyzed, I bet a bunch of the "shady" people applying for licenses will back out. It is not fair to the law abiding citizens of Arizona that want to open a dispensary, whom earned their money legally by working hard, have to compete with the deep pockets of illegal organizations. Trace the money and keep the drug dealers out.
There MUST be something in the rules to allow qualifying veterans to get it; they must be qualified but they must have a way to get recommended without extra cost out of their pockets to seek medical recommend outside of the VA . We have no insurance except for the VA. It would cause my husband undo stress to see an unknown dr and to pay for at least 4 months to see another dr than his own trusted dr at the VA on top[of the cost of the permit and the cost of the marijuana. It would also cause unjust cost for us to pay for both of us HIM & his caregiver) to pick up the marijuana. He is not always able to get out of the house due to his health. It feels like in trying to make this well regulated that it is being written in ways to put more blockades in front of those who were blessed to be able to fall under receiving the benefits of the law.
New proposals. 1 A dispensing physician should be limited to a maximum of 30 patients. Reason: This gets away from the 'marijuana doctors' who make a living largely by writing medical marijuana prescriptions for essentially all comers. 2 A dispensary should be restricted to having 30% of its dispensing sales revenue come from medical marijuana. Reason: This would reduce the tendency to have 'marijuana shops'. 3 Medical marijuana prescriptions should be restricted to being dispensed in food, capsules or suppositories, but never in raw form. Reason: This would make it difficult to obtain

marijuana to smoke.
You only listed 13 Debilitating medical conditions,here should be more. There are also non-debilitating medical conditions that could be listed. If you are just trying to find a minimal amount medical problems to be covered by this bill should reevaluate. Should you cover more medical conditions, there would be the possibility of making more revenue for the state of Arizona and could cause the pharmaceutical companies to reevaluate their prices to where some medication that are now being sought in different countries by low income families / medicare patients would be more obtainable. Regardless this Medical Marijuana Act could be a good thing if only you handle it right way.
There was nothing stating the criteria ADHS was going to use in regards to awarding the dispensaries, specifically the locations. In other words, how is ADHS going to ensure that the 124 dispensaries have the proper footprint to cover the needs of the state's patients? I would propose awarding the dispensaries based on the best business models, ability to comply with state regulations, and financed operations to ensure a quality experience for the patient. The awarded dispensaries would then be given/chose a location that they could operate in. This would ensure most of the population has a dispensary that is within a reasonable distance to use.
Yes, there should be no repercussions to Medical Doctors, City Governments, Law Enforcement for enacting Proposition 203. There are all kind of protections for the patients as there should be. Also we do not think rural areas should be held to the same requirements as metropolitan cities, you are not being FAIR!!!
No matter what is said or done it will never be legal for anyone. The law passed 2 or 3 times already and the Arizona found a way to outlaw it. I have no doubt it will never be legal in Arizona. Look at the [redacted]. It is a federal law to not illegally and the supreme court says "if your in the U.S. you have the same intitlements as real U.S.citizens.
.What about compassionate care givers who are charitable organizations caring for the sick (Churches, and civic clubs), you have created a big business proposition between the wording of public health requirements and city zoning requirements. The effect of this will push the price of medication and care artificially high. Patients have and need varied support systems.
ADHS should demand that individual caregivers form collectives. register with the state. each patient

caregiver pay $100-125. per year and $100 per renewal. that they can grow in their homes or jointly on the same facility. thats a control measure. meet the guidlines of the cities municipal code. pay for a business license. each caregiver can have no more than 5 patients, 12 plants each. make sure the facility's electrical system is inspected by a licensed electrician for city approval and a small fee for the trouble. any new modification done on the site must be inspected by a licensed contractor and electrician. thats a control measure. work with commerce not against it and the state will be better for it. all excess medicine must be either sold or donated to a dispensary of their choice or sold or donated

The Colorado bill has a dollar amount for the surety bond. Medical marijuana license bond. (1) BEFORE THE 13 STATE LICENSING AUTHORITY ISSUES A STATE LICENSE TO AN APPLICANT, 14 THE APPLICANT SHALL PROCURE AND FILE WITH THE STATE LICENSING 15 AUTHORITY EVIDENCE OF A GOOD AND SUFFICIENT BOND IN THE AMOUNT 16 OF FIVE THOUSAND DOLLARS WITH CORPORATE SURETY THEREON DULY 17 LICENSED TO DO BUSINESS WITH THE STATE, APPROVED AS TO FORM BY 18 THE ATTORNEY GENERAL OF THE STATE, AND CONDITIONED THAT THE 19 APPLICANT SHALL REPORT AND PAY ALL SALES AND USE TAXES DUE TO THE 20 STATE, OR FOR WHICH THE STATE IS THE COLLECTOR OR COLLECTING 21 AGENT, IN A TIMELY MANNER, AS PROVIDED IN LAW. 22 (2) A CORPORATE SURETY SHALL NOT BE REQUIRED TO MAKE 23 PAYMENTS TO THE STATE CLAIMING UNDER SUCH BOND UNTIL A FINAL 24 DETERMINATION OF FAILURE TO PAY TAXES DUE TO THE STATE HAS BEEN 25 MADE BY THE STATE LICENSING AUTHORITY OR A COURT OF COMPETENT 26 JURISDICTION.

There are no operational rules for a person to follow for cultivating own medicine. How are they being conceived. I have many ideas and have input but cannot find out where to communicate them. Some of them follows: I have concentrated my concerns here as if I were a patient cultivator otside the 25 mile limit. A. Would seeds be available through the pharmacy and what cost? B. Would setup and maintainance of "garden" be somehow reimbursed or deductable? As many of us are on lower income status's, it would be prohibited to some and would be discriminatory to make people pay extra due to proximity to a pharmacy. A proper setup of lights, containment, security, temp and humidity control, of any contained system would cost at least $500 dollars whether it is soil,hydro or Aero based. This is an extra cost just for this group over the group buying directly. C. There has to be a grandfather clause for this group. I live in Page and I would have to make a 120 mile round trip to the nearest pharmacy (IF there will be a pharmacy in Flagstaff) for the first six month's or so. I set up my own "garden" and a year goes by and someone opens one up here. I need protection at that time. D. There should be some kind of exception for the grower for the six month's it would take to establish and grow the first crop for consumption. Remember we have to dry the plant after harvesting. Maybe an exception for the amount obtained at the pharmacy to alleviate the driving. Or shipping the medicine like mail order pharmacies do. E. Keep in mind that we shouldn't go overboard so it would be impossible not to be segragated or some how made to feel different by doing this. This is about normalizing or recatagorizing from it's inaccurate class of "no good" or "evil" to a formidable medicine. Keep in mind you don't make me jup over hoops to take my morphine, dilaudid or other pain medication.

There is no section concerning veterans. As a vet who is on morphine and several other meds for chronic pain, depression, ptsd, insomnia and fibromyalgia I would like the oppurtunity to try this method of pain release istead of narcotics. As I cant afford any other medical ins as I am still fighting with Social Security and the VA for disability benifits. How am I going to even afford seeing a civilian doctor much lesss stay with them for a full year. As this is an oversight I would suggest having a qualified dr be able to review veterans medicle records and if they qualify granting them a card.

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.
YES, pain is pain, if it has been around for years and nothing else has worked, mm should be administered.
Greetings I think there is a question that should be addressed, and I for one will like to know the answer. I have been receving treetment for 8 buldging discs and a degenerated disc in my back for about 5 years. Now after 8 procedures on my back the Dr's say they can only try to keep me comfortable. This means they have me on nartic pain patches.As part of this treatment I am required to take randum drug tests. My queation is what problems will come up if I now try to use medical marijuana to help with some of the affects of the pain patches, and the pain.([redacted])
How about what should be removed. There are way to many pages of regulation. What average citizen who approved this prop has the time to digest all of this? There appears to be a lack of respect by the AZ Dept. Health Services for the adult American citizens who approved this prop.
i am now under veterans care for prostate cancer. the va will not give me a script for grass. they will give me morphine. this is not an option for me, as morphine has to many bad side effects. as long as i can prove i have cancer, i dont believe i should have to go see a doctor for a year before i can attain a permit or card to get the weed. i am on disability. i am in a lot of pain. the va is keeping me alive. i will recieve cemo the rest of my life. i have all the paper work i need to get a script. i just dont have the time. please make a revision or amendment. while i am still alive. please help me with my pain
Add a statement regarding the nature of the doctor/patient that includes the patient's right to determine the length and nature of his/her relationship with a doctor.
Rules regarding the amount of medical amount of marijuana that can be sold and grown by dispensaries and patients should be addressed.
I noticed that you did not include any "Animal/pet" rules or guidlines. I can see where some dispensaries, and cultivation yards/rooms may consider animals as part of security and I feel that there should be guidlines as far as vaccinations.
here's something that should not be in these rules nothing in the law about these as exclusionary:

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.
FBI basic background check, finger printing, domestic violence charges in the last 5 years, sexual preditors, weapons charges, tax evasion, drug possession with intent to sell/sell to a minor, driving under the influence of a controlled substance. To me this is the kind of things that need to be checked for a dispensary license, or even a license to grow and harvest medical marijuana.
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.
Not that I have seen but I have not read it all. Sorry.
pricing is a big issue and nothing in the rules to protect the patients. no one is going to open a dispensary and operate it for free so theres going to be high cost and from examples of prices in other states most patients who qualify for this medicine wont be able to afford it. i would take federaly approved marinol but even with medicare and private ins it cost $450 a month. so i choose this over that cause its cheaper so this needs to be addressed. thanks
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Who can recommend medical marijuana to a qualifying patient? Nurse Practitioners.
no
I have to reread it to know.
How will dispensaries obtain their initial crops after approval?
a mechanism to provide answers to questions instead of the operator wh answers the phone and can only direct you to the faqs
wording that leaves room for when things change after the initial launch of this initiative.
Not at this time.
I believe the rules need to be shrunk, not expanded. There is a cost to doing business, and the rules in place right now are going to make it very hard to stay afloat as a business. The surveillance system is way over the top. Why should a government agency get to look into any business with remote cameras, isn't that fundamentally against citizen's rights? The rules must consider marijuana just like _any other_ prescription medicine. Taking as an example another prescription medicine, say any antibiotic, then consider this point: . How would an "antibiotic dispensary" be treated? (and treat marijuana the same) How would we regulate doctors on prescribing antibiotics? (and treat marijuana the same) . If there wouldn't be a remote camera surveillance system in an "antibiotic dispensary", neither should there be one in a marijuana dispensary. This is a fundamental point I'd like to see the Board address. Thank you. [redacted]
Did you leave out mobile vending ?
You might consider adding a statement that describes how the medical marijuana should be transported.
Hospitals appear to be left out of the regulations. It is conceivable that patients may wish to continue to

use medical marijuana while hospitalized, which raises a few issues: Would hospitals need to allow patients to use medical marijuana, provided that their physicians agree to it? Smoking is hazardous in a hospital, due to use of oxygen. Also, patients sometimes have to share a room with one or more other patients, so it would seem that the best course of action would be to require that non-smoking routes be used for administration.
Yes. Permanent lawful residents that have been living in the state for over two years (within the excluded felony charge laws) should be permitted to have the same "rights" as U.S. naturalization or U.S. citizens as patients, qualified caregivers or dispensary agents.
People who are already permanently disabled and are currently under government programs such as medi-caid and have documentation of the disease should be allowed to recieve Marijuana care. To me this is really essential and people who have been permanently disabled have voted the law yes, want to see themselves get covered for what they truly need.
The 25 mile rule
LET'S START BY CARVING OFF THE FAT IN THIS THING, AND THEN WORRY ABOUT WHAT WAS LEFT OUT. DON'T FORGET YOURSELVES; YOU ARE AGENTS FOR THOSE WHO VOTED THIS IN, NOT COWBOY JOES WITH SOME SELF-AGGRANDIZED MORAL IMPERATIVE TO IMPOSE YOUR NARROW, ARCHAIC VALUES UPON THE CLEAR VOICE OF THE PEOPLE. Best wishes, truly. God and good sense be with you all.
How many miles from a dispensary does one have to be to cultivate marijuana for private use. It should be calculated by physical miles, or minutes of travel as sometimes complex and terrain difficult to navigate may be a longer journey than physical miles. Especially on rugged and mountainous terrain. Secondly, if someone resides "outside city limits" in the outskirts of a town, is that deemed "far enough away" to cultivate marijuana. Additionally, can medical card holders consume edible forms of THC (e.g. drinks, food, etc.) in a public place? that should be cleared up and specified as well. Reason being, marijuana that is smoked gives off a distinctive aroma that can be identified instantly. But if someone attempts to eat an edible in a public place, that may be very difficult to manage and may be somewhat of a nightmare to enforce. However, if consuming edible products in public areas with exception of jails, parks and playgrounds where children are present and any government facility (i.e. court house, chamber of commerce, etc.) it might be easier to manage. There should be a requirement though, the edibles may be consumed in public places with the exception of the places stated above, so long as the edible in its entirety is consumed completely, with no trace of edible material, to ensure someone not qualified to use medical marijuana as a treatment, does not accidentally obtain it.
Does a dispensary owner have to be a Medical Card holder, and if so, how are their medical marijuana intakes tabulated? If a dispensary owner is NOT allowed to be a card holder, what sort of precautions are set to ensure that they do not use the cannabis plants for their own private use? Suggestion: If a medical marijuana dispensary owner/operator is not allowed to have a medical card, perhaps a drug test

once a month (or maybe every two weeks) to screen for the metabolites found in the blood as a result of marijuana use would be a method of choice? If they can be a medical card holder and run a dispensary, the rules in place to regulate the marijuana and who can obtain it are very specific which is good. There is no vagueness there, but if the person who runs the dispensary can indeed hold a medical card for marijuana, they should be able to obtain their requirement of marijuana from their own cultivation without need to provide charge for it. The reason i suggest this is, growing the plants is beyond a full time job and since the dispensaries are all non-profit (which protects card holders from getting "ripped off"), a person running one can't really make an "income" off of the facility. Thus would most likely not be the wealthiest of people, but more along the honest type of person because of the requirements set forth. So, as a reparation for the cultivation and ensured regulation of such a facility, they should be allowed to obtain their necessary amounts of marijuana free of charge considering the amount of work required. Private cultivation of plants for people too far from a dispensary was mentioned. However, you failed to mention whether the people growing their OWN marijuana could buy a plant that has already sprouted or just seeds and whether or not it can only female plants (produces the buds that medical patients use) or whether they can have male plants too, to cultivate a "Better" strain. Additionally, you should specify whether there is a choice in choosing seeds over a already sprouted plant, due to the fact that it is an extremely difficult, meticulous and finite process to cultivate marijuana from a seed. Also, not all seeds are good seeds, you should specify that if seeds may be obtained to cultivate marijuana in a private residence is acceptable, that the seeds must be germinated. Germinating seeds is a fine art and not easily done in practice. If the seeds aren't required to be germinated upon acquisition, then the dispensary should be required to explain explicitly the exact process to yield a successful outcome. They should also provide a template of how to grow the plants properly and the requirements of nutrition the plants require. They should also explain the benefits of organic growing methods versus those requiring pesticides and do so free of charge. The inclusion of potting soil rich in nitrogen to ensure healthy growth of the plants, a pot suitable for the size of the plant to grow in, and an explanation of when and how to water the plant with the light requirements should be included in the purchase of a sprouted plant or seed free of additional charge. You should also specify that the medical card holders whom can cultivate a plant should be able to obtain whichever strain is most therapeutic to their specific needs. Secondly, is a green house sufficient? If a medical card holder lives far enough away from a dispensary, that they are allowed to cultivate their own plants, there's a high chance they live in rural areas. Which would mean that the likelihood they are further away from their neighbors rises. Is a greenhouse for cultivation of marijuana permitted? if so, what are the restrictions? Maybe an iron gate with a padlock on the entrance surrounding the greenhouse and an additional lock on the green house along with some sort of motion alarm situated on the greenhouse windows to prevent theft would suffice. That way no one can easily enter without authorization and if someone DID break in, the motion alarm (set off if windows break) acts in the same way a house alarm would and automatically calls law enforcement. This would ensure that if a thief broke a window in an attempt to steal a medical card holder's privately cultivated marijuana, law enforcement could subdue the suspect and return the plants taken and prevent marijuana from illegally entering the drug dealing market. However that is just a suggestion if greenhouse type structures are permitted as a private cultivation site for individuals.

1. What amount surety bond will be req'd? 2. Can an applicant for a dispensary be conditionally approved before investing in a lease, architect,site plans etc? Is it possible that an applicant for a dispensary could sign a lease, hire an architect and complete all site plans and floor plans and then be rejected for a dispensary license? 3. Will dispensary owners be able to sell their license and business? 4. How do cultivators acquire their initial inventories? 5. Why is Arizona the only state to require a medical doctor to be on staff at dispensaries? Thanks!

I did not see a provision for the disadvantaged in our society: the Poor, the Elderly, the Handicapped, or the needy. There should be a sliding payment scale to address the needs of these individuals or groups. The Veterans problem with paperwork needs to be addressed and corrected. Doctors at the V.A. will not

issue certificates so there needs to be a humanitarian waiver to allow their access to treatment with medical marijuana. The addition of Security Guards to the dispensaries should be implemented for the security of the dispensaries and their clients. There should be a human factor as well as electronic security implemented.
Yes. Compassion!
Keep your hearts and minds open. Cannabis has been used by the common folk as a therapeutic agent for centuries. It was a common ingredient in medicines prior to 1935. The only context in which the name Marijuana is acceptable is when you consider "Mary and John" to be the average person. Cannabis is medicine for the people. The average citizen has been largely shut out of a medical system that operates on a for profit basis. We applaud the idea of a Not for Profit method of providing Cannabis to the chronically ill; but beware of making rules that are so convoluted that many who should benefit cannot comply .
Common sense.
No.
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 the Redden-Clark decision in Michigan)
see above
please provide a section on how the approval process will work for dispensary certificates. will it be 1st come 1st serve?, lottery?, or the most logical way, which is to look at business plan and model, and make an informed decision.
All qualified cardholders should be able to cultivate thier own plants, a few at least. Not everybody that lives close to a dispensary will be able to afford those prices. Please look at celiac disease (complete gluten intolerance, that affects almost one percent of the population 0.8%) as one of the diseases named. We have many digestion/stomach related problems as well as this is an autoimmune disease and can present itself in almost anyplace in the body or organs, usually causing chronic pain. Nausea is also extremely common in celiac patients. Med marijuana definitely eases these and many of the multitude of symptoms. Headaches, sore joints, lack of appetite; to name only a few.

No.
I think there needs to be advertising limits included into the rules. Example one, you should be able to drive or walk right past a dispensary with out knowing marijuana is sold there. The dispensary name should be text only with no 'pot leaves' or other graphics so minors will not know marijuana is sold there. Example two is something I have seen in California and didn't like at all is the amount of advertisements in the back of local town papers that had massive amounts of pot leaf, bong, and other paraphernalia. Of course they should be allowed to advertise just with text only and no offending images. I would compare it to an escort company putting naked bodies on their add.
Most medicinal marijuana strains are seedless and are grown from clones. This draft appears to assume that the plants will be started from seeds. Once a dispensary has an established grow operation in place, the cloning process can be done internally; however, there does not appear to be any provision in this draft for a dispensary to acquire its initial clones, or for that matter, seeds. Since cultivation is currently illegal in AZ, how does the Department intend to permit dispensaries to acquire an inventory of seeds or baby plants to commence their grow operations?
I think it would be beneficial to be a more clear with regards to the rules involved in becoming a caregiver. To be more specific, does the Qualifying patient HAVE to live 25 miles from a dispensary or can any Patient apply to grow? If a Qualifying Patient designates a Caregiver, does this possible distance requirement then go off of the Caregivers address?
I suggest adding language to include people who have sustained an injury, receiving a Permanent Partial Impairment rating (PPI) from a Dr as the result of a serious accident. Serious accident includes either a work or a personal injury in which the Dr. declares there is physical and/or mental trauma in which there are symptoms inclusive of chronic pain; including migraine headaches, and/or sciatic nerve pain/damage. Also, I do suggest modifying Article 2, Sec R9-17-201 to include migraine headaches and sciatic nerve issues as the result of an injury in which a PPI has been declared by a Dr.
There is a serious conflict of interest between the implementation of medical marijuana rules and the competing interests and goals of the ADHS. Marijuana is an important medication for alcoholism and drug addiction and it is offered as an alternative treatment in California and other states for people suffering from alcohol or that want to get off of damaging and addictive prescribed medications. Will Humble is Director of the Arizona Department of Health Services (ADHS) and he has been with the agency at a high level since 1992. He controls approximately 2,000 employees and a budget of $2B.

Mr. Humble is now in control of implementing the rules and regulations for the use, cultivation and distribution of medical marijuana here in the State of Arizona. Mr. Humble belongs to a culture of anti marijuana supporters. In many ways this group has prospered and personally and professionally advanced through their opposition to medical marijuana and the will of the people. They have turned their backs on science and common sense. Arizonans voted for medical marijuana in 1996 and 1998 and they were ignored. Now Arizona voters have passed Proposition 203 in November of 2010 legalizing medical marijuana for cancer patients and a few other serious illnesses. This was accomplished in spite of Will Humble and ADHS opposition and efforts to defeat the medical marijuana law. There is a great conflict of interest here. The ADHS has a monopoly on the anti-depressant and chronic pain pill market for the poor. These powerful individuals have little incentive for allowing homegrown marijuana to compete with their synthetic drug distribution to the poor or the depression and addiction industry they control through Arizona Health Care Cost Containment System (AHCCCS). Many of these drugs the ADHS push are referred to as psych-meds on the street. Most marijuana users avoid these drugs because they are known to make people unstable, suicidal and violent. Many mental health patients prefer marijuana to alcohol and these highly addictive psych-meds and are offered a legal treatment alternative in California and other states. U.S. Sen. Charles Grassley, R-Iowa, is concerned that these dangerous drugs are being over-prescribed in Arizona. Grassley requested Arizona's spending data on prescription drugs for the Senate Finance Committee, who is calling for a federal investigation into the volume of prescription drugs that the government is paying out through Medicare and Medicaid. In 2009 Arizona spent over $5.3 million on pain and anti-psychotic medications for its poorest residents. Senator Grassley discovered that Arizona's top Medicaid doctors wrote between 500 and 3,000 prescriptions per year for several of these dangerous drugs that are under scrutiny. Arizona spent at least $1.3 million on Zyprexa , a schizophrenia drug, for Medicaid patients in 2009. State data show that one doctor alone wrote 2,977 prescriptions for Oxycontin and Oxycodone for AHCCCS enrollees in the 2009 fiscal year. The state paid a total of at least $527,449 for the drugs he prescribed to those patients. This Arizona data lists the top 10 AHCCCS contractors according to their volume of prescriptions for the medications Alprazolam, Oxycodone, Oxycontin, Roxicodone, Xanax, Abilify, Geodon, Seroquel, Zyprexa, Risperdal and Risperidone. Senator Grassley wrote to Thomas J. Betlach, director of the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program stating: "The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our health-care system," These drugs are filling our living rooms and our emergency rooms with heavily addicted and suicidal patients in epidemic proportions yet the ADHS is passing these pills out like candy. Will Humble will not implement unbiased, responsible and meaningful rules and regulations that would safely, economically and efficiently make medical marijuana available to the people that need it for many valid reasons. Will Humble and the ADHS are in direct competition with a normal medical marijuana policy. Will Humble and his heavily funded cartel of medical marijuana saboteurs need to stand down. This sabotage will result in a continuation of wasted resources, unnecessary crime, suffering, drug addiction, death, social division and civil disobedience. The individuals responsible for prolonging this damage should be held accountable. I would like to thank [redacted] for providing some of the information I have used in this article from her Saturday, October 30, 2010 posting with the Arizona Daily Star. I have cleaned her political spin off the facts and added my own but the facts are the facts. Join [redacted] in Demanding the Unconditional End of the Prohibition of Marijuana and the Immediate Release of All Marijuana Prisoners in the State of Arizona.
no
Please add something that will help Veterans get access to this type of medication. Thank you.
I would like if Az. could consider allowing disabled persons receiving SSI, 100% VA, or Medicaid be able

to grow their own as long as they meet the "closed locked facility" requirements. If we don't do this low income and government dependant patients will be denied the availability of this program and its benefits.
Confidentiality: Without protections for the Patients this program has no hope of getting off the ground. The DEA has issued one subpoena after another in Michigan in order to gain access to their state records. Below is the text from the Mi. law that pertains to this problem and has so far protected the Patients involved. Rule 333.121 Confidentiality. Rule 21. (1) Except as provided in subrules (2) and (3) of this rule, Michigan medical marihuana 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, but a lot of things that should be out as stated above.
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.
Nurse practitioners independently treat patients with the qualifying diagnoses listed in the draft. Why are they not included as authorized prescribers?
We must improve the doctor to patient relationship. I feel that we do in deed need to set some grown rules, but to see the same doctor for up to a year I feel is a bad idea. I feel that with the way people are getting laid off from jobs they are losing their insurance thus having to see a different doctor. Put your self in that situation. You need medical marijuana for HIV or chronic pain, but just before the act goes into play you change your doctor so this means you must find a need doctor and wait for a year before you can get a medical card to help your medical needs? I feel that a year is to long. Maybe if the patient have medical records of having the issue(s) for up to a year would sound a lot better.

Again, I may come back and make additional comments after I reviewed the draft a second time.
it would be in everyone's best interest to allow only patients that have been issued medical cards into dispensaries. Can the cards have the magnetic strip on then with all there info so they can side it through a reader before the can even entire a dispensary. It would be a huge security feature and automatically know everything about who is entering a facility.
there is nothing in rules for cultavating for dispenceries this is where the real tax dollar come from. arizona needs to put them selves in a position to take advantage of this new industry? Lets be first at something for a change. lets not miss out on this great oppertunity. you guys have a chance threw this law to become the strongest branch in az goverment.
can a dispenrary liscense be transfered to another party and can two seperate dispensary's use the same location for a grow facility?
just a question I've received a recommendation from a qualified doctor. Can I grow my own until a dispensary opens in my area-Scottsdale? Where in the rules is this covered?
I am concerned about the lack of regulation for ceiling fees, i.e., it appears that the dispensaries can charge whatever they wish.
Early a few months back there was conversation about having testing equipment for THC, etc. I firmly believe this would take the dispensaries out of the street class of drug and give them legitimacy. I think this would be one of the most important marketing advantages to the dispensaries. This would also insure quality of product for the consumer and levels of THC for what ailments. Once again, I believe NMD's and DO's would be more qualified and reliable than regular MD's
rules concerning the offsite cultivation lenient rules for patients who grow their own for reasons of expense, purity and even shame of using MJ. distance requirements and space allowed ought to be reviewed. a good plant covers up to 27 square feet at maturity. something in the state's rules should supercede P & Z rules which constrict rights to privacy, expense and organic purity.
Any person applying for a dispensary license should be tested for illegal drug use before they are issued a license. All potential dispensary applicants that are being considered for employment should also be required to pass a drug test before they are hired. Does that make sense? Unused marijuana has the potential to be sold on the streets depending on the honesty of the dispensary people. I do believe that

would be easy to do in Arizona and I'm not a drug user. From what I've read the quality of medical marijuana is much higher than what is sold on the streets and would command more money than what is sold out there now.
God created marijuana for humans to use...people should never put laws on nature like this...karma
You need a sliding scale for the cost of the member's card. A lot of these patients will be on fixed incomes, SSI and SSID and $150.00 is too high for them to afford. Also the 25 mile rule to grow their own at home needs to be elimated. The cost is to high these clinics charge for a plant a patient can grow at home for almost nothing.
There are too many already!!
The dispensaries should employ a regulator whose sole responsibility is to oversee the dispensaries operation for compliance and should be State licensed.
Yes, a promise from out government that they will not preclude the people of Arizona from getting medical marijuana when it is prescribed by a physician.
No.
set a maximum price a dispensary can charge for medicine.
the length of time that a Qualifying Patient's or Designated Caregiver's Registry Identification Card is valid. how often do these cards need to be renewed?
All have been previously mentioned, but for review: • There is a need for a competitive application process • Quality Assurance, Staffing, and Cultivation Standards need to be included in application • Allow for a variance to sensitive uses, as local jurisdictions will follow suit and more good facilities may be allowed for. • Ensuring a fair and considerate process for the applications is crucial to getting good people.

Patients ability to grow their own medical marijuana if a dispensary is not available in their area.
A patient can have their regular doctor and a medical marijuana doctor. Dispensaries may deliver marijuana to their patients. Costs will be lower.
Just amending the cost to include a price people on low income can afford, DHS having an open agreement with dispensaries and the cost dispensaries have to pay should be looked at even though I am sure they would be making a profit anyway.
de criminalize it.
There is another condition that should be added to the list of ailments which would qualify an individual to participate in this program. Post Traumatic Stress Disorder or PTSD as its commonly reffered to is known to be medically treated with many benifits, in our neighboring states New Mexico & California. The Veterans & Crime Victims of Arizona who suffer from PTSD, should be included as quickly as possible in the list of Qualifying Conditions, so as to assist in their treatment!
I would like to see language on specific penalties should a prescribed user provide their medical marijuana to another person. Potentially a description of these penalties could be provided on a flyer with each prescription provided statewide. The reality is that those with prescriptions will become dealers for their friends without prescriptions.
I couldn't find if veterans are inlcluded or excluded from this. Some veterans have medical coverage ONLY through the V.A. WIll there be a dispensery at the VA Hospital in Phoenix...or will the veterans be excluded from this?
ADHD ought to be included in the list. I suffer from this too. There have been multiple testimonies from psychiatrists before Congress on the effective use of marijuana to treat ADHD. Without going into medical jargon: people who suffer from ADHD are impulsive (think too quickly), suffer from excessive energy, insomnia, etc. In my personal life I've lost a number of girlfriends because I could only sleep for 3-5 hours a night without smoking marijuana and falling asleep together is one of the most comforting things of a relationship. Whereas most people don't need to slow their train of thinking down, my experience has been that smoking marijuana lowers my energy levels and thought trains to more socially acceptable levels so that I can integrate into society better. I understand for some people smoking marijuana may make them less apt for school, driving, the work force, etc. But in my case I was born cursed to be on a different playing level energetically and intellectually and smoking marijuana helps me to mellow out. Basically, it makes sense for someone who is hyperactive to smoke some marijuana to mellow out. I am more than happy to answer further questions or testify in public concerning this as it effects my every day life in very fundamental ways. Best wishes, [redacted]
As it stands now the 20,000 eligable patients would garner $3 million dollars, but if the pool were the orginal estimated 100,000 patients that would equal $15 million in additional revenue. Given the economic place where AZ is, it would make fiscal sense that the rules be relaxed. There will always be a

level of abuse for any prescriptions (pill poppers) as there can be expected with medicinal marijuana. It would be sensible that we increase the pool of people who can obtain a card AND pay the $150 fee.
NOT AT THIS TIME.
Already stated
Incredible! Left out? Only a bunch of corrupt (@#!!?%$#) could be so detached from reality as to ask that kind of question. You people and your unions are truly Marxist/communist/progressives who hate free enterprise and the open market.
Not that I can think of.
Arizona Physican: Will Medical Mari be a schedule I or 2-5 scheduled drug
Individuals on fixed income or Social Security should be exempted from annual fees, or at least receive some kind of discount.
One thing I also saw that I think should be changed is which patients can grow their own plants. I think all qualified patients should be allowed to grow their own plants, not just those who live a certain distance away from a pharmacy. Of course their should be a limit to about 1-3 plants per patient and they must me grown in a confined and secure place.
It would be nice to mention that the DEA says on their page for "Marinol" that we have medical Marijuana it's called Marinol. Marinol contains less than 10% of the cannabinoids of the plant, but by Schedule 1 law, this should also be outlawed. There is nothing there that says it must be grown to of "No medicinal use". Pressure via additions to this law could help make the government move Marijuana out where it can be scientifically evevaluated without the pressure of government and give the ability to doctors. This would also relieve a lot of burden on the police make giving it away or other crimes Federal crimes.

Should use a well established analytical lab for their products. [redacted]
Noe that I saw at this time
Same as last...
conditions for operating a motor vechicle? 2hours after taken, ect. it will always show up. so does that mean you can never drive agian? where oxycontin use is tolerated?
What criteria will be used in selecting a person or persons application for a dispensary? and how will they be allocated or dispersed demographically throughout the state? If I submit an application and want it in Phoenix, if there are no more dispensaries allowed in Phoenix, will I be able to move to another location/town? Will I be able to get a partial refund on my application fee if I choose not to open one else where? I live in Phoenix and do not want to operate a dispensary in Yuma, and if central Phoenix is filled, will I be given an option for another town before I pay my application fee? $5,000.00 given in good faith, I should hope this will not taken lightly and that everyone will be treated fairly as to not lose the application fee. If due diligence was not followed or the background check came back negativley and proven, well then I can understand that.
It appears you have done a thorough job.
Where I can find a doctor.
I am not sure where the initial seeds/plants will come from. That is not explained in the regulations.
What's been left out is compassion for the patients. It has the feel that it was written by heartless, paranoid anti-marijuana people. You appear to be doing what you can to cut off access to medicine to as many people as possible.
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 transportaion costs, due to losing my medical coverage, due to my doctor's expertise. Don't make me see another doctor as my primary physician.
1. What is the criteria for the issuing of dispensary licences? Is it gegraphic, population, a lottery? 2. How will initial Marijuanna stock be sourced within Arizona?

I think there should be consideration for who many dispensaries each county will permit. This last week I heard from a very reliable source that in one Los Angeles county there sprang up approximately 200 dispensaries. This become so problematic that they enacted legislation that reduced the number to 12 per county yet no limits that I could find. I may have missed this aspect in my quick review but I don't find a quantity that can be dispensed. Again, with drugs there are limits to what can be taken and when refills can be requested based on prescription quantity and directions – but I don't find this in the proposed rules. Can one get as much as they like and use it as they like? I'm hoping not.
I have contacted 4 different Waste disposal companies in the valley in regards to proper, legal of waste MMJ, and waste from the farm. None have any set programs, and can give me no advice on what is accepatable disposal.. Does the state have any reccomendations,
make it more available to people with chronic pain (especially back pain, migraines, and other debilitating pain).
Veterans need help TODAY not in ONE YEAR and FOUR VISITS
include that a caregiver can produce marijuana for up to 5 patients and allow at a minimum of 500 sq. ft. for this purpose. 250 sq. ft. is not enough room to care for 5 patients as prop. 203 allows.
No comment.
Medical marijuana should be available to people who cannot afford it. They should be allowed to grow it, even if they are within the 25 miles distance from a dispensary. People who are very ill, out of work, cannot afford what will probably be 400 dollars an ounce. Let them grow it.
1. Define the length of time a potential dispensary can have to schedule the final inspection with the state. 2. Define what type of business organization will be allowed to operate a dispensary. 3. Define if a certificate of occupancy is required, if not at what point in the process will it be needed. 4. Define how a dispensary will obtain seeds or clones to start growing 5. Reduce the high application fee for patients from $150 to $50. 6. Modify the patient doctor relationship to include only supporting documents with no length of time required for the doctor/patient relationship. 7. Remove the language that requires medical direction and allow a medical assistant or pharmacist give advise on contraindications. 8. Allow a dispensary application be submitted without a certificate of occupancy and require the dispensary obtain one prior to the final state inspection. 9. Remove the requirement for dispensaries to submit an annual report to the state and leave the financial data for the IRS. 10. Allow dispensaries to have their marijuana tested by an independent agency for quality and THC content and this can be included in their labeling. 11. Define if the 30% that a dispensary can get or give to another dispensary, can be bought or sold. 12. Can the dispensary have a delivery service? If so how much can be in the vehicle at any given time. 13. Require that cities allow for delivery service as some

ordinances are already trying to restrict this, as it is written into the proposition and should be allowed.
Yes, you have left out Respect for Patients. Have some respect for the intent of the new law that resulted from Proposition 203. If conventional medications fail to control my glaucoma, I would like to have the option to acquire the quantities of marijuana that I would need as provided for as provided in the proposition. Change the rules to ensure that glaucoma patients won't be priced out of the market because you have artificially inflated the price.
Please see the specific language above.
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. There should not be any charge for updating a file, if the is done by logon the update could take effect within 24 hrs.... There most be a way to reduce all these fee you are try to add on to access to medicine. It should not take more that 10 day to process any and all applications. This 90 day process will only delay, people having access to the medcine the voter supports. There is no reason for the procress to take this long.. 15 days is the maximum need for any application. There should not be any road blocks to medicine, and you should do everything possible to elimianated paper work (paperless process), and deliver access freely.
I noticed that the law only allows US citizens What about the folks' that are here legally but are not citizens? Are they to be excluded??
Where is Quality Assurance of the medicine? Patients severely ill by the 13 point protocol you publish must have safe medicine. Your ordinance spends a great deal of language on making money but none on bringing safe medicine to patients. All medicine should be tested for microbiological safety, that is APC, coliform, and E.coli; absence of harmful residues (pesticides, fungicides); and potency of cannabinoid content at the very minimum. All medicine should be managed with a test and release protocol mentality for the safety of the patient. Independent laboratories are available to provide these services.
Yes, see comments re: sustainability.
We know that thing have been left out of this Pro 203, but we will trust that you orgainze this to support the paintent of Airzona!!!
Under ARS 36-2801 of the proposition. Chapter 17 17. "VISITING QUALIFYING PATIENT" MEANS A PERSON: And 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. We foresee problems with this clause that need to be clarified in the rulemaking process. Although all other medical marijuana states have some sort of a registration card, the only state that does not require you to possess one is California. Since it is a bordering state and the largest state in the country, there will be a considerable amount of infractions that could be avoided. Another issue is that the majority of physicians in California provide you a card with your picture and your name on it making them feel as if they have a legitimate card. Even the physicians office explains that the card is a novelty but the population believes that it is a state issued medical marijuana identification card. This will incur many legal problems that will need to be addressed. I would create verbiage that states that California residents need only their physicians recommendation to avoid arrest for possession or use of their medication. Again for clarification, to purchase and legally use medicinal marijuana in California, you only need your physicians recommendation. A state card is available but not required by any entity. It is believed that less than 2% of the medical marijuana patients in California possess a card but over 90% believe that they will be in compliance with proposition 203 reciprocity clause. Regarding security, we can learn a lot from operations that currently exist in California and Colorado. Parts of Los Angeles and the bay area have dispensaries that are just one room where San Diego dispensaries have "check in" areas. It is our recommendation that the dispensaries are divided up into 3 areas. Reception, dispense, and storage. The reception area is used in many areas of the country where dispensaries have recently been approved. This will be a location where the patient can be verified before setting foot into the area where the medicine is dispensed. The dispensary location and the reception will be separated by a locked door a accessible by keypad or other similar device that will keep out these patients out until verification. If you read the white paper put out by the sheriffs in California, you will notice that the majority of crime that has occurred in the dispensaries did not have a verification area. This should be mandatory to adopt and will cut crime by 90%. Also, we recommend that the "dispensary" area that is not reception or storage be defined as the dispensary. Since on site usage is forbidden, anyone in the proposed area regardless of identity could use a product there and put the dispensaries certificate in jeopardy. They would be held accountable for any usage in the secure area. Some groups have stated their intention to propose requirements stating that THC content should be attached to every batch that is cultivated. This will not be feasible until there is someway to monitor dosage such as prescription medication. There have been no ideas or precedents set anywhere to monitor the dosage on smoked marijuana and to this date no studies on edible marijuana products as this is fairly new ground to the industry. There should also be some sort of clarification on the location rules and if this is really a two part process that many groups have proposed. Will the location need to be up an running in order to receive a certificate or will you tentatively approve a dispensary board and then they will find their location and will that apply to the cultivation facility. It is our recommendation that the dispensary and the cultivation facility be operated as two different parts. The municipalities will reasonably approve the dispensary locations but have not been reasonable to the cultivation facilities. This is another reason that the product will be in short supply. Dispensaries should be approved initially and the cultivation facilities should be approved as they are ready to be operational. Since retail experts and cultivation experts are of two different makeups, it would be sensible to have those dispensaries designate a grower that they are responsible for. Regarding a non-refundable fee. You will run into troubles the costs incurred for application approval and they will need to be in the area of $5000. Denver currently charges a $2000 non refundable fee but there is no cap on the amount of dispensaries. Please make sure that there are $5000 of costs incurred for application or lower it to something more reasonable such as a $2000 non-refundable deposit with the $3000 being required upon approval. Please remember that this medicine is so vital to these patients that some states are introducing legislation that does not require voter approval. It is also important to understand that the federal government enacted a program in 1978 called the Compassionate Investigational New Drug program. They have been providing marijuana for medical usage to a select group of patients for over 30 years. Although the

negative stigmas still exist, it is a fact that marijuana has medical efficacy and will help people. Your departments slogan is "Leadership for a Healthy Arizona" and according to your website you promote and protect the health of Arizona's children and adults. I see nothing stating that you are here to protect the morals of the citizens. Please act accordingly in allowing this medicine that the pharmaceuticals, paper companies, plastic companies and politicians do not want and do what is right for the health and well being of the community regardless of future confirmation hearings.
Decades ago a doctor suggested marijuana might give me relief from severe nausea since the two medications on the market did not and my weight had dropped to the low 90s. Marijuana was not an "alternative" method to keeping me alive, it was the only method. The draft recognizes the homeless with regards to receiving a patient card, yet it is completely unrealistic for them or low income people to afford the fee. The fee for patients excludes the poor from this medication and that is not right. There should be a sliding scale fee for the poor. I know this makes it more for you to manage, yet you have other government sections that do have scales, like ACCESS and Food Stamps, and you could use their system.
Will out of State Medical Marijuana cards be honored in Arizona? And can out of state cardholders leagally purcahse medicinal marijuana through a dispensary? Will there be a process for out of state cardholders to obtain an Arizona Medical Marijuana card?
Can an individual or corporation apply for more than one dispensary license? Can an individual or corporation own a percentage of more than one dispensary? Will dispensaries cultivate on-sight, or in a seperate facility?
1. Criteria for selecting from competing applicants. 2. Cross reference to the standard regulations that prescribe the process for hearings, OAH's role, the Director's decision, etc., all as a prerequisite for a final agency decision that is subject to judicial review. These regs often say that "the Department's" decision can be reviewed in superior court. But many lay people would not recognize that a bunch of steps have to occur before "the Department" issues its decision. Just so the regs are more user friendly.
QUESTION: Because of the costs involved in setting up a dispenary, how will a person know if they should proceed? How will it be determined on WHO will get a license or a preliminary approval? The application process asks for drawings to scale---if somone applies and they are not approved, it seems there would be quite an expense without knowing. Is it true that the Dept of Health already has the licenses deligated to certain groups?
QUESTION: Because of the costs involved in setting up a dispenary, how will a person know if they should proceed? How will it be determined on WHO will get a license or a preliminary approval? The application process asks for drawings to scale---if somone applies and they are not approved, it seems

there would be quite an expense without knowing. Is it true that the Dept of Health already has the licenses deligated to certain groups?
The Prop. and draft rules speak of "dispensaries" in the nature of (apparently) locations/facilities where a patient would go to obtain MM. There also are references to the security requirements for areas where MM is cultivated. However, the Prop. and draft rules do not seem to clearly address the status, licensing requirements, etc. of facilities operated solely for the cultivation of MM (such as a warehouse-type facility, an open lot) or the people who might operate them. Will it be possible for an entity which is not a certified "dispensary" to cultivate MM for sale to dispensaries, or will certified "dispensaries" be the only entities allowed to cultivate MM? Some AZ jurisdictions (e.g., Phoenix) contemplate having dispensaries and grow facilities in different zoning classifications. This suggests a distinction I do not see in the Prop. and draft rules.
Yes DON'T play games and try to restrict access to this medication as you can already purchase is on any street corner in Arizona..... So stop being so stupid.
Rules are to restrictive. Marijuana should be treated like any medication approved for the use and treatment of pain, or to relieve undue suffering. The physician should not be required to adhere to any rule making procedures not already in place for the prescription or recommendation of a controlled drug or substance.
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.
There should be a specific license/permit for "growing" separate from the "dispensary" permit. The two operations are completely different. Both require security but slightly different types. One is dealing with retail space and customers and prescriptions and inventory and cash in/out daily. The other is more agriculture related. Still requiring a set of business skills but quite different if they were compared.

If there were "growers" and "dispensaries" the two could become better at what they do, rather than trying to be everything. The growers could produce more quality and quantity (more consistency) to the dispensaries and the end user would have a far better choice from different facilities which will keep the prices stable and product consistent as labeled. IE: If there were a particular strain that was better for one person but the dispensary nearest that person didn't grow that type, the patient might have to go all over the state to find what he/she needs. If the growers could produce consistent strains and distribute them equally, the product would be easier manage. ------------------ secondly I didn't see anything about the "public use" of marijuana if you have a permit or prescription. There should be something written into the statute that states WHERE you can participate in the use of the product. IE: home, or in a designated location? but not on the street or in the park . . . . etc. . . Businesses will have a bit of a time deciding how to handle a "legal" user, similar to coming to work drunk??? or not??? This can not likely be written in to the law, but a guideline to help employers know how to handle it,might be helpful THANKS SO MUCH FOR ALLOWING INPUT. Also the State could better oversee the quality of the product(s)
Include guidelines for caregivers to cultivate for registered patients autonomous of the regulation on patients cultivating within 25 miles of a dispensary. This will help patients acquire medicine cheaper and decentralize this economy. It will keep the Dispensary Owners from over-exploiting the market from a business perspective, resulting in a decline of quality and integrity in their product. ^^^ For dispensary grow operations, there should be a provision for fire inspection from the local chief or what not. The dispensaries that plan on growing should have the right to public privacy of their grow operation location. There should be strict penalties for acquiring medicine from the illegal market. Out of state dispensary owners should not be allowed to own in our state. The DHS should sponsor a local laboratory that tests medicine for dispensaries for levels of THC and other active cannabinoids, this is crucial information for patients. This would also be available to test for pesticides and pests. This is just as much for health as it is for efficacy. Thank you for your time.
Have not finished reading it - will post more comments as time goes on.
yes! Most people.
Yes. The rules should definitely include a product safety component that includes analytical testing of all products. We must protect patients! Please see my more detailed comments in the previous question. And feel free to call or email anytime with questions or concerns. [redacted]
1. Specific criteria to be used in determining the granting of dispensary licenses from the pool of ALL qualified applications 2. how will applicants meeting these criteria be selected? many more qualified applicants are to be expected for a limited number of licenses. will there be a lottery among the qualified applicants. will applicants be notified that their application has been accepted and is eligible for the lottery. Transparency is absolutely necessary. We can not accept obfuscation in this process. 3. A prescribed location for the dispensary can not be part of the criteria used to determine qualified applicants. Just as the application fee is excessive in light of the limited number of licenses vs applicants. Leasing or purchasing property prior to being granted a license is not acceptable. Licenses

should be granted contingent on meeting designated zoning criteria for the designated dispensary. 4. A statement from the Arizona Board of Medical Examiners (AZ BOMEX) regarding their interpretation of the law. This needs clear guidelines for physicians 5. Assurance that AZ BOMEX will not harass or obstruct the practice of physicians in compliance with their guidelines. 6. A remedy for physicians who feel that their practice is being unfairly targeted by AZ BOMEX based on their participation in this medical marijuana program.

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

1.Explain if a card holder could also be a caregiver. 2. list how greenhouse growing is also an option.

no

My suggestion concerns disposal of unusable marijuana. As I'm sure you do not want it in the dumpsters, perhaps a composting facility should be used, or they could compost their own. I don't know how much waste the dispensaries will generate, but it could be a lot, and the green thing to do would be to compost it (stalks, stems, fan leaves, old buds, moldy buds, etc.) Perhaps a company could get 'certified' as a facility that could compost this material without worry that any usable marijuana would fall into the wrong hands.

Security section R9-17-315: First area lacking specifics relates to part B of the security section. A dispensary may transport marijuana...etc. Please address additional specifications regarding transportation. If dispensaries are able to transport marijuana, how does an "agent" maintain security or the positive control of the product while in transit? Arizona law allows open carry and concealed carry of a firearm. How does securely transporting marijuana correlate with the existing laws that prohibits carrying a weapon while in possession of a controlled substance, such as medical marijuana? What are the rights of AZ citizens with a CCW permit while functioning as a transport "agent" for a dispensary? The transportation between grow facilities and dispensaries will be a high-risk job. The draft rules need to address this issue of securely transporting medical marijuana. Security section R9-17-315: The security section covers security equipment, devices, cameras, internet security, etc, but do not address physical security with armed or unarmed security guards. Medical Director R9-17-310: Medical Director has been defined as a doctor of medicine or a doctor of osteopathic medicine. Do you foresee adding Advanced Nurse Practitioners (NP) to who can provide the oversight as medical director or have the existing patient relationship? The Centers for Medicare/Medicaid and The Joint Commission recognize documentation of any of the following: an MD, APN, or Physician Assistant (those who see patients and have prescribing rights) with many standards for quality care. Finally many debilitating medical conditions have been listed, but many are not included. The process to add a debilitating medical condition is very complex. For instance, the following information could be considered as we have numerous military veterans in Arizona: Post traumatic stress disorder (PTSD) is a severe anxiety disorder that can develop after exposure to any event which results in psychological trauma. This event may involve the threat of death to oneself or to someone else, or to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's psychological defenses. PTSD is a less frequent and more enduring consequence of psychological trauma than the more frequently seen acute stress response. PTSD has also been recognized in the past as railway spine, stress syndrome, shell shock, battle fatigue, traumatic war neurosis, or post-traumatic stress syndrome. Diagnostic symptoms include re-experiencing original trauma(s), by means of flashbacks or nightmares; avoidance of stimuli associated with the trauma; and increased arousal, such as difficulty falling or staying asleep, anger, and hypervigilance. Formal diagnostic criteria (both DSM-IV and ICD-9) require that the symptoms last more than one month and cause significant impairment in social, occupational, or other important areas of functioning (e.g. problems with work and/or relationships). Neuropsychopharmacology. 2007 May;32(5):1032-41. Epub 2006 Oct 18. Inhibition of Fatty-Acid

Amide Hydrolase Accelerates Acquisition and Extinction Rates in a Spatial Memory Task. Varvel SA, Wise LE, Niyuhire F, Cravatt BF, Lichtman AH. Department of Pharmacology and Toxicology, Medical College of Virginia Campus, Virginia Commonwealth University, Richmond, VA 23298-0613, USA. Recent reports have demonstrated that disruption of CB(1) receptor signaling impairs extinction of learned responses in conditioned fear and Morris water maze paradigms. Here, we test the hypothesis that elevating brain levels of the endogenous cannabinoid anandamide through either genetic deletion or pharmacological inhibition of its primary catabolic enzyme fatty-acid amide hydrolase (FAAH) will potentiate extinction in a fixed platform water maze task. FAAH (-/-) mice and mice treated with the FAAH inhibitor OL-135, did not display any memory impairment or motor disruption, but did exhibit a significant increase in the rate of extinction. Unexpectedly, FAAH-compromised mice also exhibited a significant increase in acquisition rate. The CB(1) receptor antagonist SR141716 (rimonabant) when given alone had no effects on acquisition, but disrupted extinction. Additionally, SR141716 blocked the effects of OL-135 on both acquisition and extinction. Collectively, these results indicate that endogenous anandamide plays a facilitatory role in extinction through a CB(1) receptor mechanism of action. In contrast, the primary psychoactive constituent of marijuana, Delta(9)-tetrahydrocannabinol, failed to affect extinction rates, suggesting that FAAH is a more effective target than a direct acting CB(1) receptor agonist in facilitating extinction. More generally, these findings suggest that FAAH inhibition represents a promising pharmacological approach to treat psychopathologies hallmarked by an inability to extinguish maladaptive behaviors, such as post-traumatic stress syndrome and obsessive-compulsive disorder. PMID: 17047668 [PubMed - indexed for MEDLINE] Learn Mem. 2006 Jul-Aug;13(4):426-30. Aversive Memory Reactivation Engages in the Amygdala Only Some Neurotransmitters Involved in Consolidation. [redacted] Consolidation refers to item stabilization in long-term memory. Retrieval renders a consolidated memory sensitive, and a "reconsolidation" process has been hypothesized to keep the original memory persistent. Some authors could not detect this phenomenon. Here we show that retrieved contextual fear memory is vulnerable to amnesic treatments and that the amygdala is critically involved. Cholinergic and histaminergic systems seem to modulate only consolidation, whereas cannabinoids are involved in both consolidation and reactivation. The lability of retrieved memory affords opportunities to treat disorders such as phobias, post-traumatic stress, or chronic pain, and these results help searching for appropriate therapeutic targets. PMID: 16882859 [PubMed - indexed for MEDLINE]
To fight counterfeting or fraudulent regustration cards ultraviolet or laser impressions Those impressions should contain some state symbol,the digital id of the issuing doctor and the digital ID of the cards.
The draft rules stipulate that each dispensary must grow 70% of their own marijuana, but nowhere does it state that a facility must sell the marijuana it grows to the licensed patient directly. Under the guidelines set forth, would it be possible for a facility to be set up to strictly grow marijuana for other dispensaries to fill in the 30% gap?
I am not saying we do not need the formation of responsible and compassionate "laws and rules" but do have a concern with the direction and wording of Director Mr. Humble. He seems to be implementing his own personal beliefs in the laws and regulations and is showing a biased stance toward people who are trying to get this thing moving in the right direction. Please be understanding and know its the will of

the citizens and above your own personal beliefs that this law will be enacted.
Pricing has been left out. Dispensaries can't run for free so patients need to be able to grow their own if they choose to and still buy product. Thank you for your time
R9-17-106. Adding a Debilitating Medical Condition R9-17-106. Adding a Debilitating Medical Condition 8. Only exception to said rules are in cases of diseases that effect less than 1 in 5000 based on the fact of limited test pools for accurate studies, but condition is long term, chronic, provided symptoms such as depression, anxiety, and/or pain with specialist recommendation. If a rare or uncommon disease not listed but includes 2 or more of conditions listed R9-17-201 8 - 12 as verified by a specialist in area. (Bases on shear lack of funding for normal research and very limited populations for many of these so called orphan diseases. Could be conditions listed http://rarediseases.info.nih.gov/RareDiseaseList.aspx and must include chronic pain, anxiety, depression and/or other symptoms listed R9-17-201 8 - 12.) R9-17-314. Product Labeling and Analysis D. All products will have a complete list with ingredients included an allergy list including calorie and fat values based on daily calorie intake guidelines.
Just that it should be easy for Medical Patiants not hard to get Medicine...The outline makes it seem like Marijuana is a drig not a Medicine..The 60's R over Marijuana is used by most Medical patiants under the law and use it for their illness..It should be easy to get and easy to get a script from any Doctor that believes that Marajuana can help them..
1. Will the Non Profit need to be setup as a tax paying or a non tax paying entity? 2. Referencing rough draft R9-17-107 Timeframes F .There is no reference to minimum or maximum requirements for number of board members. How many board members will be required? 3. Will the funds required to setup the dispensary be reimbursed if no license is granted to the applicants. Ie: rules call for properties to be already leased and ongoing will the monies required be lost? 4. Timeframes/ Will the overall timeframes run concurrent or run consecutive. Reference table 1.1 in the DSHS rough draft page 10? 5. Where will the dispensaries be able to acquire seeds or startup plantings? Will AZ residents be able to purchase seeds from Cali or Colorado for example? Most international seed banks won't ship to US due to current federal laws. 6. When the seed or plant source is established what system will be in place to assure the strains or quality of the seed sources? 7. Can an infusium be located on the same property as the dispensary? 8. What is going to be the selection process for issuing dispensary permits? What measures will be in place to assure fairness in selections. 9. What measures are being taken to assure that out of state interests will not be able to dominate the permitting process. Truly will only AZ residents be able to be a dispensary? 10. Will the State of AZ be supplying the computer systems and costs associated with managing the data base that are required per the rough draft rules?
allow chiropractic physicians to recommend medical marijuana--- see above
Naturopathic Doctors

law enforcement was left out. how will this new law change the way our police enforce our laws?
It is IMPERATIVE that you consider and implement the following changes: Add mental health disabilities to the list of approved conditions for marijuana treatment, including but not limited to: severe anxiety, major depression, bipolar syndrome, and schizophrenia. These diseases and other mental disorders plague communities across our state and imprison those who suffer from them. Marijuana has been realized as an effective alternative to amphetamine based drugs such as Ritalin/Adderall and benzodiazepines like Xanax or Valium. Many of these prescription medications are truly poisonous to children and adults alike, given out like candy by psychiatrists. I'm not going to pretend for a second that the new law in the books is going to stop the illegal marijuana trade in Arizona. The more restrictive this law becomes, the less it will do to assist the community at large. Money is flowing nonstop into Mexican drug kingpins' hands and will continue to do so until real, comprehensive legislation is passed to provide patients of all reasonable afflictions with legal, taxable means of obtaining marijuana. I would rather see my state reap the benefits of this newly created market than see any more good money from my neighborhood go directly back into the funding of weaponry, drugs and violence propagated by the cartels.
What about a qualified patient from California? Is that patient's card good in Arizona? You might want to take a look at what works in California. The card there is only $150. which is far more reasonable.
why allow "medical director" paid by Dispensary--isn't that the fox guarding hen house? --they can't possibly be objective. i think we need an INDEPENDENT team of medical directors NOT in the back pocket of these dispensaries, to ensure proper adherence to medical ethics, etc. i agree with restriction on year long dr-patient relationship, but would like you to make an exception for people in HOSPICE. if you have enrolled in Hospice and meet CMS definition of terminally ill, then you should be granted a card automatically to cut thru beaurocracy and ensure they can have access for compassionate use since many HOSPICE patients only enroll with 1 week - 3 months left to live.
Sourses of prescriptions need to be monitored. There will arise some physicians in this state who will provide a large number of these prescriptions with little or no medical indication.
Questions for DHS 1) If you can only buy from other Arizona Dispensaries, patients or growers, how do you get your initial plants or seed legally? 2) What types of other peripheral products may be sold in the same dispensary? 3) The rules do not specify how often the registration needs to be renewed. 4) Will lab testing of the strains THC values be required? 5) What taxes are there going to be? Sales tax? And if so, will it be just the normal sales tax for the state and city? 6) R9-17-107.B. and R9-17-302.B.5 and . R9-17-302.B.9 it seems based upon the draft rules that your grow site and dispensary have to be built out with a certificate of occupancy and everything in place. How can a business do this if they are not guaranteed a license? This will be a major cost to start up the business. Or can the applicant just have a letter of intent for a lease and draft plans for the build out? 7) In R9-17-307.C.is the 70% of product based on sales in dollars or sales in weight? Also is the 70% of product calculation completed monthly or annually? 8) What do you mean by the disposition of Revenue and Receipts in Section, R9-17-302.B.12 of the draft rules? Does this mean, net income or excess of revenues over expenses of the entity as the majority of the revenue will be used to pay expenses. 9) In R9-17-302.B.15.a it mentions a registered pharmacist. Is this required? Nowhere else is this mentioned in the rules. 10) Do all of an applicant’s policy and procedure need to be completed by the time of

application? (Section R9-17-307.A. of the rules) 11) Can you give us a better description of the logbook for patients mentioned in R9-17-310.C.2.? Is this a requirement for dispensaries or patients? 12) Is the state's tracking system going to be updated in real time to ensure that a patient does not purchase more than the allotted amount per R9-17-311.5. from two dispensaries within a 10 minute period of time? 13) As discussed in the rules Section R9-17-314.C. related to providing product for testing purposes, how much product will be needed for this? 14) How are the patient's ID cards going to be created to stop counterfeiting of the cards? 15) When will the final application for dispensaries be available?
It should be added or explained how caregivers & card holders can also grow within a greenhouse like the law stated.
The rules should state that "no political subdivision shall ENACT ZONING REGULATIONS pertaining to construction standards or security plans that interfere with qualifying patients acquiring marijuana, but only those THAT LIMIT THE USE OF LAND ... TO SPECIFIED AREAS.
Provisions that prevent delay of a qualifying patient acquiring an allowable amount of HIGH QUALITY, usable marifuana.
no numbers concerning the number of plants allowed for self or caregiver or dispenser production. no "ramp up" schedual for start of system.
Yes, as mentioned above some protection of patients rights.
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.
what happens if dispensary has difficulty growing are they still limtied to only being able to purchase 30% of their product, what about variations in demand?
Regarding the expiration and renewal of a Qualifying patient's or Designated Caregiver's Registry Identification card: Maybe I'm missing it but I could not find any information in the draft rules stating how long a Registry ID card is valid for. Did I miss it somewhere? I reviewed the document several times. If this information is not included then it should be and if it is then ADHS needs to change the draft rules to make this information easier to find (in a table maybe?).
YES THE SICK AND THE POOR!

R9-17-204 Renewing a Qualifying Patient or Designated Caregiver Registry I.D. Card -It should be added that the card is renewed annualy. R9-17-305 Renewing a Dispensary Registration Certificate -it should be required to done annualy. R9-17-310 Medical Directors- Know where does it state that a medical director must register and pay a fee to be the M.D. of one to three dispensarys. They should be required to register for each seperate dispensary they are the M.D. for and renew this annualy. R9-17-205, R9-17-319, and R9-17-320 These all deal with the denial or revocation of I.D. cards or certs. If any illegal action is involved, there should be stated penalties and fines listed. The way the draft is written now, there is nothing listed for any kind of penalties whether they are possible jail time or fines.
INCLUDE PROTECTION FROM IMPARTING PHYSICIAN LIABILITY FOR FOR RECOMMENDING MARIJUANA OR FOR THE PATIENTS' USE OF MARIJUANA. INCLUDE PROTECTION AGAINST DELAY IN THE DISPENSING OF AN ALLOWABLE AMOUNT OF MARIJUANA TO A QUALIFIED PATIENT OR THE APPROVAL OF A QUALIFIED PATENT'S REGISTRATION CARD BEYOND THE TIMEFRAMES IN 36-2804.
ADD: Nothing in these rules shall cause a delay in the issuance of a card or in the dispensing of an allowable quantity of marijuana to a qualified patent unless the provision causes an imminent and substantial endangerment to public health.
I think that its fair to only have to see a doctor once.
I think that its fair to only have to go to the DR one time a year !!!
Can a caregiver grow for a card holder that lives 25 miles out if the caregiver does not? & vis a versa.
-The cities should have a responsibility to the ADHS in order to aid in the selection process. Perhaps ADHS could request liaisons be appointed by each city that make recommendations with the cities' best interest as a key concern. So, for example, if ADHS determines that the city of Scottsdale will be allowed 2 dispensaries, the liaisons could provide relevant information and preferences from the cities' point of view; maybe even provide a ranking of applicants that wish to locate within the city limits. In this way, the cities could determine ideal dispensary businesses taking into consideration location and operational competency, while simultaneously completing much of the "heavy lifting" that would otherwise be the responsibility of the ADHS or a proposed "third party". I believe that leaving it up to the cites and counties, instead of a private institution, would take a lot of the guess work out of the process (and cut back on application processing time, 90 work days is too much); I foresee problems arising when geographical considerations are taken into effect, and how do you ensure an equal distribution of dispensaries throughout the state? Let the cities municipalities choose, that's how! Since they all have different regulation standards being imposed, they should be the ones with the primary responsibility, allowing the ADHS to make informed decisions in the final licensure distribution!
R9-17-201. Debilitating Medical Conditions Should be considered: A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe depressive disorders; A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe anxiety disorders; A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe anorexia nervosa; A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe bipolar disorder;

Just phone verification for deliveries. It seems like this would be so cheap & easy. The dispensary delivery agent just takes then sends a picture of the patient with a text of all pertinent information, license number, what they're getting, etc. This could eliminate the need for a caregiver for some patients making them more independent.
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.
1. I'm concerned with oversight of the physicians that treat patients. I pray there is wording, that would red flag a physician whose clinic deals solely or in large with patients who require this. 2. I didn't notice what the actual oversight rules are, as to ongoing control of the dispensaries. Will the owners and employees be subject to fingerprint and background checks? 3. There should also be a limit to how many dispensaries are allowed, based on population. This would prevent them from popping up in sparsely populated areas. Also consider a study that would regulate the electric use, to prevent additional hidden growing areas. This growth should not occur outdoors, unless a very high and private razor wire fence is installed with security in place. 4. Neighborhood or police watch of these places should be required, to prevent illegal sales. Would it be possible to require them to hire guards or some sort of police surveillance? This could be monitored by a private security company or police, and would record all actions done around and within the dispensary. It would require that the data be held off sight, so no tampering could occur. 5. Can a system be implemented that oversees the dispensary financial records and accounts. We should just assume they will be honest about the income.
no
500 feet from schools still seems too close. The major concern I have is what rules govern the patients on how they use the drug- In other words, will I be at the park with my kids or out in my back yard and be forced to smell someone's second hand Marijuana smoke? That really concerns me, not just smell wise, but health wise for my family. A solution to this problem would be to only sell it in forms that can be ingested instead of smoked. What rights do I have if something like this happens? Who is responsible to enforce how this affects neighbors? The police don't have time for that.
yes, legalize marijuana so we can all get high
A clarification as to what happens to individuals when they are licensed to grow, and a dispensary opens within the 25 mile radius of said individual grower. Individuals should be permitted to maintain their ability and permission to grow once established within their own property- and, in effect, be grandfathered in. The rules lean far in the favor of dispensaries, which will endeavor to maintain as high a price as possible for material such that it will simply be priced out of the realm of those who truly need medical marijuana. Seriously- does anyone reasonably expect an individual laid up with cancer, Crohn's, multiple sclerosis, etc. to be able to afford medical marijuana at $400/oz? That's insulting.
nope
Nothing else to add at this time.

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.
How are you going to award the licenses? Why is this such a big secret? Please include the process so people can know if they have a fair chance to be a dispensary, that's what all this transparency is all about. I am very disappointed in how you have proceeded with this draconian rules of applying to be a dispensary and after all cannabis is an herb that's been on this planet longer than man and to this date not one person has died from ingesting it, making it the safest plant on the planet. This is not tobacco or alcohol which have far less restrictions upon it and yes it's illegal under Federal Law but that doesn't address the nature of how the plant works. Please educate yourself about this plant and read some more and not continually conflate marijuana and tobacco because both are smoked. Vaporization is the new way to receive the medical benefits of cannabis without any of the toxins associated with smoking.
Yes. I believe that individuals with serious mental illnesses should be allowed access to marijuana. I'm talking about conditions like schizophrenia, which is an incurable disease, and it brings about symptom such as paranoia, intense anxiety, and overall discomfort. All those symptoms would without a doubt be subdued with the use of medical marijuana. Individuals with severe mental illnesses suffer more than cancer patients, or people with ms. This medicine should not be held from people who could benefit from it.
I would like to know what the laws are concerning growing the male species for the purpose of making hemp seed and fiber products.
What type of electronic system will be implimented in order to track the distribution of medical marijuana? Will all dispensaries be required to use the same database program to record inventory/ sales? If Arizona dispensaries do not have to use a universal computer system how will the AZDHS and law enforcement minimize confusion when interpretating patient records? Will the health department be supplying this system to all dispensaries? If not, how can the AZDHS ensure all non-profits are operating according to the designated guidelines? It is obvious that charges will be filed against non-profits who operate outside of the legal realm, however the slightest error during the invoice review process could lead to unjustified consequences and wasted resources. Please elaborate on the steps the AZDHS and law enforcement are taking to ensure that there will be no interruptions for businesses that are adhearing to all laws.

There should be oversight for how much dispensaries can charge for medical marijuana products. Dispensaries should have rules governing maximum allowable charges, minimum allowable charges, and oversight to eliminate price fixing among the dispensaries.
The rules as written seem to cover most areas, one thing that was left out, was the voice of the patient, it seems that the rules were written by people who did not want this to happen. Being open and receptive to new ideas is key to accepting others views. I understand DHS thinks it is trying to regulate the recreational use, but the patients are the ones that have the right and say as to what they take for medication.
I have not read or studied the draft here at Christmas time but I would like to say a few words The new law should contain previsions to protect the non-smoking public. In a valley like the greater Phoenix area people live very close together. They live wall to wall in large building with multiple units. They also live relatively close together in neighborhoods with only a few feet separating the houses. When the air in the valley is cool and heavy at night and early in the mornings, especially in the wintertime, the smoke and fumes accumulates. This will force non-smoker to breathe the smoke, second hand breath and other fumes and chemicals.
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.
The local makeup of the non-profit organizations. How is they to be integrated with the existing medical and pharmaceutical establishements? I think that the dispensaries should be at the existing pharmacies.
!I'm not sure if this item has been addressed, but if it hasn't, it should be: Since the majority of voters decided that medical marijuana should be available to qualifying patients, I do not think it would or should be ethical or propper for any law enforcement officer to stake-out, or record who goes to and from any legally licensed marijuana dispensary, take names, license plates, or any other harrassing act except strictly adhereing to the provisions described in proposition 203 initiative language. Legally qualified patients should not be harrassed while legally acquiring their marijuana medicine and should not be stopped unless a law has been broken or there is a real issue of concern. Law enforcement officers should not be able to stop a legal marijuana patient based on any phony or made-up excuses or charges. Harrassment of legal marijuana patients by any state or local law enforcement officer or agent should be investigated by the Arizona State Health Director and he shall forward his findings and recommendations to the appropriate county attorney for review and possible action. (Since the passing of proposition 203, there have been a number of newspaper articles about how law enforcement officials were trying to find loop-holes or faults in the proposition 203 language. This was so authorities could find a way to prevent proposition 203 from going into affect. I am so very tired of electing politicians that promise you the world and after elected they say they know what's best for us and then they do what "they" want. I always was told and I always thought that our government was "OF, FOR, AND BY THE PEOPLE !". The people have spoken; Get over it!)
!I'm not sure if this item has been addressed, but if it hasn't, it should be: Since the majority of voters decided that medical marijuana should be available to qualifying patients, I do not think it would or

should be ethical or propper for any law enforcement officer to stake-out, or record who goes to and from any legally licensed marijuana dispensary, take names, license plates, or any other harrassing act except strictly adhereing to the provisions described in proposition 203 initiative language. Legally qualified patients should not be harrassed while legally acquiring their marijuana medicine and should not be stopped unless a law has been broken or there is a real issue of concern. Law enforcement officers should not be able to stop a legal marijuana patient based on any phony or made-up excuses or charges. Harrassment of legal marijuana patients by any state or local law enforcement officer or agent should be investigated by the Arizona State Health Director and he shall forward his findings and recommendations to the appropriate county attorney for review and possible action. (Since the passing of proposition 203, there have been a number of newspaper articles about how law enforcement officials were trying to find loop-holes or faults in the proposition 203 language. This was so authorities could find a way to prevent proposition 203 from going into affect. I am so very tired of electing politicians that promise you the world and after elected they say they know what's best for us and then they do what "they" want. I always was told and I always thought that our government was "OF, FOR, AND BY THE PEOPLE !". The people have spoken; Get over it!)
I'm not sure if this item has been addressed, but if it hasn't, it should be: Since the majority of voters decided that medical marijuana should be available to qualifying patients, I do not think it would or should be ethical or propper for any law enforcement officer to stake-out, or record who goes to and from any legally licensed marijuana dispensary, take names, license plates, or any other harrassing act except strictly adhereing to the provisions described in proposition 203 initiative language. Legally qualified patients should not be harrassed while legally acquiring their marijuana medicine and should not be stopped unless a law has been broken or there is a real issue of concern. Law enforcement officers should not be able to stop a legal marijuana patient based on any phony or made-up excuses or charges. Harrassment of legal marijuana patients by any law state or local law enforcement officer or agent should be investigated by the Arizona State Health Director and he shall forward his findings and recommendations to the appropriate county attorney for review and possible action. (Since the passing of proposition 203, there have been a number of newspaper articles about how law enforcement officials were trying to find loop-holes or faults in the proposition 203 language. This was so authorities could find a way to prevent proposition 203 from going into affect. I am so very tired of electing politicians that promise you the world and after elected they say they know what's best for us and then they do what "they" want. I always was told and I always thought that our government was "OF, FOR, AND BY THE PEOPLE
YES business and background verifications of the dispenser owners applicants should be of the upmost importance! Lotteries or first come first awarded applications is NOT the way this license process should be determined. Good Luck 1 bad apple could sour the barrel.
Please cite the literature that the physician should review when proposing the risk benefit analysis for the uses of medical marijuana. Is there a BOMEX position paper? Is there comprehensive review article in JAMA?
please see the above questions .
Pharmacists are the experts in drug use, effects, side effects and patient benefits. The rules should state that only Pharmacists be allowed to own and operate marijuana businesses. Rules should state that only pharmacists or pharmacy technicians be allowed to dispense marijuana.

where do patients cultive marijauna?
no
An annual $150 fee for applying for a registry identification card is outrageous and is de facto a denial of said card, status and aid to the many poor people in the State of Arizona. The rules as they stand will merely serve to drive that person to purchase their marijuana from an illegal source, which is what the State is supposedly trying to eliminate. This fee works against the purpose of the Medical Marijuana law. In addition, the fees paid to a physician also severely limit or prohibit many people from complying with the statutes and rules governing the Medical Marijuana Act. There does not appear to be any provisions for people who are otherwise qualified to have the fees reduced in order to avail themselves of the relief the Medical Marijuana Act alleges to provide. Overall, it appears that the State of Arizona does not wish the People's Initiative to succeed. It further appears that the State of Arizona is making the statutes and rules so prohibitive that the majority of the people needing and already using marijuana illegally will continue to do so.
Shouldn't Investors that fund these dispensaries be disclosed?
1. Paraphernalia a. decriminalization of paraphernalia for MMJ users b. place(s) where paraphernalia may be bought and sold, and/or manufactured. 2 keeping the cost of MMJ regulated. Literally all people that MMJ will be legally available to will have medical restrictions and, thus, financial restrictions which may keep most of them from purchasing it at dispensaries and putting it to good use, if the price is prohibitive. This may force some users to seek less expensive, lower grade marijuana from illegal sources, thus defeating the purpose of the law in the first place. Which brings me to: 3. Non-profit dispensaries. Dispensaries will employ volunteers as well as salaried employees and managers, possibly security. Understandably, all employees will be paid from the revenues, while some monies must be paid to the dispensary's grower(s), food manufacturer, delivery to housebound patients, mortgage or rental of property, maintenance, and other overhead costs not mentioned. Dispensaries should be required to dispense MMJ at the lowest price allowable while still maintaining the premises with essential employees and paying overhead.
COST.....haven't heard a word about cost. Non profit...I have heard. What actually is 'non profit'? Cost should be a factor as well. Ca. sysytem is a joke with thier prices. Most of us sick can't work, ins. won't pay for it either. What's the sense of having the law if sick people can't affored it to begin with...?? PLEASE , please watch the cost.

A directive to the Department of Public Safety to leave Qualifying Visiting Patients from other states alone. A patient from California, who used to come here every year for the Gem Show, was arrested with his LEGAL medicine and incarcerated for over 30 days and left town instead of going to court where he would have been arrested for missing a court date because he never received the summons to appear. Unbelieveable and disgusting behavior by Tucson police and the Pima County prosecutor.
Smoking in and near dispensaries (see above comments). Electronic verification system - The dispensing of medical marijuana should not begin until this verification system is live for the entire state.
Why not get some people on your staff that have a clue about what the heck is really going on.
Without a pricing structure that is based on labor, MEDICAL MARIJUANA WILL BE UNAFFORDABLE FOR THE VAST MAJORITY OF PATIENTS. Dispensaries will be able to sell marijuana at current black market prices. New Mexico only allows marijuana to be sold to patients at cost of actual labor involved in growing the plant. Seeing as how dispensaries and growers are not being paid to smuggle across borders, avoid the police, maintain a low profile, and somehow offer a safe product at the same time, I do not see a requirement for paying 100-200 dollars for a two weeks worth of medication. Such prices would be insulting to the patient and the Medical Marijuana movement at large, and would truly show that Arizona does not take this seriously. Please enforce a pricing structure based on labor instead of ridiculous (and highly profitable) black market prices.
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.
...
No licences should be handed out to [redacted]. the guy is holding classes on how to open a marijuana dispencery, and is taking advantage of people who are just as greedy as him. Medical marijuana should be ran by compasoniate people who want to help sick folks, not by greedy SOB,S

Will dispencery applicants that are denied because there are no more licences to hand out be refunded their money. How the applications will be given out. you need to write this into the rules so, all of us average people that are not milonaires have a idea weather they want to take the gamble and put up their 5,000$.
Naturopathic medical doctors were not yet mentioned as prescribers under the draft
You have given this a lot of good thought. I hope you are flexible enough to make this successful for everyone's needs.
Do I have to see a physician 4 times before I get a rx?
1) Your only going to give Dispensary applicants a few days to adjust to Final Rules if language is changed in the final application processes??? PLEASE how could anyone be financially prepared for this and get a FAIR chance of a qualifying application? 2) If you don't make this process up & up legitament so guys like [redacted] don't already have your rules before they are published, I pray someone will be charged with CORRUPTION! It will come out. ..... Democracy Today is Two Wolves and a Lamb Voting on what to have for Dinner…
Will AZ have a MM reciprocal law that will honor patients with another state MM License? What if I have a MM License from another state, can I use MM now and be protected under the current law?
I would like to see some type of regulations on the food preparers. If a pound of marijuana was given to them to make into edible foods, how does anyone know that really happened.
Rules applying to Veterans
I would like to see better coordination with the local jurisdictions specially where the local zoning ordinances are being used to provide local regulation. Also, we would like to see coordination on inspections with local jurisdictions. Also, if there could be some coordination with the local jurdictions in the event of a revocation of a caregivers registration.
Will Humble-- I know you are a busy man with many responsibilities. I know your department has put much thought into these regulations to prevent recreational smokers. I am a "Travelling Nurse" and I see the poorest of poor patients. It is better to err on the side of the patient, instead of trying to be so

restrictive that no one benefits from this law. I see paraplegics, quads, patients with every type of illness where their nausea is so bad that they can not eat. For many of them MJ helps the patient function so that they are able to eat. Many of the doctors I have spoken to are willing to recommend Medical MJ but the hospital or clinic to which they belong prohibits them from doing so. Some doctors are afraid they will be prosecuted or they might jeopardize losing their medical license. You must understand that there are many cases where the patient needs to stay with their existing doctor even if that doctor cannot or will not recommend Medical MJ. I have patients who are locked into their current doctor due to insurance requirements. If they go to another doctor they lose their coverage. I have patients who live in rural communities where there may only be one doctor. I have patients who are unable to travel or can not travel long distances. I have patients who have established long term relationships with their doctors. Their doctor may believe Medical MJ will help their patient, but many doctors do not want to write a recommendation for a myriad of reasons. Do not put any restrictions on a patient seeing any doctor for a Medical MJ prescription, except making sure the patient has a documented history that would warrant Medical MJ. Make it easy, not difficult, for those who are suffering. If a Doctor chooses to be "liberal" with his or her prescriptions give the doctor a "hefty" fine, take away the doctor's license or send the doctor to jail, but allow the poorest of the poor to see their regular doctor and concurrently see a doctor for their Medical MJ recommendation. Also keep costs down for the poor. $150 each year for a Medcal MJ card is a lot of money for someone who has no income, or who draws a $600-$700 check for social security disability. Having a doctor on call for the dispensary will only drive up costs for Medical MJ for the patient. A pharmacist is all that is needed. Make dispensaries safe, but do not add extra rules that will raise the price for the patient who already is struggling to survive. Thank you Will and staff for your hard work, but remember the poor patient should always be on your mind when you are setting up these rules.
Yes, the Dept. of Health Svcs. is having 3 public meetings, 2 in Phoenix and 1 in Tucson. This is NOT FAIR for the residents in other parts of Arizona. There should be at least 3 other locations for public meetings: 1. North, 2. West, 3. East. Everything in Arizona does not revolve around just Phoenix and Tucson. Please publicize that you will have more meetings in more geographical areas!! This is imperative!!
pricing needs to be a key issue. it needs to have its limits. in isreal the patients pay $100 a month for their meds no matter if they use 10g or 100g. then well see how many people would want to open a dispensary. this isnt for the sick its all about money.
pricing should be heavily watched. non profit dispensaries are going to charge a lot for meds.
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Prescriptions. when filled, should be reported to the Arizona Board of Pharmacy Controlled Substances progam since this is a controlled substance.
Recommended/required Amount of the Surety bond?!
There must be public areas that allow patients to medicate themselves other than a private residence.
Same as above

Language on how much marijuana can be cultivated at any given time. Please consult with industry insiders to learn how many plants a dispensary would have to cultivate to maintain enough supply for a typical amount of patients.
There needs to be language in section R9-17-313, b, #3 - "for cultivation", to cover cuttings or clones. Is the date planted the day you take those cuts, or the day they are actually rooted and planted?
in the rules it states dispensary must grow 70% of their product ? who will grow the rest ? how can we apply for a cultivation license to sell to dispensary's? plz reply to that question to email above
The draft can be improved by including a section that allows for a compliance audit to be conducted by the Department and non-compliance or failure to report revenues and remit taxes will result in revokation of license. Also, compensation expectations should be outlined to prevent not for profit revenues from turning into excessive owner salaries.
Dear Mr. Humble I do not know if you have any influence with the medical marijuana discussion, but if you do, please think about the following considerations: First, medical grade marijuana should be certified organic. When people discuss medical marijuana, I tell them I worry about the negative effects of ingesting pesticides and commercial fertilizer. It only takes one second before folks realize that drug cartels are not concerned with anyone's health. I cannot think of any regulated medicine which contains DDT, ammonium nitrate, etc… Second, T.V. commercials seem to have a tag line "and if you cannot afford your medications, please contact (e.g. AstraZeneca) and we have programs to help you pay for the cost of your medication." Drug makers are obligated to keep their products affordable. Who will be accountable for the affordability of this latest drug? How do you prevent profiteering? (I like a State set price of $50.00 per pound. That would pretty much stop the cartels from shooting each other.) Third, who will be accountable for the cost of any long term health problems which result from the use of this drug? Cigarette companies coughed up billons of dollars to pay for on-going smoking related health issues. Drug manufacturers are constantly getting sued if their product harms anyone. Who will pay for the medical marijuana related health issues? The general public wants to try medical marijuana as a legal herbal remedy for their various health issues. The role of our representative style of government is not to judge the will of the voters, but rather to make the voters' will a safe and fiscally responsible reality. My personal fear is that every kid between the ages of 18 and 32 will have some sort of health issue which requires medical marijuana. A doctor will sign off on a disability, and the State of Arizona will be forced to pay these kids welfare so they can sit in their section nine apartment and get high all

day. The public will eventually learn whether or not our culture can afford medical marijuana. In the meantime, the product should be both taxed and as safe as possible. Thank you for your time and consideration of this matter.
-==========- R9-17-319. Denial and Revocation of a Dispensary Registration Certificate 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; ----- How does a dispensary or caregiver or patient aquire first seed stock or clones to get it all started? -==========-
You that are in charge of writing these proposals, please keep in mind for whom this bill was made legal for! Not another dept to collects fees to be used for who knows what, and I'm sure you don't know either. The people REALLY needing this medication are probably like me and strapped to the bone with existing medical bills that are delenquent, not to mention having to house, and feed themselves being a struggle in itself. It is ridiculous that correspondance has to be done "electronically". How about the people in NEED that have NO access to a computer? Do we let them fall by the weigh-side? It should be no more in cost than that of an AZ Drivers Licence or AZ Identification card. Otherwise this is blatant exclusion of those entitled to this medication, just because they are unable to afford a card or even apply for one via a computer! This has to be addressed firstly! [redacted]
more details and specifics on what consituities a "public or private school" As an example, is Montessori school really a public or private school or more of a daycare? And is the underlying concern under age children being close by a dispensary? Does that really matter if they are so young (e.g. 3 - 10 years)
Our major concern is we reside in a condominium community with eight units per building with outdoor covered patios. We do have neighbors with macular degeneration and they voted for the medical marijuana law. Our concern is they will be sitting on their 3 sided enclosed patio smoking or that the smoke will come through the bathroom venting (another owner is a smoker and at certain times we smell their smoke in our bathroom. We do not smoke and did not support or vote 'yes' for this law. Can there be a rule added that patients using medical marijuana must be responsible for any costs to prevent marijuana smoking from entering adjoining condominium units by installing proper venting systems if necessary, that all costs should be that of the patient using the prescription for marijuana. My husband and I do not drink or do illegal drugs and we want to keep our jobs and don't want to test positive for marijuana because our neighbors are using the drug and the smoke is coming into our home through vent systems. It is too bad they cannot come up with a 'pill' form of this drug.
Because the Dept of Health is only issuing 120 dispensary licenses, I think that the initial 150 days of application process should consider only 1 application for a group of individuals so it be fair to those Arizona people that don't have relatives in California or Colorado. If you look at the Corporation Commissioner Web site, there are multiple origainizational names with the same individuals filing the paper work. If one group is granted a license for 2 or more dispensaries, it doesn't spread the wealth or give others an opportunity for even 1. Your application process should specifically ASK if they are applying for multiple licenses.
I think there should be a rule to address how and where the money came from. I mean after all, south

of us there are many Drug Running orgainizations with big pockets. They could easily fund many dispensaries.
Is medical marijuana the first line of intervention or are there other protocols that would call for the use of other medications first and then documentation that these have been ineffective before marijuana is prescribed? Does every licensed medical physician have to prescribe marijuana or can he or she refuse to do so. If they can opt out this should be spelled out in the rules. Will patients, growers, dispensaries be informed they are violating the Federal Controlled Substance Act and can not use the AZ statute as a legal defense if subject to Federal law enforcement action?
pricing! nothing about keeping the cost down so patients can get safe medicine without having to go to the black market. i know its non-profit but these people are not going to work for free. so patients should have the choice to grow their own even if they live with in 25 miles of a dispensary. thank you
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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.
Availability of medical marijuana to poor below $11,000 a year.
The FAQs refer to a patient or caregiver only being allowed to cultivate if they live more than 25 miles from a dispensary. However, I can find no mention of this in the draft rules. Question: Why should a patient or caregiver be forbidden to cultivate, even if they live within 25 miles from a dispensary? Please keep in mind that some people want to take charge of their own medicine the same way that some people like to grow their own food. (organic, sustainable etc)
Other than a more open option for cultivation by the patient or caregiver and provisions to control abuse, it looks like a pretty good law to me.
I am concerned that there was not much information at all about patient confidentiality. Medical marijuana treatment should fall under HIPPA rules and guidelines. How are patient records going to be kept confidential and what would be the ramifications of "leaking" patient information? This needs to be addressed in more completeness by both dispensary and Department of Health levels. This becomes an even larger issue because although the use of medical marijuana is legal on the State level, it is still illegal on the Federal level, or so I have come to understand. How are patients going to be kept safe if their personal information is not kept confidential?
Remember who this law was passed for and the fear that most doctors have about writing a recommendation even if they see how much their patient would benefit.

I respectfully suggest that state laws be reviewed as they pertain to punishment for those found guilty of committing crimes (robbery, burglary, assault) in, on, or near the dispenceries. The facilities may be considered high-value targets by criminals.
-Set state mandated dispensary operating hours. -Add language to allow transport of medical marijuana to analytical laboratories for characterization (these labs will open, as they did in Colorado, California, and Montana). -The dispensary license selection should include input from the cities, I believe this would make the process more efficient for the ADHS. There could potentially be geographical problems encountered because each cities zoning requirements are different. If you allow the city to contribute its desires for the potential businesses that will locate within its borders, local considerations can be taken into account, streamlining the final selection responsibilities of the department.
Cultivation sites are ASSUMED to be indoor facilities. You have seemed to not anticipate a regular farm grown agricultural product. These farms could also be controlled in a likewise manner. Indoor facilities will exponentially increase the number of growing areas. This would appear to be counter productive and increase the need for expanded government overview. Outdoor areas should be considered as long as those areas submit proper security plans and have county/city approval as an agricultural area.
there needs to be a cap on the pricing from dispensories.if the cost is the same or higher than on the street people will be more apt to get it illegally.the price shouldnt be based on supply and demand since i cant think of any other medication on the planet is based on such.also if its medication why wont state insurance help pay for it as such?also there needs to be labs in place to monitor the level of thc versus the cbd levels depending on what the patient needs and for health reasons such as bacteria,algea etc..how else would a patient know what he/she needs and get the same every time?there are alot of breeds out there mostly grown for thc levels and they could be monitored as different forms of the medication and have some specifically grown for different purposes by the government for these afflictions.if i were to get a medical card (im still considering the possibility) im not interested in getting blitzed.im interested in being stable but if the quality and components are not monitored heavily enough then more than likely most people are just using it as an excuse to get high or they may get a bad form of the medication and have seizures,paranoia and other problems although the doctors may prescribe it for necassary things the doctor wont be able to prescribe the proper 'type' of medication needed to control the patients problems properly.how would the patient know what to get or what he or she needs for his or her particular problems?
Other state cards and if they can be used, where are the clubs to get the other 30%, who can grow for them?
In Colorado, there were doctors who had left their practices years before the passage of medical marijuana , who came out of retirement to provide prescriptions for medical marijuana. They wrote hundreds of prescriptions, almost always to alleviate "back pain", with many of those Rx's going to people in their twenties. The prevailing opinion was that the doctors were "writing prescriptions for anybody, using back pain as the reason since it is hard to dis-prove back pain, and the doctors were

benefitting financially and the young pot-heads were getting easy access". I hope that the draft rules will prevent this type of abuse. I commend you on an excellent and thorough job. You probably have consulted with other states with medical marijuana laws. If you haven't already spoken to officials in Colorado, I would recommend it. It was a real mess when the dispensaries opened. It was unchartered territory and the state was caught off guard initially. Perhaps we could avoid some of the mistakes made in Colorado by consulting with them. Thank you.

Where do you aquire the seeds or plants to start? Since any source would be unregistered to begin with!

Severe penalties for doctors who do not follow regulations. Severe penalties for patients abusing this privilege.

I will research this question.

the fact that if there was 100,000 people applying for a card each year , that would be 15 million in fees the state would collect. The fact that the fee is non refundable seems kinda wrong too. if the new rules are to only have 10,0000 people sign up each year , that sure won't help the state with paying for this program. i understand you dont want abuse but you can not punish the sick to get your way.

[redacted] 12/21/2010 PROPOSED STEPS TO CONTROL ARIZONA'S "MEDICAL MARIJUANA" DISTRIBUTION BASED ON EXPERIENCE IN CALIFORNIA In the interest of saving a few lives, or the quality of life for all Arizonians, I would like to offer some suggestions so that Arizona doesn't fall victim to the same chaos we have in California. Since the two top priorities of the government are to protect the people and manage tax dollars, it might behoove you to take more time to ensure you have done so … in the interest of public safety. 1) The Dangers of Medicine by Popular Vote – If by popular vote, marijuana is to be considered a food and drug, the same rules should apply as with other food and drugs. That would include control over production, manufacturing, packaging, testing and identifying contents, identifying dosage and identifying and setting standards for potency. Packaging should comply with safety standards for child proof containers and all side affects duly noted on the labels.. 2) Control Doctor's Recommendations – Set new standards for controlling doctor's recommendations, requiring full exams; completed questionnaires on patient's conditions and history with legal medicines; recommendations that are sensible. Stipulate conditions for taking license away for failure to comply. Your proposed rule, that a patient have a relationship with a doctor for 12 months is good. It is worthy to note that most doctor's will not prescribe a drug that has unknown ingredients, unknown dosage and unknown potency when better, legal medicines exist. 3) Control Acquisition Standards – Design and implement a computer based system to make it impossible for a "patient" to use a doctor's recommendation to buy from numerous dispensaries. In Colorado 60% of kids get their pot from ID card holders. A similar survey in California would probably reveal the same result as currently Anyone with an ID card can buy from numerous dispensaries.. 4) Prevent Underage Use of Marijuana – Knowing that marijuana is readily available to adolescents and those under 21; and knowing the damage that can occur by marijuana on brains that are underdeveloped (age 25); the only sensible protection policy to ensure kids aren't using is random drug testing. Given the pandemic of health and economic impacts on America from underage use of ATOD, the Governor should be encouraged to

mandate non-punitive random drug testing for all middle and high schools. Scientific information must be communicated to all schools, parents and children on the adverse impacts of marijuana on the body and brain. The brain is not fully developed until age 25, or even later. Marijuana use by males or females can cause death to a fetus and/or cellular and brain damage, deformities to the fetus, and is even mutagenic … meaning it can cross over generations and affect grandchildren. Raise the age level to obtain a marijuana ID card from 18 to 21. The human brain is not fully developed until age 25, and permanent brain damage including psychosis can occur before then, particularly during adolescence. Unfortunately, the two age groups with the highest consumption rates are 18-25 and 12 to 17. As a nation, we can ill afford the loss of their talents or the economic burden of more addicts. 5) Provide Educational Materials On Facts About Marijuana – Provide materials to enlighten parents, kids, schools, legislators and the general public on the potential benefits and harms, based on scientific evidence (not propaganda) so that they can make enlightened decisions on smoking or consuming marijuana, and determine whether it should be legalized by legislative action or popular vote. Attach a questionnaire to be signed by all dispensary owners and employees, and "patients" as a criteria for obtaining a "medical marijuana" ID card. 6) Restrict Driving Privileges A) "Medical Marijuana" ID Card Holders must have their driver's licenses flagged so that arresting officers know they are consuming marijuana and can determine if additional testing is required to determine impairment. Drivers impaired by marijuana should be treated the same as for alcohol impairment. In cases where doctors have recommended excessive amounts of marijuana which would imply permanent impairment, driving privileges should be taken away completely. Deaths due to marijuana impairment have doubled in California in the last five years compared to the five previous years, 1240 vs 631. B) Under 21 – Make Random Drug Testing a Requirement For A Driver's License. Hair analysis four times a year would cost $180 to $200. Hair gives a 90 day window and its harder to cheat the test. Savings in traffic accidents and death could offset the cost, and insurance companies might also participate by offering lower rates. Those with no hair (i.e. gangbangers) will have to subject themselves to random drug testing with urine, saliva or other means. 7) Dispensaries – Replace dispensaries with County facilities to tax, regulate and control the distribution of "medical marijuana;" to insure availability of the drug for those who are not well served with existing legal medicines; and to ensure they are fully informed on the potential harms of smoked marijuana and aware of any and all legal medicinal alternatives, and that the product they receive has known ingredients, dosage and potency, and is packaged properly in child proof containers and the side effects duly labeled in conformance with federal and state laws. 8) Potency Limit - We have information from [redacted] former director of [redacted] 5 ½ acre "pot farm" from 1981 to 1987 that "….we supply the scientists with marijuana which has a THC potency of two percent ….. The U.S. government and responsible scientists cannot administer a drug to a human being which is as potent as today's marijuana (i.e. 2%). But if we did, the results would be even more sobering." We are in contact with [redacted] and [redacted] to clarify this, as that statement was made some time ago. Of concern, the marijuana being sold in California ranges from 10 to 21% THC normally, and goes as high as 37%. 9) Eliminate Glaucoma - The Glaucoma Association recommends not using marijuana. While it can relieve pressure, the quantity required for lasting relief leaves the patient permanently impaired and can actually damage the eye. 10) Permanent Impairment - The responsibility for employers to hire and retain pot smokers unless they can prove impairment, which will certainly drive jobs out of state, based on scientific evidence you can conclude that anyone who smokes marijuana is impaired. The degree may vary on the frequency or use. But because pot is fat soluble, it stays in one's system for up to a month. Even weekend use only stacks THC on top of already retained THC, and the outcome is less work performance, impaired cognition, more accidents, more absenteeism, more sickness, et al. If a person has a right to alter their performance with a mind-altering narcotic, an employer certainly should have the right to not hire them. I hope these suggestions are helpful to you. Please let me know if I can provide additional information. Sincerely [redacted]

Provision for revocation of the card by the physician when the patient is thought to be diverting or when

the therapy is judged ineffectual. Or... possibly the duty of the physician to submit names of those not thought to be benefitting from or diverting/abusing medical marijuana back to the state.
I don't know anywhere else to ask this: if I live in multiple housing units (apartments, condo's, duplexes), there is already a problem with smoke filtering in between units (common problem via sockets in all price ranges). If a tenant is lung-compromised (asthma, etc) what will breathing in 2nd hand pot do to them? I'm concerned about the quality of life issues, never-mind the legal liability for the owner. Also, how do the no-smoking ordinances affect the use if medical marijuana? How will employees who aren't smokers of any substance now be protected? Please direct us to any site that can provide answers. Thank you for your time.
F. A REGISTERED NONPROFIT MEDICAL MARIJUANA DISPENSARY MAY ACQUIRE USABLE MARIJUANA OR MARIJUANA PLANTS FROM A REGISTERED QUALIFYING PATIENT OR A REGISTERED DESIGNATED CAREGIVER ONLY IF THE REGISTERED QUALIFYING PATIENT OR REGISTERED DESIGNATED CAREGIVER RECEIVES NO COMPENSATION FOR THE MARIJUANA. How is a dispensary supposed to get medicine if it cannot reimburse growers for their costs? Given that a "caregiver" can only serve up to 5 patients, with each allowed 12 plants, even if a dispensary is considered a caregiver, which I'm not sure if the Act does, that doesn't allow for much production. It may be in the text somewhere, but I don't see how a dispensary is going to get its medicine given these criteria.
When will medical marijuana be available to qualifying patients?
The patients right to choose and the doctors right to prescribe
How many plants can a dispensary grow that = 70% If you grow in a warehouse that has a office suite attached to it, one door is never going to work these bigger place all have bay doors in the back that are very secure.
JUST THIS. #1.KEEP THE SPIRIT ON COMPASSION FOR THE ILL IN MIND IN ALL DECISIONS. DON`T BE STUPID, MEAN OR CRUEL AGAINST THESE PEOPLE FOR THE UNFOUNDED FEARS OF OTHERS THAT HAVE HIDDEN AGENDAS. THIS ACT SHOULD BE A GOOD THING FOR THOSE IN NEED, NOT FOR THOSE WHO WANT MORE.
Mandate the medicine to be sold as cheaply as possible. Do not allow companies to sell the medicine at the illegal street value.
40 plus pages!? You people are ridiculous! We need to reform our system of law!
Until there are studies on second hand smoke dangers I hope you will restrict the use by pregnant women (require pregnancy test) and limit exposure to minor children. I hope you will take into consideration use of marijuana in residences with adjoining walls and in medical and assisted living centers. I think the number of people using the drug should be limited in each residence to limit transfer

to adjoining residences, and its affect on caregivers or other residents. Please limit marijuana use in vehicles not just by drivers but passengers as well. Second hand smoke does not stay with the smoker it travels and is more intense in enclosed spaces.
LABS ????
See above. Will comment in more detail, after Holidays.
Bottom line, if you make it this difficult for patient to get marijuana legally, then they will buy it illegally which they have for years and the state get no money. It is a safer drug then alcohol, BUT, you need to subject sales personel to periodic uninalysis. Thanks, [redacted]
How many square feet can a cultivation location be? Is the amount of plants going to remain at 99 at any given time? How many plants can be grown at any one time?
Objective evidence of chronic pain.
I believe that dispensaries should be housed in regular licensed pharmacies. There the security measures are in place, the phramaceutical professionals are there, and the stigma of buying this beneficial medicine is reduced. I think your rules need to be essentially thrown out and re-examined from the perspective that this truly is a beneficial, efficacious phramaceutical, and not a demon that will harm anyone who consumes or is exposed to it. The people of Arizona, who voted on this issue deserve nothing less. Your draft rules are counterproductive to the dispensing of conscientious medicine, and seem more politically than medically driven.
There definately should be consideration for the private growing of the medicine due to the crime element knowing there is a helpless or disabled person growing on his or her property. This concern shouldn't end up prohibiting the person doing such due to cost or space. A 4x8 growing space would be adequate for up to 12 plants. Female plants have more of the ingrediant wanted so there should be consideration for disposal of the unwanted male plants. What would happen if when the plant is at it's latter development and when the sex is being formed and determined and you find out you have 9

males and only 3 females.
What about the LEGAL purchasing of firearms by a medical marijuana patients? Will PROP 203 infringe on the rights of these individuals???
1. There is nothing specific about management of waste produced by dispensaries or cultivators. There is a great deal of waste created by cultivators in the process of pruning, dead or dying plants, etc that could be diverted by the public from the waste bin and taken for recreational use. There needs to be rules on not only the frequency of waste removal from the various sites, but rules on how it is eliminated (burned? sealed containers taken to the dump? marked as medical waste and incinerated like medical waste? 2. I did not see anything about products such as oils and lotions. It is common practice (on the streets) for the elderly to infuse MJ into oils and tinctures to apply topically. Will dispensaries be able to make these products? Sell them? Locally we already have a massage therapist interested in co-locating with a dispensary...don't know if she intends on using regular or MJ infused oils. 3. Is tea considered food? Will there be rules regarding operating 'tea houses' for patients where MJ tea and MJ foods are consumed?
Dispensary cards for visitor cards to acquire medical marjiuana
visiting patients applications as 36-2801-17 " visiting qualifying patinet" did not see anywhere for this since , you changed it to have to be with the same doctor for a year
i think some standard should be placed on the cannabis in general .In other states there have been some issues with quality control of the cannabis I.E. problems with mold, fungus, or pesticides, all 3 of these can be serious problems for any patient that is immunocompromised such as a chemo patient and h.i.v. patient i would think it would be more cost effective to effect quality control and testing to make sure that the product being sold to the patients is clean and not potentially harmful .
1. allow home delivery 2. lower fees for those whose only income is social security or less 3. prevent boards and clinics from not allowing doctors to write marijuana recommendations 4. keep

costs down at dispensaries 5. no doctor required for dispensaries 6. make infusion easy as it is the safest for patients 7 make doctors accountable for writing good recommendations without penalizing patients 8. make it easier for caretakers to help take care of their patients with fewer hurdles and less costs.
The doctor's should have to report to the state the number of patients that it is giving the medical cards to, and this should somehow be montiored so that if a particular doctor is giving out too many cards that doctor can be investigated. In Colorado, you can take a bus to Denver and see a "doctor" who will give anyone a medical marijuana card, for a fee. You do not have to prove anything. Arizona is saying there must be 4 visits prior to getting the card, but you could go to the doctor Monday through Thursday and get your card on Friday. It's out of control in Colorado, and I hope that doesn't happen here in Arizona.
i dont see anything in the rules about pricing. in isreal patients pay $100 a month no matter how much their monthly allotment is and we need to do something similar bet you wont see as many dispensary license applications come in. this is for the sick and owners have dollar signs in their eyes and it shouldnt be that way.
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It does not cover those of us who have on-going untreatable bipolar or use of a high cbd low thc for people with A.D.D. or A.D.H.D.I happen to fall into the 1% category of people who get the biggest effect off of the smallest doses of medications including side effects such as:seizures,mania,suicidal tendencies,confusion,and black-outs just to name a few.I think it would be extremely effective in treating mental illnesses such as disorders previously stated and schitzophrenia.
No, in fact, if anything it's WAY overrated. I wonder how many people will be willing to open dispensaries, with all the red tape and inventory control. It's obvious that the emphasis is on denial, not acceptance. I read on-line that only about 20,000 will be cardholders, rather than the 100,000 previously predicted. Is that something to be proud of? I would be proud the more people I could help, not how small a group I can make it.
It should be regulated just like alcohol and tobacco. It's safer then either one. Not doing so will keep drug lords. Even the former surgeon general said so. http://www.cnn.com/2010/HEALTH/10/18/former.surgeon.general.marijuana/index.html
Spell out not a" RECREATIONAL PROGRAM,BUT MEDICAL PROGRAM" just like this.
Yes, try helping some of those who might benefit from use of Medical Marijuana for serious illnesses and stop trying to punish those who really do need access to better health care. We have laws against the recreational use of marijuana and also things like percoset, morphine and other drugs that are used for medical use. But you don't find rules limiting the access to other doctors for a second opinion by waiting a year or having four visits just so you can appear getting touch on those who mis-use it. You are punishing those who need a second opinion as well as those who mis-use it. Stupid rule and it will be challenged by just about everyone. There will be a joiner and certainly class action against the State for even consider such a move.
How are you going to pick who gets a Dispensary License ? Will it be a drawing ?
How are you going to pick who gets a Dispensary License ? Will it be a drawing ?
As the draft states in the definitions section R9-17-101.15 Medical director only allows MDs and DOs to be a medical director. Arizona licenses Naturopathic Physicians to practice and according allows Naturopathic Physicians to recommend medical marijuana. Naturopathic Physicians have extensive

training in botanical medicine and would be highly qualified to act as medical directors. Please consider and implement a change to include Naturopathic Physicians as Medical Directors.
Guidance for employers. Prop 203 creates a new protected class by providing employee protections to users of medical marijuana, including protections against termination solely on the basis of a positive test for marijuana or metabolites. However, the legislation provides no guidane for employers on how to determine if an employee is "impaired" by marijuana on the job, which would be cause for termination. It is absolutely vital to employers (especially employers not based in Arizona, but who have locations in that state) to know what constitutes a terminable offense (impairment) and what is protected activity.
selection process for dispensaries. relationship between grower and dispensary
I don't like the having to see that same doctor for up to a year part. I have changed my doctors in the past a lot. It makes since, but what If I changed my doctor recently so that means I have to see him for at least a year before I can be prescribed medical marijuana. I feel that having medical records of your disease and or pain for up to a year would be good enough. I know that I will in fact be changing my insurance thus making me see different doctors in a few months. So I'm going to have to wait a year for the help of medical marijuana? I really think this has to go into more thought.
Not to my knowledge.
I'm sorry I have to apologize and redo this questionnaire, however I put some deep thought into these ideas.Please accept them .ty
The laws regarding driving under the influence of cannabis, the current laws are too broad and allow anyone with detectable metabolites to be arrested, even weeks after last administering cannabis.
not to my eyes
I think everything appears good
Specific language releasing caregivers, physicians, and others from misbehavior by individuals. Responsibility for obeying the rules should be on an individual and personal basis without ridiculous attempts to victimize others by making them responsible for things thay have no control over, such as the actions of others. Specific language limiting invasion of privacy to what is normal at this time without increasing privacy invasion. Privacy should be respected and protected, or else this rulemaking might be used as a precedent to invade privacy and the personal lives of others in the future.

patients who cant afford to pay high dollar for medicine should get the choice to grow their own or have someone grow for them even if they live within 25miles of a dispensary.
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ya any patient with at least a year worth of medical history that overwhelmingly proves a patient would benefit for MM by any new doctor who is an advocate should be able to recommend it, especially cancer patients and chronic pain patients who are addicted to narcotic pain pills its no difference then a second opinion and in this case no doctor in Az will recommend MM unless he is an advocate and believes in alternative medicine. Doctor's now are not going to recommend because they will lose patients because the MM will solve more then half the ailments therefore they lose a customer and they dont want a law suit there not enough know for a established dr to take achance in reccomendation there nothing in it for them so MR Humble tell me you didnt anticipate that thas why your projected number changed from 100,000 cards to 10-20,000 because with you new rule of dr patient relationship of a year you know the dr wont recomend MM so you thought this out, but the public will always find a way to get around your [redacted] you just pist people off good luck, I get my card as you quoted if you dont meet the first requirement of dr relationship and you have cancer and getting chemo treatment now tehn i can go to any doctor to get my recommendation which i plan to do you need to be more specific about this rule and iut should be modified that you can see any dr as long as you have medical records to provide the new dr that ar at least within one year old then make the dr responsible for making decision based on then medical records good luck
Very comprehensive
More information on the cultivation (i.e. number of plants, size of facility, where to obtain seeds, strains of plants suggested to be grown.)
yes. " narcotic pain contrats " have not been addressed , i have an established doctor patient relationship. i must take opiod medication, and therefore have had to sign a " narcotic pain contract ". this contract states that if i have marijuana in my system, i can be dismissed at a patient . * this

contract is several years old, and outdated now , with the new law concerning prop 203 has passed and medical marijuana will soon be legal as medicine . in the rules, it should be known to every pain management or m.d. in the state of arizona, that they must re-write the " narcotic pain contract " to exclude marijuana as a reason for dismissal .
selection process on dispensaries
in doing a little research in regards to the price, i was shocked. i dought my insurance company will help me out.im disabled and on other pain meds.im hoping to reduce them and use some marijuana. i would like to see some sort of home grown clause for low income people to grow at home. even if they are within the range of a dispencery.i hope you will take this plea under consideration. ps i drive as little as i can due the fact i am on meds.id prefer to stay home. i guess you could assume id be forced to drive DUI to get there. a good question for your legal dept? should a person on perscribed medication be given the right to grow at home also? thank you
I am sure there is, but again my failure to look at all of it, going to the common sense approach I failed to read all the items.
Policy allowing delivery to MJ patients. (many can not travel)
There is nothing I have seem about people who qualify from other states to be legal if they have a legal card from there and medical proof, like an MRI. If I have a colorado card and all the qualifications needed to help with pain, I would like either my card to be honored or the ability to obtain one not require but one visit to a doctor if I have the necessary documents for qualification in Az. where I spend the winter. There are a lot of snowbird here who would have the same issue.
To get started ware are we to get seeds,clones in a legal way. How many plants are we allowed to grow and how many grow facilities is one dispensaries allowed to have. Do you have to have a dispensary to culivate or can you though a co-op cultivate for several dispensaries.
The selection process! If there are only 120 days to until the selection process citizens have the right to know if their non-profit will stand a chance in this upcoming market. There are a few non-profit organizations who have expressed that they are guaranteed a dispensary license. If this is so, why would the AZ heath department be leading all other non-profits to believe that they have slightest chance of obtaining a license to dispense medical marijuana? Are people providing money/ bribes to gain an unfair advantage? Approximately 120 dispensaries will be chosen throughout the state, each dispensary will be paying $5,000 for a license, that is $600,000. I have read recent articles that have express an estimated 5000 dispensary applications will be sent inn for review, that is $25,000,000 to the Arizona Health Department. Where will all this money be appropriated? Is it possible that the ADHS has already promised majority if not all of these licenses to certain non-profits and are using the selection

process to gain revenue for the state of Arizona. It seems to be a borderline scheme if the claims of a guaranteed dispensary license are true. Is it unfair to ask Will Humble to release a video of him assuring the public that this is not and will not be the case?
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patients and caregivers controll of the market and prices in the form of a price cap.
I very much feel that patients rights, both medical and civil, are being stepped on and striped away. There is no mention of price caps. Price caps would do everything that is trying to be done through these fee systems and push out the ones with money in their eyes and no true compassion in their hearts. Reduce all the fees, relax all the grow concerns for the incurable and other patients burdened by your efforts and put a price cap of fifty dollars an ounce in place,,, tax included. Folks that really want to help will stay,,, the carpet baggers will leave.
Yes, security in transport, insuring safety and efficacy through lot analyses, those of us who long-ago abandoned traditional pain-killers as ineffective and too debilitating (no current or recent records at our MD or DO...)
DISPENSING MACHINES WILL NOT BE PERMITTED IN A 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
36-2806.02 discusses requirements for dispencery verification of amounts dispensed previously to ensure a patient does not exceed there possession limits of 2.5 oz per 2week. What about caregivers? Are they required to monitor what is dispensed to patients? Can caregivers deliver to other patients that are not registered with them but have a valid registration card. Other states have delivery services, that allow patients in remote regions or that are disabled to have access to medication. Is that permitted? Modern devices like iPads and cell phones can provide validation through mobile Internet, recording dispensed amounts? There's no wording or rules for this.
Yes, the wording I have seen so far seems to be to restrictive and costly for the patient to obtain medical marijuana for pain management. So leave the "year/ 4 office visits" out of consideration for the prescription. It is to costly for people like me.
There has been no mention as to how the selection process will be implemented for a permit. I am sure the competiton between N. Scottsdale and a very remote County will be different. Based on the draft, it says the $5000 permit fee is nonrefundable and I read that to say if you are not selected it will not be returned? Clarify. Will an dispensary applicant from a remote county be selected (for that county) before

a non county resident?
I am from California and moved here at the end of Oct. to be with my husband. His work transferred him hear for the next year; as suffer from M.S and chronic pain. My husband is currently my caregiver.Will I be able to use my California approved id to now purchase in Arizona? Or do I have to wait and apply and pay another fee to have a new Arizona id? As well as have my husband pay $200.00 more as he is my caregiver
Insomnia is a legitimate medical condition for cannabis because it helps calm down patients that have trouble sleeping. Other drugs made for insomnia can make the user feel doped up to the point that they cant function normally. In rare instances these drugs can cause the user to hallucinate or go into a delirium and end up causing danger to the people around them if not killing themselves unknowingly, through behavioral or physical toxicity. Cannabis acts on the CB1 receptor in the brain which can cause the user to feel sleepy. We should put in place that any patients with this condition can only buy cannabis indica dominant strains for their higher levels of other cannibinoids and lower levels of thc. Indica dominant strains mean that the plant matter has to have over a 50% indica genetics in it. Cannabis Indica has a more of a sedating effect as opposed to sativa which has more of a stimulating effect.
N/A
Not that I can see. That is all for now
Ya how are you going to take our picture for card when do we pay 150 fee when can we send in Dr recommendations can the dispenser charge what they want for the pot, like will it be cheaper in the black market? answer theses questions. And will you have a fast track system for cancer patients?
Include insomnia/sleeping problems to the conditions that qualify for medical marijuana. I believe this should be included because numerous studies have shown that marijuana is an effective tool in aiding those with sleeping problems also, marijuana would be a much safer alternative to the sleeping medications already offered. Additionally eating disorders should be applied to the conditions that would cause a patient to need medical marijuana.
How long will the ID cards be valid? With this kind of registration fee I feel that the cards should be valid for two to three years. Will there be any price reductions for patents that cannot afford a $150.00 Charge. There are many families that are struggling to make their bills, and living paycheck to paycheck. And if they have to pay this kind of money it will put them out on the streets. If the patient is on AHCCCS will it cover the price of the medication? How about the registration fee?
As stated above. Clarification of the Infused Food Product Facility. Additionally, Can a Dispensary

prepare, but not manufacture, an infused food product i.e. the serving of Pizza that is heated, the serving of an ice cold slushy that is infused etc. If so, current guidelines from various city ordinances are stating that infused food cannot be within a certain distance from a Dispensary so, can the dispensary actually be both the infused food and a Dispensary?
Reduced fees for people who are on Medicare and those disabled and on a fixed income.
theres no restictions on what dispensarys can charge whatsoever.
Yes, expand on the limitations or amounts of medicine grown by patients and caregivers who sell to the dispensaries. Also expand on the self monitoring system and caregiver monitoring system journals required. Also with this monitoring system how often and when to turn this in, or if they are held on to for our doctor or you guys. Also will tools for self monitoring in PDF will be offered for free to the quailfying patient or caregiver. Thank you
make costs as low as feasibly possible for the patient, especially patients without money.
SEE ABOVE
I like the rules regarding security measures needed. With technology being as cheap as it is, I would like to see adding biometrics as a requirement to dispensaries. For instance it would be easy to incorporate a fingerprint scanner to verify a persons identity. That will keep patients honest and not passing their card around. A lot of things can be faked, but fingerprints cannot be.
NO SMOKING IN PUBLIC NO SMOKING WHILE DRIVING OR UNDER THE INFULENCE NO SMOKING AT WORK OR GOING TO WORK IMPARRIED NO SMOKING IN FRONT OF OTHERS AS IN CONTACT HIGH NO SMOKING IN FRONT OR NEAR CHILDERN SEEING THE SAME DR AT LEAST 2 YEARS 4X TO 8X , AND SEE A SPECIALIST THAT THE GOVERMENT WILL ASSIGN , THAT WILL HAVE THEIR OWN TESTS AND COMPARE NOTES TO YOUR OWN DR , HAVE DOCUMENT PROOF THAT YOU WERE SEEN FOR THAT SPECIFIC REASON THAT WOULD CAUSE YOU TO HAVE A PRESCRIPTION TO POT MAKING SURE YOU HAVE TIRED ALL OTHER TREATMENTS AND PROOF THAT YOU DID TRY THEM BEFORE GOING ON POT AND IF YOU ARE CAUGHT HAVING A LITTLE GET TOGETHER WITH FRIENDS WHILE YOU SO CALL SMOKE YOU CAN GET YOUR PRESCRIPTION REVOKED IF YOU ARE CAUGHT WITH A MINOR SMOKING YOUR PRESCRIPTION WILL BE REVOKED IF YOU ARE CAUGHT WITH POT OTHER THEN FROM THE DESPENCERARIES THEN YOUR PRESCRIPTION WILL BE REVOKED
There is nothing on fines, closure, Removal of license of the dispensary or Doctor if found to be not complying.
Yes, Nurse Practitoners have been left out as qualified medical providers and need to be included as qualified to certify patients for medical marijuana cards.
How much is all of this going to cost a patient yearly? How much are the Dispensaries going to charge? Is there going to be a price limit on the product? Will this new law be so complicated that the people

who need it (WILL RUN) and just keep buying off of the street? Everyone I know say that it has become to scary and troublesome for them to deal with. Most people who are disabled have a very small income and will not be able to afford the complicated building standards or the product that is sold.
The Dispensary Licensee selection process. We know what the Licensee applicants are required to bring to the table, but there is no mention of how the 5,000 to 10,000 potential applicants are going to be narrowed down to the best 124 applications. Lottery, Analysis of Financial Ability, Strengths of Business Plan, or do you have to know somebody. How is the State going to track a patient's purchase history? Will all transactions have to be submitted electronically to a State database to consolidate all purchases made from all dispensaries and if so how frequently? every sale, every day, every month, or only if requested as part of an audit..
The ability to be a legal cultivator without being a dispensary owner
Naturopathic physicians need to be included in the draft as medical directors of dispensaries. Naturopathic physicians are licensed in the state of Arizona and should be included in this law as medical directors for medical marijuana dispensaries.
help keep costs down...these people are poor
Please include board certified naturopathic physicians to be medical directors of dispensaries.
allow home delivery
Mainly whether vaporizing is smoking (technically it isn't, so better deal with that now). And clarifying what portion (other than waiting rooms) of doctors' offices, medical cannabis clinics, hospitals and age-restricted retirement communities are considered public.
R917-310: Medical director designation should include naturopathic physicians. Naturopathic physicians are included as prescribing physicians but not here. Naturopaths are capable of the requirements posted for the description of medical directors.
My comments following need to be made specifically clear unlike the the Prop 203 language. Almost seems as if some alterior motivated cover-up concerning registered qualifiying patients cultivation is purposely continuing to be promulgated. Here it is: New Arizona Medical Marijuana Law A Common

Misconception "I'm gonna get my medical marijuana permission slip and start growing my twelve allotted plants!" Wrong! This is a common misconception concerning the cultivation of medical marijuana. According to my interpretation of the now passed Proposition 203 language, only three entities legally qualify to cultivate marijuana: 1) A registered non-profit medical marijuana dispensary which is also allowed to have one other physical address different from the dispensary location to be used for the sole purpose of cultivation. 2) A registered qualifying patient holding an identification card stating that the patient is authorized to cultivate marijuana. Only patients living more than twenty-five miles from an operating registered dispensary will be eligible for this cultivation authorization. 3) A registered designated caregiver holding an identification card stating that the caregiver is authorized to cultivate marijuana. A caregiver's registered patient must live outside the twenty-five mile limit from an operating registered dispensary. Only if you meet one or more of these three conditions will you be allowed to legally grow marijuana in the State of Arizona. Individuals meeting conditions number three or four will be allowed to cultivate up to twelve marijuana plants. As with most legislation, ambiguity and lack of definition exists within the Proposition 203 language. The term "cultivation" is not defined under the proposition language which will most likely create a debate as to if harvested drying plants are considered as part of the allotted twelve. Neither the issue of plant gender nor the term "marijuana plant" is addressed or defined. The term "marijuana" is defined and defined as "all parts of any plant of the genus cannabis whether growing or not, and the seeds of such plant." The term "usable marijuana" is defined and defined as "the dried flowers of the marijuana plant, 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." The term "usable marijuana" is used only in conjunction with possession and not cultivation. Local law enforcement will be forced to make its own interpretation regarding cultivation possession until the judiciary sets precedents. And be aware that federal law prohibits any of this activity. President Obama did recently issue a letter to the DEA requesting them to let any states be who have legalized medical marijuana; however, occasional raids on state legal dispensaries have continued. For the full Proposition 203 lingo, gotto: http://www.azsos.gov/election/2010/Info/PubPamphlet/english/e-book.pdf pages 73-84. [redacted]
See my questions above? Perhaps think about the counties with very small populations. Any special "help" for those dispensaries?
x
How would the rule of one dispensary per 10 pharmacies work in our state with so many small communities? Some communities may have one or two pharmacies and be required to drive a hundred miles to a town with a dispensary.It seems the smaller communities should be guaranteed a dispensary near their town is someone qualified petitioneds for one. Our rural citizens already have to drive many miles to recieve basic services readily available in the 3 major cities. This particular service might prove dangerous if those who need it are required to drive to get it.
C-above
Yes, the entire issue of how an applicant can transfer, sell and/or assign his/her business to another qualified applicant.
Compassion for the poor.
TESTING OF CANNABIS

Make growing outdoors for card holders/caregivers easier to understand & achieve. Make the requirements reasonable for them, but keep them the way they currently are for dispensaries. "Enclosed" should not mean having to spend thousands & thousands of dollars on fencing & even having a top on it for people other than dispensaries.
Give a place that questions from the public can be asked via the internet, then the actual questions answered & posted on your web site answering similar questions only once. I think the public could use a way to ask more specific questions which may help you know what needs to clarified in the rules. I know this site is similar to that, but maybe helpful if you did it also in that format.
My latest inquirys on the internet has introduced me to new questions .What is a cardbroker?How will the amount of plants grown for each cultivation faucility be determined?Will the input of the townspeople be considered in issueing the license to dispensary?will we have a voice in keeping this out of our community?
too much there already, too complicated. can't imagine anything has been left out.
To protect AZ from possible future lawsuits , and to protect the citizens of this state, a section should be added that states that medical marijuana should be held to the same pesticide standards currently governing other foods by the EPA. There are limits to pesticide levels in corn, there should be limits on marijuana that is ingested as well. The producer should have to sign an affidavit for each batch that the crop conforms to EPA standards and they agree to abide by current laws and procedures governing pesticides in food products. Mandatory independent lab testing should also be required . Any batch exceeding the EPA limits would need to be destroyed under government supervision. Any growing facility who repeatedly fails these tests could be subject for license revocation.
I believr that you should require that the AZ non-profit be in business for a period of at least 2 years much like the Department or Revenue requires before getting a Bingo License. This woul stop new ones from being created to just comply with the new law.
Need to address what happens if a patient is a Veteran that uses the VA system. The doctors cannot address this issues with the veterans. What happens when the patient will benefit from the use but

cannot get a doctor to approve it? Most veterans that use the VA do not have other doctors outside.
Home deliveries, cases where doctors are prohibited from making medical marijuana recommendations
Arizona is a large open state, so finding a corner that is 500' from a public place will be very easy. Will there be a limit to the number of dispensories so that we will not see dispensories pop up on every street corner? Does Arizona trully have that many qualifying patients to enable a large number of dispensories to make their profits legally? Are there appropriate rules to regulate the quantity of weed a patient can home grow and how the state will enforce illegal distribution of the excess product produced by the patient. What penalties will be enforced if the patient unlawfully redistributes/sells his purchased "medical" weed for personal profit?
I have had a question that so far no one has been able to answer for me. Why can't the distribution of medical marijuana be handled by the normal store pharmacies with a licensed Doctors prescription, just like any other controlled substance? [redacted]
Left out? How about leaving out a lot of this nonsense!
Don't know of any.
The treatment for Tourette's syndrome and Obsessive Compulsive Disorder should be added to the approved list of medical conditions.
Yes, I would raise the issue concerning individuals who are unable to provide proof of a medical history, due to a lack of health insurance and no past medical treatment of existing conditions were/are unable to provide the required documentation and no way to substantiate history other than existing current medical conditions which in many cases are self medicated to treat said conditions and remain undocumented. Are these individuals going to have to wait until they can not only afford to see a physician for documentation but wait an additional year to be able to meet the requirements? What option/options are available for these instances? "other than for the individual to continue to break the law", due to a lack of documentation and no way to avail themselves of the current laws/rules and requirements due to persistent financial constraints and limitations. While Arizonan's have voted in favor of providing an avenue to legal medical marijuana to individuals who are in dire need. The governing body in charge of the rules are placing burdensome constraints on individuals who will not be able to comply due to financial necessity to obtain "physician documentation" to treat ongoing medical conditions. Apparently the rules making committee has some notion that all persons applying for a marijuana medical card are flush with discretionary cash and that every person will be able to provide a full medical history, "because we all have insurance and can afford to see a doctor on a whim. <sarcasm..." Perhaps there will be some people that Oh I don't know, weren't/aren't able to afford to see a doctor and cannot provide the required information documenting their ongoing medical conditions?? While I'm certain that those writing the rules have health insurance and a source of income that would allow them to document their medical treatments, please take into consideration that there are some that cannot comply to those restrictions and still need to be treated as people instead of statistics. Provide a legal avenue for those individuals to obtain a medical marijuana card as well..
Naturopathic and homeopathic physicians are specifically allowed to recomend treatment by the innitiative but not included in the rules. The innitiative does not give the state the right to specify the type and durration of relationship with the medical provider. This will lead legal challenges and associated expense. The appropriate bodies to determine reccomendation guidlines are the relevent professonal licensing boards. They should be responsible for enforcing standards of care for recomendations and penalties for innapropriate supervision...loss of medical license etc.

Mental as well physical conditions will be considered.
What about edibles?
There are many potentially eligiigible individuals who would not fall neatly under the strict guidelines as outlined above. These individuals would include those who's primary care givers are employed by the Federal Government (Department of Veterans Affairs, Indian Health Services). These doctors are not allowed to complete a recommentation for medical marijuana due to their possitions within the Federal Government (even if they think it would help). It is also noted that there are many individuals that recieve primary medical care from Nurse Practitioners who, based on what I read, would not be allowed to make reccomendations either. Based on the proposed guidelines, it would not be possible for these otherwise qualified patients to obtain a recommendation for medical marijuana from "their" primary care givers due to the "status" of the doctors employment. Therefore, the need for facilities/doctors that can review comprehensive medical history and complete an examination and issue the doccuments needed for the ID card are warrented and necessary. Based on the ouutline "DRAFT" you would have a patient change their primary care giver just to meet the needs of the proposed draft. It has to be understood that there are many doctor patient relationships where the doctor CAN NOT write a reccomendation and it is not a matter of choice. In such cases, potentially eligibal patients need an alternative to obtain a doctors recommendation that does not require giving up years of "physician-patient relationship" , the very thing you are trying to ensure. [redacted]
Those under V.A. Care can with record of proof of condition be allowed for consideration by an out side Doctor with out being seen by such Doctor for a preseading year of care by such Doctor. Thanks for your devoted time for this issue. [redacted] [redacted]

LOL....there should be a lot left out of this draft, not put in.
~Measures to prevent "straw purchases" of dispensaries should be in place. Require disclosure (and resultant scrutiny) if an outside organization will "manage and operate" the dispensary for the owners. ~Require "dispensary agents" to meet the "2 Year Rule" of residency as well. This will minimize the likelihood misconduct by employees with experience in less-restrictive environments.
The draft is pretty comprehensive, will let you know if I find something.
Since your emphasis is on medical marijuana vs recreational marijuana, I hope the selection process reflets your priority , and that people running these dispensaries have proper medical background, such as in a pharmacy.
1) relationship of grower and dispensary and compensation, a) transportation of product from grow to dispensary 2) selection process for dispensary
everything is good
There needs to be language that further defines Designated Caregivers like as shown in the above example.
BECAUSE IT IS CALLED MEDICAL MARIJUANA,WHY DO YOU STILL HAVE TO PAY STREET PRICES FOR THW SAME AMOUNT.SHOULDN'T THERE BE A MAX LIMIT OF 80 TO 100 PER OUNCE.
Medication prescriptions are nobody's business except the doctors and the patients. No laws should come between the doctor and the patient.
Yes, the thing that has been left out is "If at anytime you or any individual, that had anything to do with the writing of these rules ever need to utilize said Dispensaries, will not ever be allowed to do so unless you are willing to pay 10 times the amount necessary for the right to do so!"
Just the NO DRIVING. That should be an absolute, and NON-negotiable rule attached; you want to use this, you forfeit your privilege to drive or operate any motor vehicle, period. As an EMT, years ago, I saw more than enough accidents involving the use of drugs, including marijuana, that were very like

those associated with the use of alcohol. But the effects of marijuana don't seem to wear off in a few hours as alcohol does, so the public needs them to NOT be operating motor vehicles, period. If they're unwilling to comply with this condition, their "need" for the marijuana is insufficient, and it should be denied.
I think that the despensorys fee's and the patient application fee's are a bit high, maybe $3500 for despensory fee, and $100 patient application fee, also does the $150 for patients include any application fee for patient cultivation? Also how will the despensorys be protected from mexican drug cartels? Who's to say they dont just come over the border and intimidate the despensory owner into only purchseing/despencing (their) product? The last thing i want is to find that the money im spending in a legal despensory is funding some over the border drug cartel.
Yes the thing that has been left out is "If at anytime you or any individual, that had anything to do with the writing of these rules ever need to utilize said Dispensaries, will not ever be allowed to do so unless you are willing to pay 10 times the amount necessary for the right to do so!"
If a person has a medical condition so debilitating it requires them the use of marijuana; said person should have their drivers license revoked while under the treatment, such as a patient with a seizure disorder, etc. This would also discourage the misuse of the drug by those who are merely seeking without a debilitating medical condition. I overheard many young college people vote in favor of and have said they will use depression, acid reflux, etc. as an excuse to get a Dr. to prescribe the marijuana. I asked if they would still do it if their drivers license were revoked. Their answer was "NO".
Why can't there be 2 categories of dispensary licenses, i.e. a). a dispensary that wants to sell to patients/caregivers in a retail setting AND also grow and sell to other dispensaries, b). a dispensary that only wants to sell to patients/caregivers marijuana acquired from another dispensary(ies).
Need more time to think about that.
The first draft looks pretty good. I appreciate the efforts to keep medicinal marijuana in the hands of qualified patients and out of the hands of the using for recreational purposes. That being said, it is an impossible battle. No matter what measures are taken, unethical physicians and people will divert marijuana. Whenever something is put in place to help people you will always have people who will abuse the system and that is unfortunate. Physicians take an oath to use their powers for the good of people and we are at their mercy when it comes to them doing the right thing. Good luck to all of you and please let me know if I can be of help in any way. [redacted] PS I would make sure your office has the number of a few DEA agents so you can report any activity that seems unethical by physicians. I have one I use when I suspect a physician is prescribing unethically.
What will stop owners that run the shops from smoking themselves? How are you going to prevent criminals from robbing these stores? How are you going to stop those friends and relatives of the supposed people with medical problems from smoking with them? Or giving some to these people without medical problems?
yes, what has been left out of the rules is dignity of the patient doctor privilege, honor due those who are chroically diseased, privacy between doctor and patient. If Roe V Wade had begun like this then the women's rights movement would have died in the starting gates as many of us who are ill may also

by the time this is implemented.
How are the Dispensaries going to be granted to the lucky 120?
How do you handle process of dealing with NEW PETITIONS to ADHS regarding insertion of ADDITIONAL qualifying diagnoses for Medical MJ program? I've both FAXED and EMAILED a petition on MONDAY DEC 13th 2010 (along with a 15-page essay supporting this position) to add PTSD to list of qualifying dx's already approved by 203. Unfortunate4ly, I never got a confirmation from your dept. THAT MUST BE FIXED. YOU ARE REQUIRED BY LAW TO ACKNOWLEDGE THESE PETITIONS. I believe you need to have a PROTOCOL in place for how you are going to VERIFY DATE RECEIVED given law says you have 180 days to respond. Also, WHO MAKES THE DECISION of which diagnoses can be added? Do you have an EXPERT PANEL of health professionals and community members who will assess the validity of the petition and material submitted, science available, etc? How will this panel be selected? Furthermore, I believe doctors or other Health Professionals who have Direct Association with dispensaries ie. benefit from their revenue, should NOT be allowed to serve in any decisionmaking capacity in the ADHS decisions moving forward. That needs to be WRITTEN POLICY as nobody in the public believes these HCP's can be objective.
As stated above, there is little counsel for those disabled seniors who live in the remote areas of Arizona far away from dispensaries. I saw that there is a method of requesting the legal privilege to grow my own plants, but I did not see any rules for independent patients to follow if that privilege is granted. If you wish to communicate directly back to me, I am [redacted] Thanks, and good work!
The one situation that seemed to go unaddressed is where the Dispensaries will acquire their initial crop of Marijuana. As it is currently illegal to possess or sell Marijuana in Arizona, where will cultivation centers be allowed to go to obtain their first plants? Also, at what stage will they be allowed to acquire these plants? Will they have to start from seeds, clones, or will they be able to start with somewhat mature plants? This appears to be something that needs to be addressed so that all operations can be held to the same standards.
Yes. There is no rule mentioned about Dr's denying a reccomendation to a qualified patient due to not wanting their reputations tarnished. This has happened in other states. Is it permitted under these rules for Dr's to deny a Qualified Patient a Reccomendation or continued monitored treatement? I will qualify because I have severe Neuropathy. I may or may not take advantage of the new law, but I am unsure as to weather my doctor at the health clinic will write a reccomendation, or even treat me. How am I protected by these rules/regs. for fair and unbiased treatment to obtain a Reccomendation for a Marijuana Card? This is Tucson and there are a lot of conservative Dr's here. I really don't wish to HUNT for a new doc just because mine has a problem with Medical Marijuana.. **** Are there any provisions for those individuals who will benifit from the new Madicinal Marijuana laws, but just can not afford to pay the $150 fee for the card? Any Low Income Help? The reality is that most can not afford to pay that fee, then turn around and pay for the Marijuana.. Medacine should be affordable and obtainable by anyone who qualifies. It is true that most can not afford the cost of full price prescription drugs.. Maybe there can be some language that addresses the issue of Assistance of Fees upon the Card Holder.. ?? If this is truely a Medical minded list of rules/regulations, then there really should be some language that protects the rights of an individual to obtain a Reccomendation with out Predudice and to make the Card Fee affordable to those who really can benifit from it. Drug abusers will not complain about fees, but those who need midication should not be requited to pay anymore for an identification card from the Dept of Health then they would at the Dept. of Motor Vehicles.. I'd enjoy seeing the justification of administrative costs for the Card Fee in the rules and regs.. Take care and thanks for all the hard work on this. You are doing a great job so far.

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.
QUOTE FROM YOUR BLOG: "Prop. 203 requires the department to develop an electronic data and verification system to keep track of patient and dispensary information. Law-enforcement and dispensary agents must be able to access this system at any time." WHY DON'T THE RULES ALLOW PHYSICIANS TO HAVE ACCESS TO THIS E-DATA SYSTEM? THE DOCS ARE THE ONES WHO ARE ACTUALLY MANAGING THESE CONTROLLED SUBSTANCES AND MUST BE AWARE OF WHAT THE PATIENT IS TAKING. IT WOULD BE BEST TO HAVE A NOTATION ADDED TO CONTROLLED SUBSTANCE PHARMACY MONITORING PROGRAM, SINCE THAT'S ALREADY PART OF OUR WORKFLOW TO CHECK CSPMP ON EACH PATIENT. BUT IF YOU CAN'T ADD THIS INFO TO CSPMP, THAN AT MINIMUM, I THINK IT'S NEGLIGENT TO DISALLOW DOCS FROM HAVING ACCESS TO THIS DATABASE YOU CITE ABOVE TO LEARN WHICH OF MY PATIENTS HAVE BEEN APPROVED FOR ID CARD.
I strongly disagree with the idea that a homeopath or a naturopath can certify a patient for medical marijuana. They do not have a strong enough knowledge base of available medications to decide if the patient is considered a treatment failure. Which brings me to my next point. Medical marijuana should be used for treatment failures or intolerance only. So I actually believe that medical marijuana should only be prescribed by a DO or MD in the area of expertise that the patient's condition requires. For example: as treatment for Crohn's disease, only a gastroenterologist who has been seeing the patient regularly should be able to prescribe marijuana. And for chronic pain: a pain specialist. Anxiety? a psychiatrist.
No operating heavy machinery or driving while medical marijuana is prescribed. Why prescribed and not influence? Because if it is prescribed you should be under its influence until treatment is over.
There isn't any language on acquiring MM seeds. There should be an additional ARTICLE that covers cultivation and the acquisition of seeds.
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 Xanaxs? 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?
I feel that neroupahy caused by long term diabetics should be listed in the medical conditions criteria portion of the rules.
My concern being disabled and on a fixed income. The fee's of obtaining a mm card and cost of MM after getting a card will be cost prohibitive for the lower income patients that are already running short for monthly medications.
Incorporate the same safe guards that were implemented to handle medications, remember this is a powerful drug. Also how are you going to deal with different potencies between plant species. There needs to be limits on the THC strengths prescribed. Only control over the powerful drug can do this. With no control The Great State of Arizona will be benefiting the drug dealers. After all who will know if this quantity came from this plant or "somewhere else"?
Growing permits etc.
I do not see what the length of time a certificate is good for when it is issued. The draft talks about the renewal process for all the certificates, but I do not see how often they need to be renewed. Every 2 years? Every 1 year? I am very concerned about the documented studies in regards to the lung damage/potential lung cancer with marijuana smoke. What about all the lawsuits towards doctors, the government, and/or dispensaries when a patient gets cancer after being prescribed marijuana? I can see that there could be millions of dollars awarded patients, at tax-payer expense. How is the marijuana controled when it is sent to a "bakery" to make food products. How is it proved that the marijuana was actually put into the food product?
There should be rules for patients who are physically capable of cultivating for themselves. Not every patient should have to rely on a local cultivation center, or be asked to find another individual to care-give. Most severely ill patients will require an outside source of medication, but not all of them should have to rely on local pricing, and the service of an outside person to provide them with medication. I believe quality control is sometimes best left in the hands of the person consuming the medication and in this draft it is not addressed.
I am a current CPL (concealed pistol License) holder. Will I be able to carry my medical marijuana medicine while carrying my concealed pistol? I know it is legal in other states that have medical marijuana friendly and CPL friendly.
I feel there should be a minium amount of dollars needed to open and operate a dispensary disclosed. And also if there is a $5000.00 application fee needed and it is non-refundable how many applications are you going to accept?
Cultivation allowed if more than 1.5 miles from nearest dispensary. That is, if you must require a distance at all. Let patients grow their own and save money. Develop rules for a cooperative system for people who are allowed to grow to earn credits at the dispensary where they donated buds. Which they can redeem for medicine later as no money may be exchanged for bud. This will ensure a supply and

cut cost for patrons to the dispensary.
Licensing details by the Department of health for independent facilities that will infuse edible products with Medical Marijuana. Will the facilities require separate license to store and infuse food products with Medical Marijuana? The rules required to follow for these facilities to be legal while working with Medical Marijuana at the infusion facility.
Yes! If someone can prove beyond 'my back hurts" or 'I have a head ache" to a LICENSED Physican then give them pain pills that are alread leagized.
Nope- good to go.
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?
Specific direction for the disposal of the un-used portion of a marijuana plant after the flower portion has been removed from the plant.
There is no mention of the state law requirement that a patient or caregiver only be allowed to cultivate as long as their location is 25 miles or more from a dispensary. Cardholders and dispensaries will be applying at the same time. Will there be at least a moratorium within the time period dispensaries are applying for their locations before we start allowing patient/caregiver cultivating? This measurement should also be determined measuring from the lot line of a patient/caregiver location to the lot line of the dispensary business. Future renewals for requesting cultivation for a patient's site, should also be determined as to whether or not there is now a dispensary within 25 miles, measure from lot line to lot line. When identifying means of egress: Where in the procedures does it address the requirement for "only one secured entrance". I would hope that the means of egress also fits the secured entrance term. Please clarify...
An option to have a secondary physician should the primary physician not be allowed to make a recommendation because of clinic or hospital rules.
Not sure, would have to study the Rules.
Who is going to make the medical id cards? The health department, the D.M.V., or individual businesses? Who is [redacted]? They seem to think they will be the ones making the medical marijuana cards. Shouldn't it be done by the health dept or another division of the state? It seems risky to just let any non state affliated business do it.

There should be further cultivation rules for research companies and infused products companies and separate licensing for each. This will create experts in specific fields within the industry and create countless jobs and revenue for the state and its citizens.
It doesn't make sense that Caregivers or Patients can't grow their own Medical Marijuana regardless of where they live. There will be many patients that can't afford the prices that dispensaries will charge and may want to grow their own. Will there be additional provisions for patients or Caregivers to create their own co-ops to grow their own medicine ? There should be...
This should be in the rules to prevent hardships to patients in rural areas
With the current laws about Marijuana and its transport across state lines which is federally illegal. It would be my understanding that it would be several months after a dispensary permit is issued before any marijuana would be for sale? If its not legal to cultivate without a permit then it should not be immediately available until in-state cultivation is complete.
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.
There is nothing, unless I missed it about people growing private plants and how they will protect others from accessing it; especially the security of children whom may be in the home. Will these individuals have to go to a course to learn how to safely grow and cultivate plants? This seems to be a disaster waiting to happen.
Enforcement of the rules.
We may have missed it in our first run through the Statues, but was the limit on the number of plants per patients addressed? If the dispensary/cultivation center stays as written, is there a limit on the amount of medical marijuana grown?
If a persons primary doc refuses to prescribe for any reason, that person has the right to seek another doctor without any one year "penalty". All Veterans Administration patients have the right to select any doctor without a waiting period. The VA will not prescribe.
The draft rules must include approved rules in regards to why a dispensary would refuse to dispense to the patient or qualified caregiver.
I could not locate a list of what the 'excluded felonies' were. Shouldn't it be explicit that those that, in the past, were arrested for marijuana possession are not excluded from now possessing it legally. That

would be stating that those that were trying to control a condition before it they had a legal remedy are still being persecuted.
Yes I would like to know if there will be a license for growing marijuana only? I would not be a qualified patients, caregivers or dispensary. Will you allow grower only to be able to sell to dispensary?
migraines should be included in the conditions.
I think that Nurse Practitioners should be able to recommend.
You were effective in neutralizing the drug-like perception but given the larger trend, I believe your efforts will only serve to reduce the tax revenue this state so badly needs. Too bad the efforts extended here were not focused towards the real gateway drug; alcohol.
Marijuana prevents Alzheimer's. It should be available to anyone who wants it!
Regarding Section R9-17-315, Paragraph 1.c.ix, the document implies that the State will be allowed remote access to the on-site video security system. There are two ways to accomplish this. The first is to utilize IP cameras to allow a universal interface via a web browser to any remote viewing location. Many times this type of IP viewing uses a 3rd party software package at the remote viewing site to consolidate the video streams into the desird viewer interface. The 2nd is to allow Internet Browser viewing to a web-enabled Digital Video Recorder. The viewing interface for this would vary based on the manufacturer and model of the DVR utilized. Does the department have any further criteria to define exactly how they will connect, what type of software must be integrated with, and if there are any other technological requirements regarding the system used to allow this remote viewing access? Thank you, [redacted]
Regarding Section R9-17-315, Paragraph 1.c.ix, the document implies that the State will be allowed remote access to the on-site video security system. There are two ways to accomplish this. The first is to utilize IP cameras to allow a universal interface via a web browser to any remote viewing location. Many times this type of IP viewing uses a 3rd party software package at the remote viewing site to consolidate the video streams into the desird viewer interface. The 2nd is to allow Internet Browser viewing to a web-enabled Digital Video Recorder. The viewing interface for this would vary based on the manufacturer and model of the DVR utilized. Does the department have any further criteria to define exactly how they will connect, what type of software must be integrated with, and if there are any other technological requirements regarding the system used to allow this remote viewing access? Thank you, [redacted]
Please ensure there is monitoring of the physicians so we don't have physicians who's sole practice is writing reccomendations. I have real concerns about this new law but feel those who are in true need and suffering deserve relief. I don't want this to be a free for all. If you hold firm on your rules you will have met the stated intent of the proposition.
What are the regulation for growers????

Requirement to remain a resident while maintaining a Lic. to grow or dispense.
yes!! you ae making the rules out of reach for a lot of people.
See above
I might have missed something but I would like to see specific rules and guidelines to allow a patients to grow their own plants for their personal use. I am confused if a person with qualifying conditions can grow their own plants for just their personal use. I understand the 25 miles and up to 12 plants part of the law but what about someone that wants to grow 2-3 plants in their home in a locked - secure room not for sale or co-op to trade or sell to a dispensary but just a few plants for personal use to substitute for the cost of buying it from the dispensaries. So some clarification on growing strictly for personal use because you have the letter, years with your doctor and a stated disease if there is anything to allow you to grow your own in your home just for your personal use. Thanks
I DON'T SEE ANYTHING ABOUT WHERE PEOPLE CAN SMOKE THE MARIJUANA! WILL THE LAW PROHIBIT THE USE OF IT SIMILAR TO OUR ARIZONA PUBLIC NO SMOKING LAW? I WOULD CERTAINLY BELIEVE THAT A VERY LARGE PERCENTAGE OF PEOPLE DON'T WANT TO INHALE NOR SMELL THE PUTRID SMOKE COMING FROM MARIJUANA. I ALSO DON'T THINK 25' FROM PUBLIC DOORS IS FAR ENOUGH AS THE TOBACCO LAW READS. MARIJUANA SHOUDN'T BE USED IN ANY {PUBLIC} PLACES EXCEPT WHERE ALLOWED IN HOSPITALS OR MEDICAL CLINICS.
Yes. 1) how will an AZ resident be defined. 2) how will dispensary registration be handled if there are more than 125 applicants.
Rules for co-op grows. This state will require lots of medicine. If i have two ounces of marijuana how much concentrate can I have to?
I would like the language to be clearer with regard to edible products. Do you have to have a commecial kitchen in order to prepare products? How will I legally secure the product in which to make the edibles, would I be allowed to purchase this from a dispensary? My focus is to create an edible food business and after reading through the proposed act I am still unclear as to legally proceed. Thank you
Since you are only allowing 124 of 1,000+ applications to be approved, why not heavily tax both dispensaries and infused products companies as they are in Colorado? It seems more fair to accept more applications and refund all or part of the fee to denied applicants, then tax the applicants that are accepted. After their 1st yr in business, they will be able to pay huge amounts of taxes. (I am basing this assumption off numbers. AZ should have 100,000+ patients in just a year but 1/7th the number of dispensaries as CO, for example). Instead of having such strong residency rules for dispensary owners, why not allow any citizen in the country (if they are willing to move to and pay taxes in AZ) to apply and offer a 80% refund of the $5,000 application fee if denied? This way there would be 5,000+ applicants and you would have a much larger pool of applicants to choose from. You could then provide rules even

more medically strict (see above where I agreed on the rule of having a medical director associated with each dispensary) so that dispensaries are required to be more in tune with the medical and research aspects and less like "legal drug dealers," as the opposition likes to word it. Of course, there is a fine line because there will be plenty of critics who think the rules are too strict. I am just looking at the big picture. It's great that they are required to be nonprofits, but let's make them have to act like it. Why not make the only 124 dispensaries allowed in the entire state conduct medical research and make their growing facilities more like laboratories and less like warehouses?
A pharmacist should be involved in dispensing this medication like any other. This should not be left to unqualified individuals. Please make sure that there is a chain of control that will avoid diversion.
See above comments
I think in the law it stated you can be a caregiver for 5 total card holders, is that listed in the rules? should it be? Can a caregiver be compensated by a card holder for actual time or expense due to growing for them? Will a caregiver need to pay the $200 for each cardholder he is a caregiver for? Will people be allowed to grow initially even if there will eventually be a dispensary near by? It seems like it will take a long time for dispensaries to get up and running & have medicine available. How will the 25 miles away from a dispensary be figured? Actual distance or driving miles?
I think you should add some sleep problems to the list of qualifying medical conditions, like slep apnea and just trouble sleeping or falling asleep and staying asleep through the night. A lot of people hve sleep issues and would rather injest marijauna than taking prescription drugs that can become highly addictive and have side effects. It definatly does work, and other states have sleep issues in there list of conditions.
Zoning requirements for different counties and cities for dispensories and growing facilities.
[redacted] Hello, my name is [redacted] and I suffer from Ménière's disease. Marijuana is very effective for treatment of several of the symptoms associated with the disease. Such as nausea and tinnitus. I have included some research work below. Please consider adding Meniere's disease as a debilitating condition. Thank you, [redacted] Doctors say cannabis treats Meniere's disease September 30, 2006 People suffering from intense vertigo and nausea due to an inner ear problem — a condition of unknown cause and limited susceptibility to conventional medical treatment called Ménière's disease — find significant improvement from cannabis, according to California doctors. California doctors routinely approve the use of cannabis by Meniere's patients who say that it helps ease their symptoms. "Meniere's causes dizziness, dizziness causes nausea, cannabis relieves nausea," says [redacted]. "I wouldn't be surprised if the symptoms caused [redacted] to be a little depressed and of course cannabis helps that, too." [redacted] corroborates: "I've issued many recommendations for Meneire's, as well as tinnitus [ringing in the ears]. It works well enough to make a significant improvement in patients' lives, i.e., symptoms not gone but much abated so they can function and carry on their daily activities, instead of sitting and suffering. It also aids sleep." [redacted] has given some thought to how cannabis might help in the treatment of Meniere's. "Three possible

mechanisms come to mind," he says. "Number one, the anti-anxiety effect of cannabis would be very useful to a Meniere's patient. These people are anxious as can be when they hit the ER. When they get an attack it's as if they are wired — that's why Ativan is one of the treatments, to bring them down. Two would be the anti-nausea effect. Duh! You're barfing and there's a drug that offers relief in 10 seconds. The third is slowing down the vertigo itself — the sensation of spinning caused by the inner ear problem. My patients say cannabis is as good as Benadryl, which is the classic treatment. I recall reading that the auditory nerve does have CB1 receptors. I don't know about the cochlear structure itself."
Yes, the ability for a visiting card holder to get medication.....
Application selection process needs to be clarified for certain situations. Applications that are submitted and are complete should also be subject to comparison to similar complete applications, in proximity to one another, for comparison and determination of overall quality of information provided. I.E: If two or more complete applications are provided for locations that are within the city and states distance requirements the best application and proposed plan should be selected.
I did not read in any section about honoring other states cards if the person is in our state visiting. I think I prescription should be honored. is all.
Since a Dispensary must provide 70% of it's own product (and this seems a little high) How many plants will a licensed dipensary be able to grow at it's cultivating facility? To get several strains and enough product to serve our customers on a daily bases we will need to be able to aquire seed and use cloning methodes. To provide 8-10 strains of marijuana on a consistent bases we will need to have 10-20 plants of each strain in various stages of growth to keep a constant supply. Will this be allowed? We will need to have about 150 plants in various growth stages to keep our dispensary supplied for our customers.
How long are the patient registration cards valid? Is it one year? five years? one month?
Severe penalties on mass producers of chemically unsafe marijuana for cancer patients. License to grow should be terminated and Dispensary license revoked. Trust me, if you allow a testing facility to be the judge of safety, most blackmarket mass producers would be excluded from being vendors.
Medical staff should be considered with all aspects of distribution of all medical marijuana. Most staff should also be regulated and finger printed like all medical staff, all individuals should be required to have a high school diploma and furthering their education should be encouraged and placed for staff requirements. Since all the doctors are going to be responsible for all patients being cared for then professional medical staff should be encouraged and responsible for patient evaluating and staff. Therefore most of these dispensaries should consider seeking individuals of educated status of medical backgrounds and professional levels. Encouraging education will continue to open the doors to more professionalism and proper distribution of medical product.

Not sure if I missed it or it's not in there, but if I am a caregiver or a dispensary agent, would I still need to pay for a med card too?
just legalize the damn stuff and you can disempower the drug cartels.
What qualifications must a medical director have?
is there gonna be any other zoning, other than the 500 feet away from a school....
What protection can you provide from Federal DEA agents
I would like to see something about delivery of the product to the infirm or immobile. I know that some just think that this would allow a mobile drug service. When a patient is with the physician and a recommendation code is being set, you could have the doctor determine if delivery should be offered to the patient based on his mobility. In the system that determines if the patient is under the 2.5 ounces that is allowable, you could create a system that "reserves" the purchased portion much like a credit card authorization. This will allow those people who are also elderly and afraid of going into some of the areas that the dispensaries are forced to locate. My main goal is the safe access to medicine, please continue your hard work to make this a medical issue. If you have any questions, feel free to email me at [redacted]
No rules or regulations on Growers (who want to grow and supply dispenseries) a high quality product for medical use. If a person qualifies for a medical card can the grow plants (1 or 2) for personal use ?
It may be advisable to require ISO13485 or FDA cGMP compliant P&Ps are provided and strictly adhered to in that this is a therapeutic drug of some considerable potency and side-effects. Such P&Ps address critical issues such as adulteration, mislabeling and misbranding quite effectively whereas general manufacturing P&Ps do not. Furthermore, in reference to infused (edible) food products, the labeling should include ingredients and allergy information as well as the mass of marijuana within each recommended portion. It would be preferable if 'raw' products were periodically assayed as to the content of active ingredients: THC and total cannabanoids. If such analyses are required, predictable and reproducible therapeutic effects are more likely to be obtained in both 'raw' and infused products. While it may be impractical to require assay of each package of product, or even each plant's product, periodic assay of each strain cultivated and sold should be a requirement.
REGARDING: R9-17-307 C "3. May only acquire medical marijuana from another dispensary in

Arizona, a qualifying patient, or a designated caregiver" Unless I've missed something, the Department has made no provision that allows the dispensary to receive seeds to begin and maintain cultivation. In fact, the rules specifically prohibit the acquisition of any marijuana from outside the dispensary or qualified patient system. Specific strains have demonstrated efficacy for particular medical conditions, and restricted or denied access to these studied and validated varieties does not appear to serve the patient population well. My assumption is that most dispensaries will focus on cultivation of high THC strains only, rather than follow a medical evidence model to provide the best match for a given diagnosis and constellation of symptoms. If possible, ADHS should implement a seed clearing house, or designate an approved resource for dispensaries to acquire a variety of strains, otherwise you are actually requiring the dispensary to wait for a qualified patient to provide seeds, or to break the law to acquire them.
see above.
This draft shows dilerence in difference to mental health illness. This needs to be added in. We should also place policies that include protecting the Doctor's choice when prescibing marijuana. We don't want the state law makers or Sheriffs making rouge decisions like we have seen over the past few years.
I like that a caregiver must provide finger prints, etc. however I see no provision if someone does not want a caregiver but is house bound, can they have the disperary or someone else deliver it to them.
1. Make sure that you, and the doctors don't' discriminate against some patients who have/ has been in severe pain, and you think they are not being true, which cause them not to prescribe the medicine. 2. Making sure the doctors are not self medicating and making a profit for themselves, friends, and family. 3. making sure the dispensary are held accountable for the mistake they will make and making sure there document are accurate and they have a paper trial as well as a computer file 4. Making sure if there is misuse of the medicine that they are fine extensively. Not just a $50 - $100 fine, but $250-$5000. Because people go to prison with a sentence of 2-4 years and some even longer for selling, The same should be treated for the doctors, and the dispensary for misuse and possible misuse of this medicine. 5. there should be a one time fee or fee's depending on how many times they make any type of changes on how they prescribe medicine, which may include the division to do additional paperwork.
Not exactly left out but questions: For AHCCCS eligible patients: 1. Will AHCCCS cover medical marijuana if prescribed? Will physicians seeing AHCCCS patients need to comply with the dispensing physician rules? 2. Will AHCCCS pay for the medical marijuana? 3. Since AHCCCS eligibility wans and wanes, will eligibility be closely tracked to prevent AHCCCS from continuing payment for those no longer eligible? 4. If no longer AHCCCS eligible but individual still needs marijuana will counseling/assistance be available to those individuals on how to continue obtaining marijuana?
Add a contingent approval process where a dispensary application can be approved and recieve a

license contingent upon the final site inspection. This would lessen the financial burden/risk of the proposed dispensary. The application can be approved as per the information submitted by the potential dispensary. This would allow a potential dispensary to secure a location per zoning guidlines and plan for the grow/dispensary location without actually spending the money to have the site ready to go only to be denied a dispesary license. There is already a substantial burden placed on organizations trying to setup a dispensary with the requirements to have a physical address for the property where the dispensary and grow will take place along with the license fees. In the contingent plan would be the business plan outlining the capital required to be "operational" within x amount of days upon a "contingent" license being approved by the state. This would allow for organizations with "more to risk/loose" to have a chance at owning and operating a dispensary per the state requirements. The way it is written now requires a large initial investment that is unrealistic for some organizations to have a chance to even apply.
Will there be allowances for patients that are cardholders in other states?
My biggest concerns are how law officers are to determine that someone on medical marijuana is driving under the influence AND if it is going to be in a smokable form, not only does this potentially create respiratory disease issues, it can also create 2nd hand smoke issues, including but not limited to positive drug screenings by family members in the household.
The system for selecting dispesaries should have been included. If its based on merit, we'd like to get started now. If its a lottery system a March 31st start date would suffice. Please post a date of when the issue will be decided on your web site. Thank you
No, I think everything has been covered.
1. Regarding R9-17-202 F.1.g: If an patient requests the ability to cultivate, will they also have permission to purchase at a licensed dispensary? 2. If a patient is allowed to cultivate, will there be any inspection rules/requirements? 3. If a patient is allowed to cultivate, then a dispensary opens within 25 miles of them, when will their permission to cultivate end?
R9-17-314.A.5 Re : Pesticides - The FDA strictly regulates the amount of residual pesticides that may be present in a food source. Will the same standard apply to food containing marijuana ?
Dispensaries should be located situationally in the same manner as Liquor stores, and Pornography outlets. We aren't talking about a "Walgreens", and the costs to our children and society will be great. All one has to do is look at Oakland, California.
One concern I had was the quality control to ensure that what is being sold and its advertised strength is in fact correct. I would like to see if possible, random test sampling done by an independent lab as they do in Colorado. I am particular concerned that since there will be a limited number of dispensaries, there may be inflated pricing and the people who are in need and truly disabled and on a disability income may face some challenges in cost. If they are in that situation, there should be some comfort in knowing that they are in fact getting what they are paying for and dispensaries can be held accountable for falsely selling product or misrepresenting the quality of the product they are selling.

Need to specify that home delivery is allowed by any dispensary with proper recordkeeping, proper identification
More information about cultivation (locations, guidelines, amounts, who can do it) and designated caregivers (where they must live/grow and amounts, etc.). I am confused about the link or relationship between caregivers and patients? Why would someone need a caregiver when there are dispensaries everywhere? Could you please provide information about caregivers.
What about people who have past Marijuana (just use or possesion not distribution) offenses? will that affect getting a card?
For the chronic pain diseases will that include Fibromyalgia, because I have Fibro and I have chronic pain, severe nausea, and persistant muscle spasms.
It appears that certified nurse practitioners have been left out of who can prescribe medical marijuana. I believe they should be included. Nurse practitioners in the state of Arizona are allowed to prescribe narcotics. I have had a DEA number here for nine years and it would benefit some of my 2000+ patients to be able to use marijuana for medical reasons. [redacted] [redacted]
high blood pressure is not put on the rules....as are a lot of conditions that medical use will help.
Product safety Quality assurance processes in production Guidelines on product development, including additives, testing, etc. Treat it like a OTC drug or prescription drug at least. At least give the production process the same consideration you would give twinkies or viagra.
1. Off site grow centers or cultivators rules, if allowed. 2. What about the dispensing machines that they are trying to get us to buy? (kind clinics) They are saying that 5-20 people can join in for 1 dispensary license and that it helps the odds to be in compliance with the ADHS. Seems like these machines could easily be stolen or broken into. 3.Where will the initial seeds or clones come from? Who will provide these to the dispensaries or the caretakers.
I didn't see the licensure requirements for the Medical Director. What is the criteria for being a Medical Director? Can it be someone in the mental health field? The term "excluded felony offense" is used but I didn't find a definition for it.
delivery to patients who are homebound, who either do not have a caregiver, or if they have a caregiver

who does not want to cooperate with their patient and will not procure their marijuana, due to federal laws still in place
TERMINALLY ILL PATIENTS ONLY
With the setup and grow times and the amount of time it could take to get dispensaries up and running I think for the first year every qualifying patient or a caregiver for that patient should have the ability to cultivate at least until which time the dispensaries are ready to start dispensing medical marijuana. The process from what I under stand to cultivate Marijuana Could take up to 4 months before the first seeds to actually be harvested. this doesn't include time spent getting certified which sounds like it could take up to 4 months as well. Especially considering ever site has to be inspected at least once by your department. I don't believe medical patients should be made to wait to have their medication for anywhere from 4 to 8 months when they have to renew their card every 12.
protection for home care staff who make home visits
How are you going to select a dispensary from the application pool?
If you can regulate and make the same operating hours for all dispensaries statewide that would keep everything in the state on an equal playing field.
carrying weapons or firearms as a caregiver, patient or dispensary owner. Also, cultivation sites may include a residential home in some zoning areas and are we allowed to have a weapon or firearm within the house if we are cultivating?
The vetting process for Dispensaries would be helpful. Is it going to be first come first serve etc Is something being put into place to combat the issues with zoning that are now arising with cities putting in place zoning that is far less than reasonable? Specifics of security would be great. Certain size safes required or anything like that.
I would like to see a section regarding landlords. Right now landlords have a right to not rent to someone who smokes because they don't want their home to smell like smoke or have smoke damage. As I understand it, with this new law, landlords cannot prevent a medical marijuana individual from renting or smoking in the house. This seems to place an unfair burden on the landlord. The landlord may not care whether someone uses medical marijuana or not HOWEVER they may not want to have to deal with the smoke damage/clean up of the marijuana. Therefore, I would like to see some provisions that allow the landlord to say no smoking inside the house or they can only use non smoking methods to intake the drug ... or even allow the landlord to not have to rent to smokers of marijuana. Afterall, if the landlord really needs a renter he will make concessions but at the same time, why should he/she be required to endure the additional hardship of a smoker. I would also like clarification as to whether or not the landlord can inquire whether the prospective tenant is a marijuana smoker on the application and how the question can be phrased.
This is test content and can be deleted.

Has anything been left out that should be in the rules?
Open-Ended Response
A doctor has the authority to prescribe medications such as Dilaudid, Fentanyl, Oxycontin, and several other VERY damaging medications for the alleviation of pain, nausea etc. It is that doctor that is responsible for the issuance of such medications to the patient. It is my opinion that these same professionals we trust to prescribe the public the medicines currently on the maket today can also be trusted to prescribe NON-LETHAL medical marijuana. Tylenol is OTC and can be deadly. Where is the literature or clinical trials that indicate that anyone has ever died from the use of THC?
More medical conditons should be identified.
Wording from Colorado Medical Marijuana Registry Rejected Applications: Rejected applications will be returned to the patient; however, the application fee is non-refundable. Patients will be given 60 days to return a corrected application to be processed without any further application fees. If a patient fails to return a corrected application within 60 days, any later filed application must contain a new application fee.
I think something needs to be added about the program that will be use to monitor usage
The draft rules do not contain any mention or safeguards regarding food allergens for marijuana baked foods. The top 8 food allergens should be required to be listed with every piece of food items sold; all food ingredients should be listed as well. Additionally, those baking food items should be required to practice food allergen cross-contamination prevention. Also, it is possible that during marijuana preparation, a food allergen may be introduced. For instance, bread is sometimes used to retain moisture. The top 8 food allergens should be banned from ever touching marijuana, even if the marijuana is not destined to be prepared into food for sale; a patient may choose to cook marijuana into food at a later time. People with food allergies need help with ensuring that they are not consuming an allergen.
There is nothing here that allows for low income patients such as those on AHCCCS and those who don't qualify for Medical Assistance but are still very low income. The recommendation is that the fee and renewal be a fraction of the "Normal" registration fee: $15

after my comment I feel we have a working draft thanks for your time and effort in making this a functionable medical marijuana program
The major concern is the lack of accountability on the part of dispensaries to test their product in a laboratory where the patients will know the various cannabinoid percentages (THC, CBDs, CBNs) as well as how clean the product is for mold and pesticides. Very ill patients need healthy medicine and marijuana can be grown organically or low pesticides/herbicides. In fact growing marijuana reduces carbon emissions more than any other plant in this world so AMMA allows for greenhouse growing outdoors which should be encouraged. You have not addressed two very important features of AMMA. 1. Medical Marijuana Fund -- why don't you blog about the ability to use funds donated to ADHS to get the program running and help defray low-income patient costs. Have you even received any donations yet and if so what are you going to use those funds for? 2. Clinical Trials -- patients when they apply for their Registry ID card can indicate whether they want to participate in any clinical trials. Your office will keep track of all clinical trials that will be initiatied and then contact patients that have signed up to learn more about these trials. Why haven't you addressed this very important component of AMMA? This is where one medical director (not 43) would be useful since this person could oversee the Medical Marijuana Fund, coordinate the educational materials in the state, inform patients about clincial trials and be an advisor for responding to petition requests to add medical conditions.
how about, If a patient begins growing their own crop legaly, and a dispensary opens within 25 miles of the patient AFTER the patient plants the crop, the patient may continue cultivating that crop until it is harvested. This would prevent a patient from being prosecuted for a crime that he didn't even know he was committing.
Just what would need added to support a wholesale level growing operation that can deal with dispensaries only & is capable of producing the revenue to support R & D while keeping Arizona prices the lowest in the nation.
Should not be smoked around children, where children might be exposed.
Obviously, you didnâ€™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!!!
No. Thank you for the opportunity to comment.

I did not see anything in the rules about schools and how this will be regulated. Will schools have to allow medical marijuana use on campus for employees or students and how will this be monitored? What cost will this be to the school (extra security, smoking rooms, etc.).
Ummm...yes, common sense...I can't beleive my taxes pay your salaries...
A provider registration list for likely or assured locations to obtain a prescription. The notion of any MD is too general. The passion surrounding this charged subject prevails, even within the medical community. It will take considerable time for general clinicians to become routinely comfortable recommending it as well as realizing its benign nature and intrinsic value. My doctor is adverse to writing for reasons of inconsistent dosages and professional liability. Administration dosage in this respect does not need to be exact and indiosyncracies between compounds are favorable variables. As regards liability, I naively thought she was supposed care for me.
Yes, liver disease and any organ disease such as kidneys should be covered as well. I also think that the residency of 2 years for a dispensary owner or caregiver to be 5 years residency in Arizona. This will help to ensure that true residents of the community are responsible for helping sick people while abiding by strict guidelines of growth to sale. You are doing a great job over there. This is history in the making and keep up the great work.

I am a baker and have been interested in producing cosumable infused treats for packaging and distribution. How would one be able to obtain the licensing to purchase the medicine in order to infuse it into edible products? How will you monitor the amount allowable so that the baker can produce a sufficeint quantity? How must marijuana be stored? a locked freezer? Will consumable infused treats need to be accounted for? If so how would that be determined, a written log like a any schedule 2 pharmacy drug? That way amounts can be detected. Are bakers allowed to grow there own for organic products? How must one sell there baked goods to a dispensary? Lastly how can we ship our produced goods to other dispensaries and out of state dispensaries?
One License per Entity.
Currently, as the rules are written, a patient would be forced to purchase medical marijuana if they live within 25 miles of a dispensary. Being forced to purchase medical marijuana, as opposed to growing it on their own, could create a severe financial burden to an already ill patient who might have high medical expenses and possibly low income. The rules should be changed so that any medical marijuana patient with a valid license (or their validly licensed designated caregiver) could cultivate their own medical marijuana as long as they do it inside a building that the general public would not have easy access to (i.e., the doors must be kept locked). To alleviate concerns about unauthorized persons obtaining medical marijuana grown by patients, patients living within 25 miles of a dispensary would not be allowed to grow medical marijuana outside, as marijuana grown outside could be more easily stolen by the general public.
A change of caregiver form needs to be developed or a notification to a patientâ€™s caregiver if the

patient changes caregivers.
None
Compassion for sick, debilitated patients seems amiss here. Costs will be unreasonably high new business owners and those cost will be passed on to sick debilitated patients. To me this represents a a lack of compassion for our patients..
I was a patient in Nevada and for years there was only one doctor in the state that worked through a referral agency who got paid to make appointments with doctors. This fee was usually $150 to the agency plus the doctors $150, plus the state fees. This was very expensive to the patients and a huge inconvenience. DHS should provide information on which doctors are giving referrals, with that doctors permission to stop these out of state agencies from coming into Arizona just to make money off sick people by providing a doctor that should be public information if the doctor so chooses.
Specifications on "cronic pain"
R9-17-314 requires product labeling to include a list of chemical additives including pesticides and herbicides used in the cultivation and production of the medical marijuana. Will testing be required to verify that pesticide and herbicide residue levels are below safe levels, and will ADHS provide guidance on acceptable limits for pesticides? The rules do not mention any requirements for testing THC / cannabinoid levels, although knowing the potency of the medical marijuana would be important for dosing considerations and this information should be included on the label. The presence of mold, bacteria, and fungus could also be harmful to patients, will ADHS consider establishing safe limits for those and require testing to verify that the marijuana is safe? R9-17-315 section B does not mention transportation of medical marijuana from the dispensary or cultivation center to a laboratory for testing. Has this been considered?
I am not certain, but just in case this is not present within the regulations, I strongly advise the AZDHS and all it's officials consider an allowance to those under the age of 18 who, with both parental consent and under the strict supervision of the recommending physician, that have ailments such as childhood cancer/leukemia be allowed access, so to aid in relief of any other recognized treatments, such as loss of appetite and vomiting from chemo therapy and radiation. A signed and notarized statement from the parent(s) or legal guardian(s) and a state board certified MD (In the state of AZ) should be submitted with the ID application. Also. any patient, caregiver, or both, that currently

receives. or is in the process of receiving any state aid, such as ACCHSS medical insurance (also known as medicaid, medicare, etc) or those, that by nature of their condition(s) fall under the Americans With Disabilities Act of 1990, and the Arizona State Disability guidelines as having a major life event which adversely affects a person, in this instance, ability or lack of ability to pay for services, should, by basis of income level threshold, or lack thereof, to be decided by AZDHS, be assessed, and based on financial hardship, have some, and in certain instances, all applicable ID application fees waived, and or discounted, whether it be for first time ID or renewal applicants. It should consist of a reasonable monetary amount; one that would not cause greater financial hardship to the applicant, yet still provide revenue to maintain the Arizona medical Marijuana Act, Proposition 203. This should include cost of Medical Cannabis itself, in whichever form of intake is usable to the patient (IE: Liquid tincture, edible medicine, or the amount of Dried mature Cannabis (Marijuana) allowed by the law, which is 2.5 Ounces every two weeks.) I propose a nominal fee of 25 dollars be the standard fee provided to a valid ACCHSS/Medicaid/Medicare state beneficiary who proves the ability to pay, however limited, and is in good standing; has met the Gross Annual Income Requirement (Not to exceed $8088 annually from any state benefits, Cash Assistance, UI Benefits, State SSI or SSDI Insurance) A [a Or as to be determined by the AZDHS and the particular case.(s) (Patient applicant and his or her caregiver, or both. The above amounts, of proven to be below the income threshold adopted, should be considered for a fee waiver, to be on record with the AZ DHS and the recommending physician. Such status should be reviewed annually at the time of ID card and recommendation renewal, and or should be updated when such beneficiaries obtain more income, such as gaining of employment, which would increase income above the decided amount. An exemption of fees and or discount should be granted to those who are on permanent disability, and who cannot attain gainful employment due to any of the approved medical condition(s) specified within the Arizona medical Marijuana Act. (Proposition 203, and ratified by the recommendation and or caregiver application submitted by all interested parties. (Doctor, patient, Caregiver, or all of the above) As for the cultivation of Medicinal Cannabis, provided that a patient lives further from the 25 mile area of a dispensary, they should be allowed a small space, fenced, secluded from public view, to cultivate medicine outdoors. Thank you from the bottom of my heart for hearing the will of the people and of the patients of Arizona! I applaud your open, honest, compassionate efforts. Sincerely, [redacted]
What does "non-profit" mean as it pertains to the IRS? Does a company need to have 501(c)3 status with the IRS before applying for a dispensary license?
quite the opposite..it would appear government employees are wy overdictating the intent of the

legislation.
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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
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.
IF PATIENT IN THE PAST HAS BEEN ON PAIN MEDS FOR OVER 5 MONTHS AND STILL NEED THEM, THEY SHOULD HAVE ACCESS TO THIS.
[redacted] submit this letter in response to your Call for Public Comment concerning the draft rules authored by the Division of Public Health Services. One of the primary concerns shared by Arizona employers with the Arizona Medical Marijuana Act (â€œAMMAâ€) is the ambiguity with its use of the term â€œimpaired.â€ This is because of the limitations that AMMA imposes on employers in regulating their workplaces. Pursuant to AMMA,

Employers generally are prohibited from taking adverse employment action against employees for lawful medical marijuana use, except in limited circumstances such as when an on-duty employee is â€œimpairedâ€ by marijuana. The term, â€œimpairedâ€ is not defined under AMMA, and legal precedent in other jurisdictions and other legal arenas does not provide adequate guidance. Marijuana may remain in an individualâ€™s system for weeks after it is used. Thus, a positive drug test will not itself indicate whether an employee is impaired. Because of the ambiguity, employers will struggle with knowing when it is appropriate and lawful to take action against employees who may be impaired in the workplace. Taking action puts the employer at risk of a discrimination claim under AMMA. Failing to take action may put employees, customers, and other community members at risk of harm. Employers, thus, request guidance from the Division of Public Health Services in the final rules on understanding and applying the Impairment Exception to the employment discrimination prohibitions in the AMMA. On page 14 letter (e) â€“ It goes over how the physician has to have a professional relationship with the qualifying patient for one year and the physician has seen or assessed the qualifying patient for at least four visits. It also states that the physician may also â€œassume responsibility for providing management and routine careâ€ to a patient with a debilitating medical condition after conducting a comprehensive review of the patientâ€™s medical history. We request clarification on how long this â€œqualifying patientâ€ would need to be a patient of the physician? Is it possible to define a comprehensive review? Our members believe this is a gray area and requires more interpretation. We greatly appreciate your consideration of these comments. Please let us know if we can be of any assistance.
Yes. The rules must address the needs as outlined above. Bullhead City, Arizona, cannot become a community of legal growers because all of the state licenses are located in other areas. Sincerely, [redacted]
The rules do not discuss how the Department will approve Medical Marijuana for conditions which are rare (and thus do not have peer-reviewed literature regarding marijuana) but known to be chronic, debilitating, and "impairs the ability of the individual to accomplish activities of daily living".
No mention herein makes mention of sourcing genetic material from within the state. Early news stories reported such material must originate from within the state. That is obviously problematic as most medicinal cannabis was previously illegal and there are no control groups from which to select and monitor the effectiveness of varying strains. There are many good companies dealing specifically in selling genetic material. Similarly, there is opportunity for interested dispensaries to improve or cross strains for increased or decreased potency with the development of programs to help individuals narrow down what works best for patients and to progressively monitor the management of the patients condition and reaction to the medicine.
protecting qualified patients from price gouging. change smoking areas!
You betcha. Numerous scientifically-reviewed debilitating and non-debilitating medical conditions to

which marijuana can have theraputic value have been ignored. There is not one psychological condition on the list, for example PTSD. Shame on you.
1. Rule R9-17-305 does not require a sworn statement that the dispensary is in compliance with local zoning regulations at the time of application for renewal. We believe this is an oversight and a statement of continuing compliance with local zoning regulations should be required. 2. The Rules require the dispensary and off-site cultivation facilities be at least 500 feet from the nearest public or private school but do not say how this distance is measured. The Rules should include how this distance is measured. Since it is only 500 feet, it should be from lot line to lot line, rather than building wall to building wall. 3. In the definition of â€œworking dayâ€ (Rule 9-17-101(20)) excludes â€œstatewide furlough dayâ€, but does not define what a â€œstatewide furlough dayâ€ is. A definition should be added.
can you clarify where and when the initial seedlings are to be obtained from? Are applicants expected to have obtained and fully build out the location, without having a secured dispensary certificate? This cost would be great, and at a huge risk to the applicant, along with the process of having permits obtained. Will there be a time period for applicants to obtain the location and complete construction after the application is submitted?
Talk about how people can growoutside, but in greenhouses like the law states.
1. How the DHH will determine who gets a Certificate? 2. What are the criteria/qualifications that will be used? 3. When will the Certificates be issued? 4. Which comes first - the signed lease or the Certificate? 5. What will be the requirements for a Fusion facility? 6. How long will the Certificates be good for? (This will determine how long a lease term they will sign)
Refer to Rules to be improved.
We all hate rules, but I believe these rules are tight and I like the daily and monthly monitoring which elimates any suprises that might occur with an annual audit, like we have for controlled substances in the pharmacy.
thanks

I'd like to see a bit of the tax dollars go to a "Don't Smoke and Drive" campaign. I'm serious. Because marijuana is a pretty "soft" drug, I don't think people (legal or not) take seriously the fact that it can slow reaction time. Just as we implore, "Don't Drink and Drive," I believe smoking should be added.
working with state and law enforcement officials
See comments above
1. The State of Arizona has the opportunity to lead the Nation in this effort to make a much stigmatized medication available to seriously ill patients who CHOOSE to use it. Like all medications, it won't work for everyone; and it will, unfortunately, be abused. I implore AzDHS to do whatever it can to enforce the MEDICAL component in medical marijuana. 2. A medical professional who has the authority to write recommendations for patients to use cannabis SHOULD NOT have any financial interest in a dispensary.
Give out more licenses to help unemployment.
Sub-Contracting Only the persons licensed by the ADHS can cultivate or dispense in accordance with the Act. Sub-contracting cultivation, dispensing, or acting on behalf of ac caregiver is not permitted..
Where/ how will dispensaries obtain seeds for cultivation.
Reciprocity To prevent Arizona residents circumventing the system and obtaining California medical marijuana cards, the following needs to be addressed. Suggested language: Only Arizona Medical Marijuana Card Holders can legally purchase medical marijuana at a licensed dispensary or caregiver. While out-of-state cardholders are recognized, they can posses medical medical marijuana previously purchased in their home state.
Definition of resident if it is to be included in the rule. Definition of principal officer.

The terms â€œimpairedâ€ and â€œunder the influenceâ€ should be defined in rule.
I am not sure if this can be defined within the rules, but it would be nice to see dispensaries utilize fingerprint scanning technology. Also, if they are to label the products they dispense, will they contain scannable barcodes? Will law enforcement be able to confirm the barcode. There seems to be things that are missing but may be more on the legislative end. I believe we need strict penalities for dispensaries, caregivers, patients and doctors that violate the rules.
see above
Consideration for shrinkage and spoilage could be better addressed. I support the tight inventory measures, but ADHS staff must surely be aware that freshly harvested cannabis has a high water content (roughly 20% by weight) and will "lose" about 7 grams of weight per pound, per day, until its ideal moisture content is achieved (ideal is about 8-12%). I don't want to see any dispensary inappropriately altering inventory in any way, but department resources spent trying to track down inventory loss and "discrepancies" due to normal changes in moisture content is also a potential problem. AND what does a dispensary actually due with spoilage other than record it? If a bud falls to the floor, it needs to be discarded. If not dried properly and it becomes laden with mold, it needs to be thrown out, BUT where and how? Given to law enforcement to burn? I DO NOT want to see people going through the trash dumpsters behind dispensaries looking for contaminated cannabis, or see dispensaries claiming "spoilage" that is actually being sold. Given the potential volume of a "crop gone bad" and written off the books, this issue is as important as required daily inventory control measures. Please note that extractions are indicated for oral use by a significant percentage of seriously-ill patients for whom smoking or vaporizing is contraindicated. . "Allowable extraction methods" (such as water, alcohol, glycerin, and CO2 extraction) of cannabinoids, and those that should not be allowed (hexane and other chemical solvents) should be better clarified, regulated, and addressed in the content of the rules and requirements.
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users.Â Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have

standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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. Best Regards, [redacted] (Supporter for a safe, secure & ethical approach to the distribution of medical marijuana)
See comments under "How can the draft rules be improved."
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users.Â Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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

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I'm a physician, and I feel definition/requirements for patient-physician relationship is GOOD and should be EVEN MORE RESTRICTIVE except when it comes to HOSPICE PATIENTS. Any patient who is DEEMED TERMINALLY ILL by ANY PROVIDER whether it be a HOSPICE doctor, an ER doctor or a NEW SPECIALIST. I think we all agree that terminally ill patients should have IMMEDIATE ACCESS to the medical MJ and should NOT be subject to 1 year rule for a relationship given they often have VERY LITTLE TIME LEFT and it's a matter of COMPASSION and relief of suffering at END OF LIFE. I think all the public in AZ would support you on this concept.
7. Initial MMJ Cropsâ€"Seeds or Clones As discussed above, the Rules are silent regarding a dispensaryâ€™s initial crop. We believe that the Rules should allow for initial cultivation from clones as this is the only way to ensure the quality of the medicine for patients. 8. Applicant Selectionâ€"Competitive Process DHS simply must have some sort of alternative procedure in the event that it receives more qualified applicants than available licenses on the same day. This is the only way for DHS to ensure that licenses will go to those who are most capable and qualified. In addition, this procedure can be used when an additional license becomes available. The Rules are currently silent on this issue.
1. The rules should specifically state that the Department can revoke a Qualifying Patientâ€™s (QP) or Designated Caregiverâ€™s (DC) right to cultivate medical marijuana if someone obtains a registry identification card because his location is more than 25 miles from a dispensary and a dispensary is subsequently established within 25 miles. Cultivation permits should not be issued based on a QPâ€™s residence being 25 miles from a licensed dispensary until dispensaries have had an opportunity to be established. Since this is a new program, all applicants will be able to qualify based on the 25-mile rule at the inception of the program because there will be no licensed dispensaries. Once the registry identification card is issued to a QP for cultivation based on no dispensary within 25 miles, how will that right be terminated when a dispensary is established? The rules should contain a provision that addresses this situation. 2. The draft rules talk about renewal of a registry identification card and dispensaryâ€™s license within 30 days of expiration, but it is not clear as to the length of time a registry identification card is valid. Maybe I missed it, but I didnâ€™t see where this is stated. 3. The Act does not make any provisions for infusion of medical marijuana into edible products, unless it is done at a licensed dispensary. The draft rules contain reasonable requirements to insure secure storage of medical marijuana at dispensaries, but make no such provisions for food establishments

contracted with the dispensary to prepare edible food products infused with medical marijuana. Likewise, there is no limit on how much marijuana may be transported and stored at a food establishment which is not subject to the Actâ€™s licensing requirements. Such establishments should be subject to licensing and regulation as well. The Medical Marijuana Act did not make specific provisions for this type of use other than at a licensed dispensary. The draft rules make the dispensary responsible for tracking the amount of medical marijuana provided and the safety of the manufactured product, but the Department should assume some responsibility for licensing and inspection of food processing facilities where medical marijuana is infused into some other product. 4. The Medical Marijuana Act states that it is not an offense for a Qualifying Patient or Designated Caregiver to cultivate medical marijuana and provide some of it to a licensed dispensary. But the Act specifically states that it is only allowed if nothing of value is provided in exchange for the product. Although it is stated in the Act, it should be repeated in the rules.
PLEASE! PLEASE! DO NOT ALLOW RESIDENTS AND OWNERS FROM OTHER STATES TO OPEN BUSINESS HERE! They did not vote on this. They do not pay Arizona taxes. They have no business here. The only reason they would come to Arizona is to exploit a proposition by Arizona people, for Arizona residents. Thanks.
Dispensaries are required to use a Medical Vending Machine for the distribution of the medicine along with a database that tracks every patients transaction.
There are some rather important issues that were left out of this first draft of the rules that I anxiously await to see in the revision. They are: 1) Transport: How shall marijuana be safely transferred from grow site to sale site (unmarked vehicles, safes, etc.)? And how shall disabled patients acquire medicine (For example, safely regulated delivery services or solely through caregivers)? 2) Dispensary-selection: How will the 125 dispensary owners be chosen out of the larger pool of applicants? My hope is that it will be based on scoring, versus a random lottery or on a first-come-first-serve basis, in order to maintain the industry's integrity (so that only the most qualified applicants are selected). And also, how will transfer of ownership work, should a dispensary owner pass away, decide to move, etc.? 3) Quality disclosure: How will patients know the various levels of chemicals in their medication (CBDs, THC levels, etc.)? Ideally, I would like to see a standard for medicine, or at least a regulated disclosure of chemical levels present. Thank you so much for taking the time to read citizen input!
What are the qualifications for people who want to work in a dispensary? What about prior convictions or arrests of possession of marijuana? Will that automatically deny an application for a patient, caregiver, director and owner??

Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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.
The most noteable exclusion has been the process for evaluating propsals. I would suggest a third party review with some of the following criteria: Quality of the business plan Wellness / Health model Professionals and certified individuals on the management Administrative capabilities Charitable mission consistent with the act
See comments on draft rule improvements. As an aside, thank you for the opportunity to submit personal feedback on the draft regulations.
Include language that would include naturopathic physicians as medical directors.

See comments in boxes 1 and 2, above
In the application process, maybe you could have the applicant write a brier essay as to why they believe they are suited to operate a business, cultivate and dispense Medical Marijuana. Corporate GREED and Because they "headed it up" is not a good enough reason to me.
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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.
Should be able to apply on line

Yes a great deal has been left out: They are defining the work day as Monday â€“ Friday 8 to 5. What about employers who have shift hours? There are no rules about people working in safety sensitive positions. Shouldnâ€™t there be a minimum requirement that employees must not use medical marijuana at least _____ number of hours prior to working in a safety sensitive position? Bus drivers? Pilots? Forklift Operators? Machine Operators? Teachers? What about guidance on pre-employment and/or for cause drug screens that are positive? If there is a zero-tolerance workplace, how is this impacted? The law allows for termination for on the job use, but it seems that this is open to interpretation, e.g., law suits for wrongful termination. If a person who is in an accident in a company vehicle or on company property, what is the employerâ€™s liability? What is the standard to being â€œunder the influenceâ€ of marijuana? It doesnâ€™t exist as it does for alcohol. How must employer drug testing programs be revised to accommodate the law? The discrimination rule also has an exception. Because marijuana is illegal under federal law, this gives companies with federal contracts an "out," allowing them to avoid employing medical-marijuana users so they don't risk losing contracts or funding.
The rules should follow the Arizona and Federal requirements for Non-Profit Organizations which I believe require a Board of Directors, not just a Sole owner of a Non-Profit Dispensary. Because the number of licenses will be limited to 120 to 125, there should be an opportunity for each person/individuals to get one of these licenses. Let's leave the Lottery System for that--the Lottery. I don't think the Lottery system is a very good idea.
the inclusion of Naturopathic Physicians as qualified doctors to act as a Medical Directors for a dispensary
Can you have a security dog in the building?
Need clarification on the "single entrance" requirement. Fire Marshal/Building regulations for a business always require a minimum of two entrances/exits for safety reasons. This statement in the rules needs to be addressed more clearly - ie: "A single ENTRANCE for customers to access the dispensary". There needs to be a secondary exit allowed for safety and for deliveries.
Can you have a security dog in the building?
Can you have a security dog in the building?
Not that anything was "left out" but application fees should allow anyone to be able to become a part of this newly approved medical program. Application fees should be refundable if not selected. (maybe a small fee for the review would be non-refundable.
ADHS has left out full consideration of the limits placed upon it by Title 36 and other state laws.
see above

Due to the overwhelming amount of misinformation relating to medical marijuana and its use, reasonable attempts must be made to educate, physicians, patients, employers and the general public regarding the true efficacy, alternative methods of ingestion, and to dispel myths surrounding its use. Provision must be made to forbid drug testing companies from revealing a positive marijuana test of a patient who possesses a valid registry identification card. Patients who have chronic conditions typically must take more sick days, have more work-related restrictions, may experience higher levels of job insecurity and should not be subject to further discrimination in the workplace.
36-2803. Rulemaking A. NOT LATER THAN ONE HUNDRED TWENTY DAYS AFTER THE EFFECTIVE DATE OF THIS CHAPTER, THE DEPARTMENT SHALL ADOPT RULES: 5. ESTABLISHING APPLICATION AND RENEWAL FEES FOR REGISTRY IDENTIFICATION CARDS AND NONPROFIT MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATES, ACCORDING TO THE FOLLOWING: (e) THE DEPARTMENT MAY ESTABLISH A SLIDING SCALE OF PATIENT APPLICATION AND RENEWAL FEES BASED UPON A QUALIFYING PATIENT'S HOUSEHOLD INCOME. (f) THE DEPARTMENT MAY CONSIDER PRIVATE DONATIONS UNDER SECTION 36-2817 TO REDUCE APPLICATION AND RENEWAL FEES. B. THE DEPARTMENT IS AUTHORIZED TO ADOPT THE RULES SET FORTH IN SUBSECTION A AND SHALL ADOPT THOSE RULES PURSUANT TO TITLE 41, CHAPTER 6. 36-2817. Medical marijuana fund; private donations A. THE MEDICAL MARIJUANA FUND IS ESTABLISHED CONSISTING OF FEES COLLECTED, CIVIL PENALTIES IMPOSED AND PRIVATE DONATIONS RECEIVED UNDER THIS CHAPTER. THE DEPARTMENT SHALL ADMINISTER THE FUND. MONIES IN THE FUND ARE CONTINUOUSLY APPROPRIATED. B. THE DIRECTOR OF THE DEPARTMENT MAY ACCEPT AND SPEND PRIVATE GRANTS, GIFTS, DONATIONS, CONTRIBUTIONS AND DEVISES TO ASSIST IN CARRYING OUT THE PROVISIONS OF THIS CHAPTER. C. MONIES IN THE MEDICAL MARIJUANA FUND DO NOT REVERT TO THE STATE GENERAL FUND AT THE END OF A FISCAL YEAR.
With the best interest of our local economy in the State of Arizona. Arizona native/residence/business owners to have priority of licenses issued and exhausted before any issued licensees to out of state applicants.
Include Naturopathic and Homeopathic Doctors as Medical Directors of Dispensaries. Why does the draft only include MD's and DO's as potential Medical Directors of Dispensaries. Naturopathic and Homeopathic Doctors were included in prop 203, they are able to make recommendations for medical cannabis, they should also be able to be Medical Directors of Dispensaries.
I want to open a Lab for testing of products. What kind of licenses do I need to apply for ??
This rule leaves out appropriate regard for the new law 36-2803..A.4 that says the Department may

make rules â€œ...WITHOUT IMPOSING AN UNDUE BURDEN ON NONPROFIT MEDICAL MARIJUANA DISPENSARIES...â€ Also, the Department must adopt rules that preserve patient dignity, reflect compassion, and do not foster greater harm to patients. The Department has left out rules that avoid delay or prevent a patient acquiring adequate quantities and quality of marijuana to treat their conditions at a reasonable price. This is especially important for glaucoma patients because as the research literature has shown, it will take very high doses of marijuana to treat glaucoma and the price of medicine must therefore, be kept as low as possible. Since Title 36 recognizes glaucoma as one of the debilitating medical conditions, the Department should do everything practicable to allow glaucoma patients to acquire marijuana at the lowest price possible..
Someone to help the patient, or prevent the patient from have nervous or paranoia fantasies. They must be reminded or told, that it's only the effect of the drug and will pass. Some type of mental screening is necessary for the patient benefit and society, to see if they can use Marijuana mentally, with safety, nothing is for everyone.
Yes, dispensaries should not be allowed to sell marijuana paraphernalia. No pipes, bongs, papers, vaporizers, etc. Similarly dispensaries should be required to provide holistic recipes for the proper use of medicinal marijuana. Show people how to make a tea, brownies, and other food items. No one wants the Arizona marijuana dispensaries to look like a head shop, or a Bob Marley concert. I would consider discouraging dispensaries from selling pot head culture items as well. No t-shirts, lava lamps, jewelry, patchouli oils. Just dispense marijuana, in raw or food form. Thank you for the opportunity to comment
out of state patients , visiting patients , how do they apply for a card when not living here for a year ?
YOU THE MAN
There is no language within the draft rules to allow for independent testing and verification of content and claims. Specifically: There is no explicit exemption for testing facilities that would allow for determination of cannabinoid content; mold/spore counts; or pesticide content. These factors are important health and safety considerations- all three of which are considered essential in the field of natural products that are used for medication, and should be implemented within the state of Arizona in order to allow customers to select product that is third party analyzed for safety and potency.
Can a dispenser be located inside a smoke shop?
Are the cards valid for a specified period of time - add language.
Mandatory annual reevaluation for efficacy of this therapy.

It appears that Felony references are restricted to Caregivers, principal officer, board members, and dispensary agents and are not addressing the actual criminal. Are prisoners allowed to obtain a registry identification card? Are prisoners allowed to cultivate or dispense? How are current prisoners affected if they are in federal prisons vs. state faciltites?
Allow Naturopathic Doctors to be Medical Directors. Their training is very intense and can prescribe medications with the exceptions of Narcotics. They study the same type of idleness and treatment but natural products and herbs are also taught and leaned as an addition or alternative to just only medicine. More and more of the public are turning towards this mode of treatment. All medical directors must have a minimum of 2-3 years of practice after graduating before being allowed to be a Medical Director.
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]
It is not clear as to whether or not a Pharmacist will be required to be present at the dispensary, the rules simply ask for a statement of "whether or not" there will be a pharmacist present. This is truly problematic because the registered pharmacist would be prohibited from working with class 1 illegal drugs, at the risk of losing their DEA Permits . . .I don't believe any Pharmacist would risk their professional license by working at or owning a dispensary.
Please see above
One area not addressed in the draft regulations is the testing of medical marijuana supplies for mold, proportions of various cannabinoids and other tests that a physician, dispensary or patient may find necessary. The level of mold in medical marijuana is an important safety issue for patients with compromised immune systems, such as HIV and AIDS. The level and proportions of the various cannabinoids in different strains of marijuana can also be important for treatment of some diseases. I believe the Arizona Medical Marijuana Program should provide some legal protection at the State level for the laboratory and laboratory personnel who perform medical marijuana-related testing. Although a proficiency testing or licensing program for laboratories specific to medical marijuana

testing does not seem to be warranted at this time, the testing should certainly be done by persons with expertise in microbiology and analytical chemistry. The availability of standard samples with known concentrations of mold or cannabinoids, perhaps provided by ADHS, would certainly facilitate and provide some confidence in the results of the testing. [redacted]
There are far to many rules
1) A policy should be enacted that requires a qualifying patient, a dispensary agent, or a board member is a legal resident of the state of Arizona. Allowing people to cross state borders in the trade of medical marijuana creates opportunities for the increase of illicit inter-state marijuana transportation as has been found in states like California and Colorado, who also have medical marijuana laws. 2) The medical professional overseeing the care of a qualifying patient should be allowed to revoke the patient's certification any time he or she has reasonable knowledge that they are diverting marijuana for illicit use, or if they have not seen the patient within a reasonable time period, such as six months. This is in line with what is allowed with other prescriptions such as pain medications. 3) Dispensaries should be required to post all transaction to the PMP database, just as with other controlled substances. 4) While this suggestion may not be within the purview of DHS and the medical marijuana issue, the legislature needs to set a presumptive THC metabolite level to aid law enforcement and employers in deciding if a person is under the influence of marijuana to a sufficient level as to be impaired and/or a danger to others. 5) Throughout the draft regulations, there is no mention of criminal penalties for anyone who is out of compliance, other than a dispensary possibly losing their license. In order to balance the legitimate use of medical marijuana with the need to prevent illicit use by others, DHS policies must require the turning over of those out of compliance to law enforcement.
Seeds. How do dispensaries acquire seeds legally and in full compliance of Arizona State Law?
- In the Draft Rules, it specifies that the dispensary is a non-profit organization (R9-17-302, B. 13) that can be structured as various business organization types (e.g., Individual, Partnership, LLC, Corporation, etc. from R9-17-301). However, it does
Was there any mention about the patients ability to grow if a dispensary is not within certain distance? what standard of measure will be used (google maps?). 500 feet, from the edge of the schools property or from the building location? what about school owned property that is not used for holding and teaching students?
Quads and paraplegics should be specifically mentioned as qualifying.

Simplicity.
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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.
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YOU GOTTA BE KIDDING ! YOU GUYS ARE NOT LOOKING FOR INPUT AT ALL. THIS IS ANOTHER SCHEME TO RAISE MONEY FOR YOUR OWN ENRICHMENT. THOUSANDS OF US ALREADY KNOW THAT THE FIX IS IN AND MANY MORE WILL KNOW BY THE 2012 ELECTION. EVIDENCE SUGGESTS THAT THERE IS SOME COLLUSION BETWEEN YOUR OFFICE AND CORPORATE INTERESTS LOOKING TO MAKE LARGE PROFITS. A STATEMENT MADE BY ONE OF YOUR TAX - FINE COLLECTORS THIS PAST MONTH COLLABORATE THIS BELIEF.

One important factor for the State of Arizona to consider is the well-established fact that driving skills are seriously impaired for hours after smoking marijuana. As the former Director of Research at the U.S. National Institute on Drug Abuse, I have overseen, conducted and published numerous research papers demonstrating the impairing effects of marijuana on driving skills [redacted] If individuals qualifying for the AZ program are so ill they require marijuana to function, should these individuals be permitted to drive on Arizona roads and endanger the rest of the driving public? This is a serious issue for the Dept of Health in trying to balance the health and safety of all Arizonans. I would strongly encourage the Arizona Department of Health to consider requiring those applying to receive state regulated â€˜medical marijuanaâ€ to surrender their driversâ€™ license in order to be eligible for the program.

There should be a limit on how much marijuana can be grown by any dispensary. Any excess grown should be disposed of by a company similar to the ones that dispose of pharmaceutical drugs. Do not leave it to the dispensaries to dispose of the excess themselves. That will just be abused! The possibility of "cannabis caravans" still is open in your rules. Rules need to be adopted preventing the Montana disaster. For specific rules, see the draft Montana rules. You need to include warning labels, similar to Nevada's, concerning use of marijuana. Marijuana is not a safe drug and yet the Department will be overseeing its use! The State of Arizona will be held liable at some point when someone contracts cancer or has some untoward side effect. Also, the Glaucoma Foundation has warned glaucoma patients not to use marijuana, yet glaucoma is a condition for which doctors can recommend marijuana. Who is looking out for glaucoma patients? At a minimum, someone needs to warn glaucoma patients! There also needs to be a warning with marijuana dispensed that marijuana still is a federally illegal drug and users can be prosecuted by the federal government. There will be no State protection. With respect to all of these warnings, the "patient" should have to sign something acknowledging that they are assuming the risks, including cancer, mental health issues, substance abuse issues, federal prosecution, etc. "Medical" marijuana cardholders should lose their cards if they acquire marijuana from anyone other than a dispensary or a caregiver and if they sell marijuana

to ANYONE, in addition to the other consequences. A "naturopath" or other non-medical doctor should not be able to recommend marijuana for sick people. If a non-medical doctor is recommending marijuana for a glaucoma patient, for instance, the recommendation should be void. Because marijuana is at best an experimental drug, all FDA-approved drugs available for the condition should be exhausted. Marijuana should be a drug of last resort and a medical doctor should have to recommend it. Naturopaths can't prescribe (or recommend) medicine, so why can they recommend an illegal, dangerous drug? At the very least, a "patient" should have to show that they have exhausted treatment by medical doctors before seeing a naturopath or other non-medical doctor. It might be there, but I didn't see it -- there should be no smoking or ingesting marijuana on the premises of a dispensary. And, there should be no marijuana "cafes" allowed. Furthermore, there should be no smoking of marijuana allowed. There should be rules adopted to protect children and others from second-hand smoke.
I would really like to see the inclusion of Interstitial Cystitis in the qualifying conditions. Interstitial Cystitis is a bladder condition caused by the destruction of the bladder lining, leading to excruciating pain, frequency and urgency. While the pain will be indicated and covered in most cases, there are other cases where extreme frequency/urgency/nocturia may be significantly improved by certain marijuana constituents in cases of moderate to severe Interstitial Cystitis. I would like to see requirements added that dispensaries have to keep basic microscopy tools so that marijuana being taken in can be adequately screened for visible mites, molds and fungi. Nothing fancy, just a basic student grade microscope and an employee who's duty it is to inspect a cross-section of each incoming batch.
See Above! Plus for security of transportation from growery to dispensary, that it be mandated in the State Rules that a dispensary be allowed to grow its own product on the same premises in the designated present zoning for dispensaries. There is presently requirements for No fumes, odors etc so why is this a problem. Maybe it can be done with a restriction on the size of the premises for a combo of both - say 5000 sq ft.
Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical

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There are no rules on who registered growers can be. There are also no rules on the types of organizations that can be registered caregivers. Will Co-operatives be able to grow outside of dispenseries?
attention to food safety standards attention to real patients needs
9. Initial MMJ Cropsâ€"Seeds or Clones As discussed above, the Rules are silent regarding a dispensaryâ€™s initial crop. We believe that the Rules should allow for initial cultivation from clones as this is the only way to ensure the quality of the medicine for patients. 10. Applicant Selectionâ€"Competitive Process DHS simply must have some sort of alternative procedure in the event that it receives more qualified applicants than available licenses on the same day. This is the only way for DHS to ensure that licenses will go to those who are most capable and qualified. In addition, this procedure can be used when an additional license becomes available. The Rules are currently silent on this issue.
I will easily qualify for my Pot card. My question...If I can't afford a Pot card, and I can't, and I live less than 24 miles from a Pot dispensory, and I couldn't afford the Pot at the dispensory anyway, my only option would be to grow the Pot at my home. What are the rules for my situation? [redacted]
1) Edible food products 316: Need to expand this area - most likely need to certify specific companies that want to take on this type of production. Who has the right to produce this product? How they will get approved, ect. Logging of supply in and out, etc. If I wanted to ship the leaf product to have cookies made by a gourmet cookie company in Phoenix, will that be allowed? Can I sell those to all the dispensaries? How will they handle the spoilage? This is a major hole in the rules, as I see it. A) This gets into the "Price is right" - larger production base, lower cost to the customer. B) Strategic

partnerships between grower and food product manufacturer? C) Product testing (both for THC content & end product) - batch to batch for consitency / potency. Therefore you would have a strategic relationship between Grower / Dispensary and Grower / food product manufacture.
DRAFT 12/17/10 A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes severe depression or obsessive compulsive disorder or other mental disabilities diagnosed by a proper doctor.
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.
I feel that if anyone has the condition and doctor knows about its okay for doctor to write a script.I feel V.A. is not going to write scripts for patients
Again the MATForce suggestions are top notch.
Yes: Drugs kill people, therefore don't do them.
See above.
Left out? No, I don't think so. If anything there are too many rules.
Included in list of items To Be Improved
The current draft regulations are defective beyond repair. Rulemaking must begin anew, open, a matter of transparent public record, and reflect the passage of the Arizona Medical Marijuana Actâ€”not opposition to that law
No. Aside from our recommendation to delete Â§R9-17-307(C) because of highly probable detrimental collateral consequences, the draft rules appear to be well thought out and complete.
Create a method of applying for a dispensary license without having to spend a half million bucks only to not be sure you will granted one of the 124.

Yes, DHS has should include a provision requiring biometrics to ensure the success of the identity verification required in rule R9-17-311. There is a compelling State interest in requiring dispensary agents to employ a safety precaution (at no expense to the State) that would help keep MM out of the hands of unregistered illegitimate users. Therefore it seems advisable for DHS to require medical marijuana dispensaries to use biometric identity verification systems to confirm the identities of patients and designated caregivers who present registry identification cards prior to dispensing marijuana to them. Furthermore, Federal law requires a bona fide doctor-patient relationship before a physician prescribes a controlled substance. The same requirement should apply for medical marijuana recommendations. The definition proposed by the Board, in R9-17-101(16)(a), which requires four visits over the span of a year, may prevent some patients from obtaining the relief offered by the Act in a timely manner. Principles of medical ethics have standards for the doctor-patient relationship and the dispensing of medication. Doctors are bound to follow their medical ethics in making recommendations for medical marijuana. It would violate their ethical standards to make recommendations for medical marijuana without conducting a proper examination of the patient's health and history. Excessive government regulation, such as rules that tell the doctor how to practice "" including how many visits or length of treatment "" overstep the bounds of this 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.
When can someone start growing medical marijuana? After they get a dispensary certificate? What about the lead time required to cultivate, package and make the product salable? Director Humble says this in his blog dated October 29th, 2010 titled "Selecting Marijuana Dispensaries": There are probably a number of ways to do it, but 3 come to mind right away. We could, for example: 1. Use some kind of first-come first-served process and simply approve the first 124 complete dispensary applications; 2. Place the complete applications in a pool and have some kind of random drawing on a particular date; or 3. Evaluate the complete applications using some kind of objective criteria (such as the professional quality of their business model, security plan, customer validation and inventory system etc) and select the best applications from the stack for approval. Method 3 is probably the best because weâ€™d be able to select the best of the qualified applicants, but it would also be far more labor intensive than methods 1 or 2. Method 3 would also be more challenging in terms of ensuring transparency etc. An interesting twist on method 3 would be to send the completed (and blindfolded) applications to a 3rd party (e.g. a consulting law firm) and ask them to score the applications for us. 1. Please clarify which of those 3 you plan on using. 2. If you choose option 3 and there is going to be a 3rd party, please define the RFQ/RFP process to be nominated as a candidate for that 3rd party. What are going to be the requirements? Best regards and thank you

for all the hard work. [redacted]
i don't see how... 47 pages of rules for a simple process... its not rocket science.
Will Humble should be excluded from the rule making process. The public comments that would have exposed Will Humble and his drug cartel should have been made public.
Not all working hours are included. It should also clearly point out that employees 'off the clock' on lunch hours cannot use marijuana if prohibited by their employer. Rules are needed regarding what 'under the influence' means. Rules are needed regarding employees who hold safety sensitive positions. Rules regarding pre-employment testing for substance abuse, such as how much time should an employer allow someone to show they have a medical card to use marijuana? Really clear rules on how employers may discipline employees who while allowed to use marijuana, have used it in a way that is inconsistent with an employers policies.
DHS, working with state and law enforcement officials, should draft and propose legislation that provides specific and enhanced criminal penalties for cardholders smoking marijuana in public. DHS, working with state and law enforcement officials, 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. A large percentage of the profits should be required to be funneled back into the community.
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.
As a Nurse Practitioner providing services to HIV-infected and HCV-infected persons I am very concerned about the listing of HIV and HCV as conditions warranting the prescription of marijuana. In spite of the will of Arizona's electorate, marijuana is not medicine; it is a harmful drug. We have very effective treatment available for HIV infection and most of its morbidities. There are proven effective medications to manage all of the conditions that marijuna is purported to treat. Furthermore, many people with HIV have problems with their lungs and many people with either HIV or HCV have hepatic steatosis. Marijuana will make these conditions worse. Neither HIV or HCV are terminal conditions in most cases and palliative care is not an issue for these patients. Therefore, we should not do them any harm. Please remove HIV and HCV as conditions qualifying for medical marijuana.
Seeds.
I think each dispensary should have an individual dedicated as a community liaison. This person would act to ensure that the community always had someone to reach in case of questions or concerns.
I feel that if marijuana is now legal to smoke, the public should be given the same rights we have under current tobacco laws. Specifically, in regards to rental properties. Currently, I can list my rental home as being smoke free, from tobacco. I am not violating any potential renters rights or discriminating against them, according to state law. Proposition 203 clearly states in section 36-2813 Discrimination Prohibited- A. that, "No landlord may refuse to lease to a person solely for his status as a cardholder." This wording could allow a medical marijuana card holder to sue me personally for not renting to him. I would site my rights to a smoke free rental and he would claim I am discriminating against him because he smokes marijuana. This situation could be avoided, if we treat second hand marijuana smoke the same way we treat second hand tobacco smoke. Current state tobacco laws give me rights as a rental owner, Proposition 203 takes away my right to maintain my own property in the best possible manner I can. I respectfully ask that DHS consider treating marijuana and it's second hand smoke, with the same regard as tobacco and it's second hand smoke. Thank you, [redacted]
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.
Hi I have a couple questions/concerns about being a caregiver that I am unable to find the answers to within prop 203 or the drafted rules. 1 Can a caregiver live in a different city or county than the

patient? I believe they should be able to, and didn't see any restrictions on this. 2 If I am reading it correctly 203 states that a caregiver can cultivate plants for a patient, but cannot possess more than the patient is allowed to possess (2.5 ounces within a 14 day period) However there is no way to know what quantity a grow will produce until the marijuana is dried, so there is no way to be certain it won't produce more than 2.5 ounces per patient. Will this make the caregiver a criminal because their plants got too big? It doesn't sound like the caregiver is allowed to possess any sort of overage. 3 To grow marijuana it takes at least 8 weeks from the start of the flower cycle until it is ready to cut. If the caregiver is limited to the 2 week rule, in order to produce cannabis every 2 weeks it would take 4 small perpetual grow cycles, one every 2 weeks. It would be much easier for the caregiver to have 1 or 2 larger grow cycles and supply the patient as needed, and give any excess to a dispensary. 4 When cannabis is freshly cut the weight is much higher because of a high content of water. The weight is reduced by more than 75% when it is dry. If there is a 2.5 oz / patient / 14 days limitation to the cultivator it should be made clear that when the cannabis is still wet the weight cannot be considered as being in violation of the law. 5 Thank you so much for your part in this, it means a lot to a lot of people. [redacted]

I think adding in that the dispensaries show a way to provide for lower income patients. Patients on government assistance might not be able to afford their medication. There was nothing about a visiting patient from out of state. I think this is a great start to working together in getting the best rules for dispensing the medication. Thank you for being so open and your willingness to work together with the community. Sincerely, [redacted]

R9-17-106. Adding a Debilitating Medical Condition What about adding exceptions on an individual basis? A patient may have a condition (such as behavioral disorders) that in general, the medical community would not agree that medical marijuana is beneficial; but their personal physician finds it acceptable for the patient to try this alternative, so that the patient may no longer have to take drugs that damage their organs over time. R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver The draft does not include a Designated Caregiver for more than one patient. One Designated Caregiver, could easily cultivate for several patients, thereby saving the expense of having to pay Dispensary prices and higher electric bills; for in my estimation, the research I have done, shows that the only successful way to cultivate the plants indoors is by hydroponics. I see this as a community builder and a way for patients to help each other to take charge of what medicines we put in our bodies. ARTICLE 3. DISPENSARIES This does not address the cost to patients to obtain the medicine. In my research, it appears that dispensaries in some other states, (under the guise of being 'non-profit'), are making huge profits. I realize that it is a business, and businesses have to make money; but I know patients in other states who simply can't afford medical marijuana. In those states, it seems the only people who CAN afford it, are the ones who just want to get 'high'. To reiterate what I have stated before: Marijuana grows in nature as a weed. There is no reason this shouldn't be one of the most inexpensive medicines out there. Additionally, the draft does not provide for individual patients to grow the plants outdoors. Growing outdoors would eliminate the additional expenses of growing hydroponically. Also, there is no mention of someone becoming just a cultivator, providing the plants and medicine to dispensaries and patients, except if they are non-compensated. I see no problem with someone who has a greenhouse or plot of land, being compensated for their efforts, as the dispensaries will be. Thank you for taking the time

to read this.
* Provisions for registered patients to share a secured common cultivation site, as a coop. Each patient could grow up to 12 plants, with identifying labels. Only registered patients would have access to the growing site. The patients would own the plants, rent the space inside a secured growing environment, and collectively pay the wages of a registered cultivator/security guard. Admission and collections would be logged and monitored via webcam. *Although marijuana itself may possess many medical benefits, its misuse can also cause harm. The inhalation of smoke from traditional marijuana pipes and cigarettes (joints) can allow tars and small particals to be drawn into the lungs. This leads to congestion, which will inevitabily become an issue. At the present point in time, marijuana should be safely consumed orally or inhaled from a vaporizer.
Your rules should focus on ensuring that ALL patients who qualify under prop. 203 can receive medical marijuana. Reducing the number of patients who would have qualified under the statute by adding unreasonable regulations does not fall within your power and will only lead to expensive litigation that will force patient back to the black market. If nothing else you regulate has a similar restriction, the restriction is not reasonable. Concern for the patient seems to have been left out in in the drafting of all of the rules. This is not a third world country. America is a democracy that respects the rights of voters to pass legislation.
I think after reviewing the next Draft we will be able to tell at this point I think there is more than what the law really wanted in there. Maybe not in the rules but I think someone at the Health Department needs to address some issues with this dispensary that says they are the first dispensary to open. [redacted]. This gentleman should be the first one not to get one [redacted] and [redacted].. Maybe someone should be review his background and what he is doing over there at this facility right now. I think there shoud be some kind of breach there He is making 10,000 off people to set up there paper work and 200.00 a class. He telling people basically they will get a dispensary when the time comes because they are putting things together for them he states he has pull at the Health Department and that he has heads up from City people that he plays golf with for everything. He states that he is grandfathered into his area already. How can that be when these parks, houses and everything else have been there prior to he opening this site. Review his history and all he has is judgements against his for acting as an attorney when he works under someone as a document preparer. Please have someone address this man and his group of people he has working there with him.
Dispensaries need to be located in friendly, open, well lit areas, be handicapped accessible, including parking and rest rooms. Prop 203 is about helping sick, debilated, disabled and handicapped people, yet these necessities seem to have been overlooked? In reading the draft I wondered several times where is the concern and consideration for the patient and the people trying to help the patient?? HELP!

I did not see a section on the taxation of sales of the various products considered acceptable use and saleable by a dispensary.
I am a Canadian (AB) resident that spends 4-5 months in the Phoenix Az area. I presently am dealing with cronic pain and arthritis issues which require the use of narrcotic type medication for relief of pain. I am presently considering theuse of marijuana as an option with my family doctor in Calgary Alberta, as it marijauna use for medical purposes has been approved in Alberta. The proposal notes that an applicant must have an Arizona resident, and under the care of a AZ doctor for a year minumum. I would not be able to meet these requirements. Has any consideration been giving to none residents like myself that are legally using marijuana from their main home residence, but what happens when they spend their winters in this area. I am sure there are others like myself as we find the warmer climate better for our medical problems, and pain isssues. I am sure it would be very difficult to be able to cross the border with months supply , if this is requirement for pain relief , hopefully there is an option for obtaining here. I would be open to discuss more details in person and can be reached at [redacted], and will be staying in the Mesa area until the end of march I am presently 65 years of age and hope to spend future winters in the Mesa area , as long as I can travel Thank you [redacted]
Where do dispensaries purchase seeds to start the business? There is no rules and regulations for where these dispensaries or cultivation centers derive their initial seeds. This should be regulated to ensure unlawful sources are not providing these businesses product. Again the large conflict of interest lies in the Marijuana Policy Project and Arizona Medical Marijuana Association involvement with the Department of Health Services in creating rules and regulations on the Application Review Board. Due to their involvement it should be mandated per R9-17-319.a.2.g that any member of Marijuana Policy Project or Arizona Medical Marijuana Association should be denied a registration certificate due to the large conflict in interest.
The rules should be protective of health with regards to infusion. There needs to be protection as in regular food you would get through a restaurant.
Marijuana is an annual weed and if I grow 12 plants, cut down and throw away all of the male plants, lets say Â½ of the crop. I am left with 6 plants and between 4 and 6 pounds, of marijuana. I am only allowed to posses 2 and Â½ ounces. What do I do with the rest? I need it to last me the next 52 weeks. You allow 2 and Â½ ounces every 14 days which equals 65 ounces per year or just a touch over 4 pounds. Do I get to lock it up for future use? Sell it to the Dispensaryâ€™s? What if they donâ€™t want it? On a related note, please drop the 25 mile limit on being able to grow my own pot. With the rules and feeâ€™s you are putting in place the marijuana will cost about $30 to $40 per gram, and sell around $300 to $500 per ounce. My family budget is $240 per month for food for 4 people. I canâ€™t afford my medicine now. How am I going to get money to buy the medicine/marijuana that will better

my quality of life. I have to grow it.
Are dispensaries to be allotted per city based on the number of pharmacies a city has? Where or how is a dispensary to acquire it's initial seeds or clones? clarification as to if a landlord or a repairman can be escorted into a grow area. I would like to recommend that DHS establish a two stage application process. Stage one: the legal entity would be granted a conditional approval. In this stage no location or address of the facility would be required. the entity would be given 120 days to acquire a facility meeting all established state and local requirements and submit to the state. Stage two: Upon submission of their business site address and other requirements A dispensary certification would be granted. the rational being that the current proposal favors big corporations or the wealthy as they have the money to acquire and develop a location and in the event they are not selected they are better able to absorb the financial loss. The small business owner under the 2 stage process would not have the financial loss to worry about if they did not receive approval. If approved they could then proceed to acquire a site knowing they have approval . Lets give the little guy a break Thanks for the time and effort you have and will be putting in [redacted]
Please consider creating a registry certificate for medical marijuana testing facilities, separate from dispensary licenses. If Arizona dispensaries could legally transport medical marijuana across state lines, they could optionally use out-of-state testing agencies, but this is federally illegal. As such, testing facilities need to reside within the state. Due to a potential conflict of interest, it would be best if they were not directly associated with a dispensary. Testing facilities must be able to receive, store, process, and dispose of medical marijuana samples. The process of creating a robust procedure for testing takes a long time and is unique to each testing agency. Some testing agencies use HPLC while others employ gas or liquid chromatography techniques to identify the levels of THC in a sample. Some testing facilities also test for bacteria, pesticides, and heavy metal content.
Yes, 99% of it. When and where were the meetings that [redacted] and other anti-marijuana groups were invited too? Why was the general public, WE THE PEOPLE that voted prop 203 in, not invited to these draft meetings? I SMELL A LAWSUIT, WILL, the last thing AZ citizens that voted this in want or need to pay for!
1. DHS, working with state and law enforcement officials, should draft and propose legislation that provides specific and enhanced criminal penalties for cardholders smoking marijuana in public. 2. DHS, working with state and law enforcement officials, 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. 3. 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.
there needs to be special rules regarding the use on school property. Even though it may be prescribed to minors, there are residual effects which may affect others on school property. Also in that setting it might become too easily acquired into the wrong hands. Just as there are not liquor stores within a certain distance from school property, the dispensaries should not be within the same distance of a school. Because of the residual effects of marijuanna persons using should not be driving public trasportation including flying. This should especially affect school bus drivers. Just as

tobacco products are not allowed on school campuses so too Marijuanna in a smokable form should not be allowed by anyone on school campuses. If it is medically necessary, a smokeless form should be used.
The department of health official that is heading up this crusade against 203 should have NO business violating the rights of patient/Dr. cofidentiality. This person should not be allowed to attempt to place arbitrary and unreasonable rules upon this law and the patients.
See above info
Not that I am aware of. Keep the emphasis on professionalism, patient care and compassion.
We have a President who has been attempting to correcting the dysfunction and injustice of our health care system.. Let's start with AZ and become just, fair and real. If it is a goal for all to have health care. Who is better to provide it than cost effective, state approved primary care physicians!!!! When are we going to let these special interest groups bankrupt our state and citizens for their own personal interests. It's time to real!!!!!
see above
Address the following: What is the allowed methods of proper disposal? Address where original seeds and first crop can be obtained. Included in application for dispensaries,why not include a section where one can put first choice for county and city,and second choice for county and city. For example,first choice: Chandler,Maricopa County. second choice:San Tan Valley, Pinal County. This can possibly minimize the approval process. Address: The number of dispensaries allowed in the state has been discussed, not how many have been allotted per city/county. What's to stop 120 dispensaries from opening up in Mesa? Proper procedure for utility/landlord repair access to dispensary/grow facility. Will dispensary and grow area be allowed in different counties,but under same license?

I think information needs to be include about how licenses will be given out in the future. In the future when more pharmacies have opened this would allow for more medical marijuana dispensaries. In the event a dispensary has their license revoked the license needs to be issued to another applicant and this needs to be public information on how and when these will be reviewed. I would like to add comments on how I feel the applicants should be chosen. I previously suggested a lottery type of system and will give a brief example. In a lottery system, each applicant could be given 3 tickets that were numbered 1 through 3 indicating their preference. The applicant could choose to put all their eggs in one basket or divide them out over various cities. If an applicant was fortunate enough to get selected in more than one city, they would be defaulted to the city with the higher preference ticket. Then after the dispensaries were selected they could get to work developing their site and set an appointment with the AZDHS for inspection prior to opening.
Dear ADHS, NMD are board certified, licensed medical doctors. Although Naturopathic Medical Doctors (NMD) were included in the list of physicians to recommend medical marijuana (MM), NMD's were excluded from the ability to be medical directors of MM clinics. NMD's are clinically trained experts in herbal therapy and have studied the benefits, mechinism, phytochemistry and side effects of hundreds of herbs. The use of formulating, prescribing and treating the public with herbal therapy is a long-standing, well-established modality of NMD's. NMD's, being trained and experienced physicians in herbal therapy in Arizona, should absolutely have the privilage of being MM clinic medical directors. Sincerely, [redacted]
NONE
Please see above.
Address the use of clones and cuttings for cultivation and how to be accounted for in inventory. The current draft only adresses the use of seeds.
NONE
Please modify the rules to include Naturopathic Medical doctors as Co-Directors of dispensaries.

Allowance of private testing facilities so patients know what they are getting. Is it organic? How will this strain affect my pain? How much THC is in this strain? This is something happening in Colorado and working very very well.
I would suggest to the rules committee that Naturopathic Physicians (A.R.S. Title 32, Chapter 14) be included in the definition of referring physicians. Naturopathic Physicians should be defined in the rules to serve as Medical Directors of the dispensaries.
SEE ABOVE
SEE ABOVE
The Department must adopt rules that preserve patient dignity, reflect compassion, and do not foster greater harm. The Department has left out rules that do not delay or prevent a patient acquiring adequate quantities and quality of marijuana to treat their conditions at a reasonable price. Older specialists in opthamology commonly have a predisposition that is decidedly against treatment with marijuana. A glaucoma patient in this position will be forced to find new doctor and the long term ongoing physician-patient relationship that the draft rules require would delay treatment and possibly endanger the patients sight. Furthermore specialists rarely would take on the â€œ primary responsibility for providing management and routine care of the patient's debilitating medical condition.â€ This rule is draconian and must be amended to allow the intent of Title 36 to be implemented unhindered by a â€œfilterâ€ that causes obsession with stopping recreational users.
Definitions of the following need to be added: Inventory What is an inventory audit? Audit
I think we need to get the rules in a such a state that they don't violate any existing laws before we go trying to add more things to it.
Oh, no, you've gone way overboard.

The definition of â€˜Medical Directorâ€™ 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
Medical marijuana is applicable to a very wide variety of ailments, many times more what has been stated.
Neurofibromatosis / Schwannomatosis should be added to list of medical conditions. NF causes tumors to grow all over the body and many can't be removed and the common meds don't work for everyone and all have dangerous side effects or will cause liver and kidney damage over time.
There should be a LIMIT to how many Dispensaries a Cultivation Site can provide Med MJ for. The Cultivation site should be according to the City or County zoning and planning and not in a City if the City does not allow it. I have heard that in some states, the Cultivation is allowed in the Dispensary itself.
According to R9-17-202. (F) (6)(k), the department will be doing criminal background checks. DOES DHS HAVE STAFF TO DO THIS? DOES THE DEPARTMENT HAVE INVESTIGATORS THAT KNOW HOW TO OBTAIN RECORDS TO DETERMINE EXCLUDED OFFENSES? RECORDS WILL NEED TO BE OBTAINED FROM THIS STATE AND ANY OTHER STATE THE APPLICANT AS INCIDENTS REPORTING ON THEIR CRIMINAL HISTORY WHEN THE FINGERPRINT RESULTS COME BACK POSITIVE. April 1st when everyone starts applying for the identification card is may cause severe delays in getting DPS and FBI fingerprint results back, with a requirement to grant the registry identification card. substantive review time-frame if not denied. Since DHS is not a law enforcement agency, criminal records can be difficult to obtain. The DPS and FBI criminal records are confidential and without the police and court records, how will DHS defend a denial when the applicant can request review in the Judicial Review process?
How will the verification system be implmented? How will access to the provider, patient, law-enforcement, and admistrative personnel be provided? Are there existing DHS software capabilites for the verification system or will it need to be purchased / created? (It seems to be a unique requirement and challenge to provide access to mobile law-enforcement etc.) It would be appropriate to include (in the rules) an an outline of the system requirements, including access requirements, interfaces, system administration and a failover plan for the verification system.
Please include "Naturopathic Physicians" in the definition of "Medical Director." As defined in A.R.S. Title 32, Chapter 14, Naturopathic Doctors are licensed primary care physicians, have pharmaceutical prescription privileges, and are covered by many insurances here in Arizona.
Make the Application process a 2 step process instead of 1. First approve the principals and legal entity through you,set forth rules. Second.If approved issue a conditional or temporary license. Applicants submission of location and layout of the dispensary,meeting all rules and conditions. With Final approval,the issuance of Dispensary Certificates.

The [redacted] appreciates the opportunity to make some initial comments on the informal draft of the Medical Marijuana Rules: 1. With respect to ARS 36-2813 and ARS 36-2814, Hospital employers in particular would need a broad definition of the terms â€œimpairmentâ€ and â€œunder the influenceâ€.
I have grave concerns that the legalization of marijuana for medical purposes be confined and overseen effectively so they do not open the door to legalization for recreational use.
As an Arizona resident, I am very disappointed that this proposition was approved by the voters. Please ensure that the rules will make it very clear that marajuana use will not be permitted for recreational use.
[redacted] is a Greedy Business man from New York that has come to our state and expects to have his Physcians ([redacted]) issue scripts for his so called dispensary. These outsiders have not lived with what Arizona has had to endure with Drug Trafficing. California people should not be allowed to come here and monopolize this industry. [redacted] should not worry so much about the 70/30 ratio that the Dept of Health has propossed in it's draft. Please stick to this as it will weed out the undesirables. I think you should accept applications for the first 30 days and in those 30 days put the multiple dispensary requests on "hold" for 6 months. Advise them of this and give all those that want to opperate a legit business a chance. I have lived in AZ over 50 years and I personnally have Never been in a Dispensary, but those who have should not have an upper hand or those who operate one in a different state should not come here. There is no doubt this is Big business. California residents have always made more income than AZ. The cost to do this is nothing to them. The License fee in Calf is $200K So how are Taxes going to be collected?
Can a MD become a medical director if he/she holds a AZ medical license but he/she also has a MD license and works in an another state.
Google [URL=http://google.com]google[/URL]
How do you plan to pick the lucky 125 people who will receive a dispensary licenses? How will you

decide who will get a dispensary, when the state can add more? It is not clear to me if patients can only shop in the dispensary in their area or will they be able to shop around for good prices.
See above concerns.
know you don't want just anybody being able to use this medicine legally but I can't tell you strong enough that panic attacks, and many other ailments are very real and whether you believe this or not is NOT the issue. Its up to the Specialized Dr.s I see that between they and myself can make an intelligent decision, not you. Please don't take this upon yourself and or anybody else like Brewer, neither of you are qualified. I would love it if she could site where medical marijuana has increased crime. I have personally been admitted to the emergency room in the past, the DR.s thinking I was having a heart attack, as this was not ever the case. When I started self medicating with Marijuana my symptoms went away. I do not go to work altered but find relief with nightly use and am a very involved committed, productive citizen of this State. So please lets take the politics, the pharmaceutical and alcohol industries out of this and get with the program and don't pretend to think you are anywhere in the position to say what is and is not a qualified reason to get the help of this plant . Thank you [redacted]
No, you all have accomplished overkill.
No.
Naturopathic doctors were not included in the definition of â€œMedical Directorâ€. Naturopathic physicians are specially trained in how the body operates as system, and routinely work with naturally occurring herbs and remedies. Thereby Naturopaths are uniquely qualified to work as Medical Directors in MM Dispensaries in this state. We feel that the omission of â€œNaturopathic Doctorsâ€ from the definition of â€œMedical Directorâ€, as stated in the draft rules, is not in the best interest of the State of Arizona and those patients who will benefit from MM therapies. To incorporate â€œNaturopathic Doctorâ€ in the definition of â€œMedical Directorâ€ is to allow those with the greatest understanding of how natural remedies impact the body to be available to assist in and oversee the use of MM.
Great job. I believe these are some of the most comprehensive rules of any of the states where marijuana has been legalized.
My son is 17 years old. He has been batteling Tourettes Syndrome and Bi-Polar diagnosis since he was about 4. At 4 years old he was prescribed Tenex and Haldol. At 5 and 6 he was taking dexedrine - after

that they prescribed him ritalin - concerta - staterra and depakote. All with good results for a little while and then back to his normal, well, not so normal self. Most of these medications should never be given to a Tourettes Patient, but they prescribe it anyway with another pill to even out the other one. Some of these pills made him a monster. Now as a single mother, I have endured alot. My son's behaviors are extreme. I have called the police for help, they take him and then I have to go and pick him back up. He is very dangerous and explosive. Once he found cannabis, 80% of his tics and behaviors went away, over night it seemed. This stuff was working. Now I'm batteling the courts in regards to his cannabis use. They look at my son like he's completely normal teenager who smokes pot all day, well he looks normal, but isn't normal in his brain. In regards to the new law. They really need to look at the mental illness side of how cannabis helps. The American Board of Psychiatry even has cannabis on their own web site and how it helps Tourettes Patients. It helps, it works and pick and choose your battles. Kids are trading ritalin at school and chopping the pills up and snorting them like cocaine. Cannabis is a natural substance that heals.
pricing
protecting patients from high cost of medicine. there should be a cap on what we pay a month for 5oz of medicine. $100-200 should be what we pay for 5oz of marijuana. if the state wants to make money off of it legalize it until then protect us patients from high cost!