

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

Open-Ended Response

The overall structure of the patient-physician relation as amended in this draft of the rules, for the most, is much improved.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

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I believe that the addition of R9-17-102(B) is effective as it makes medical cannabis more affordable for individuals who have a low income. I also believe that the removal of R9-17-309(C) is effective as it will allow for a greater variety of strains of medical cannabis to be carried by dispensaries, which in turn shall benefit patients by giving them greater opportunities to purchase the the strain(s) that are the most beneficial for their medical condition.

Most are fine

I like the change to R9-17-309 C " removing the restriction on dispensaries purchasing only 30% of their product from other dispensaries is a good change. I think it is likely to be the case that many dispensary owners will not have the funds to open a dispensary that is fully prepared to do business with the public. They may find it prudent to invest the smaller sum of money they have available to them in acquiring and furnishing retail space. This leaves a supply gap that could potentially have needed to be filled from the black market. Allowing some dispensary license holders to be solely dedicated to cultivation and wholesale activities will allow that supply gap to be filled from within the current structure of dispensaries.

1. The idea of splitting the state into zones for the purpose of distributing licenses is a good idea. Uses CHAA is not a good idea. 2. Changes to patient-client requirements are better I commend you on the work you've put into these draft rules. Please continue to keep the patients in mind when drafting the rules. Be careful when receiving advice from big money folks that have "done all the research for you" and are telling you how to write the rules.

Much of the revised draft is effective with exception to issuing certificates based on a lottery system. It's ludicrous!!! There are minor adjustments to be made here and there, but for the most part it's much better than the first draft.

None as they stand. I believe you have gotten off on the wrong foot and are headed in the wrong direction. Less is more here. Your job is to facilitate qualified patients in Arizona to receive affordable, compassionate care starting in April. As this process has become over complicated, now people will simply be growing their own with no guidelines for health and safety. As their will most likely be significantly more applicants than certificates provided, there is no perfect way to distribute the certificates. Given the opportunity for many to do everything they can to circumvent any system put into place, the only fair way is to use a simple, transparent, public lottery. Any other option will cause cries of foul play, collusion and will most likely end up in litigation, potentially delaying progress for years due to useless litigation. The lottery rules should be posted clearly and simply with any questions being posted for public viewing and clarity. Have an open, fair lottery. Let the process begin.

None, as there are better alternatives than supplying patients with a substance that creates more health problems than it proposes to help alleviate pain.

I give the AZDHS staff kudos for tackling an enormous project in producing a workable document. The politically necessary legal structure and litany are laid out in a reasonable and understandable manner. But, as usual, the devils are in the details. To layout and list these accomplishments in a 50 page document would take an enormous part of the feedback that would seemingly be the information that the AZDHS is requesting. I would be amiss, after attending the feedback meeting in Tucson last week, if I did not mention the sometimes vehement comments over the seeming control of the AZDHS by the MPP group and its front Andrew Myers. I realize that the PPM group had a great deal to do with the passing of Prop 203, but it did seem that the cart was leading the horse during the first part of the meeting.

It is apparent that the 'legislators' have any concept of what they are legislating. Take a few steps back and look at the writing on the wall. It plainly says the will of the people of Arizona does not matter. This over-complicated bill is an insult, and I am offended.

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None. Substance abuse is the way out for people with no backbone that cannot live a normal life. Drugs ruin lives, why can't you see that?

Dear Mr. Will Humble, So far from what I have read some of the rules are fine the and others (dispensary rules) seem to be influenced by people who have dollar signs in their eyes. I am a medical provider and have been watching this initiative and prop. for some time. I think it is fantastic that this law has passed and it is long overdue. I have been practicing medicine diligently and faithfully for a long time, and have in fact dedicated the greater part of my life to it. I have been reading all the latest

information and am greatly disappointed so far on the draft rules. First off this program was to be for the compassionate use of MM for people who truly are in need. The rules have engaged some peoples who are big business and not much else This wonder drug and herb has been used for thousands of years medicinally and can be grown with little overhead expense in the dirt and privacy of peoples homes. Yet big business wants their hands on the control of it. So far the draft rules have outpriced the whole idea of the program in the first place. Do you think for one minute that these people who have banded together so far have done this for compassionate nonprofit reasons. Do you think that they don't expect to make any money on their huge investment costs? I have read here and there about people who want to be in the business whom I believe really have no right to be, other than they have the money to buy in. I have read that you pretty much need to gamble a small fortune and risk monies that are not guaranteed that you can even be a part of the business. Do you think this is fair? Honestly Mr. Humble do you? The draft rules so far almost certainly exclude those people who truly have an interest in helping others to benefit by the use of this medicine. Don't you think you should listen to some of us who are medically and educationally prepared to offer all that we have to offer. How do you expect a nonprofit organization setup with large up front costs to not expect to get paid back. Do you honestly think they are doing it at a loss, cause so far that it is what it is looking like in my eyes. How can you expect the average qualifying medical patient to be able to afford to purchase this medicine at roughly 2,000.00 dollars a month? Take another look at this draft, there needs to be major changes to it to ensure it is not for profit. How can you do that? The first thing you need to do is allow patients who qualify for the MM card, the right to grow their own, and not make restrictions on it when the dispensaries are up and running. By doing this you most certainly will take the profit gains and keep the costs down and keep it legal and well within monetary reasonable costs to the patient. I thought we were going to do it differently here in Arizona. This program was to be for patients who truly need this medicine. Let them grow it. In order to keep the chaos out of the program let the patients themselves have some liberty and dignity by allowing them the right to produce their own. This will keep those that need it in charge of their medicine. The people who still want to be in the business of a dispensary should do it for the right reasons and that doesnt mean large gains on a product that some can produce on their own. Those patients that want to utilize a dispensary can and may choose to, but give them an option. In order to keep this fair and just and what the people want allow them to choose and have the right to produce their own in the privacy of their home at no cost to anyone but themselves. this makes all the sense in the world. Keep the profiteers from capitilizing on the desperate needs of others when it makes sense to do so.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

#NAME?

I believe DHS has made a great start with the draft rules, but there are many requirements which need to be strengthened, clarified and included.

<p>As one who has suffered from excessive back and neck pain for years (the alternative treatment would be major back surgery with recovery time up to one year) I have opted for perscription pain medications for years. It is so vital that anyone who is in pain be provided with a low cost easily accessible form of treatment to allow them to live their lives as God intended - and not restricted to a daily battle to just survive - and that is what passage of this law would allow those in pain to have. Freedom to live as God intended...</p>
<p>None as they stand. I believe you have gotten off on the wrong foot and are headed in the wrong direction. Less is more here. Your job is to facilitate qualified patients in Arizona to receive affordable, compassionate care starting in April. As this process has become over complicated, now people will simply be growing their own with no guidelines for health and safety. As their will most likely be significantly more applicants than certificates provided, there is no perfect way to distribute the certificates. Given the opportunity for many to do everything they can to circumvent any system put into place, the only fair way is to use a simple, transparent, public lottery. Any other option will cause cries of foul play, collusion and will most likely end up in litigation, potentially delaying progress for years due to useless litigation. The lottery rules should be posted clearly and simply with any questions being posted for public viewing and clarity. Have an open, fair lottery. Let the process begin.</p>
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I don't understand everything about this, I have had a illness/ disability for over 20 years and have been on Social Security Disability for as long as that, there is NO Cure for this illness the only thing my doctor can do is treat the symptoms (mostly pain) and severe insomnia - usually can't go to sleep till 3 am I don't like the insomnia medications (I have found they leave a "hang over feeling" and some of the newer sleep meds have the disclaimer warnings that come with them are downright scary - so the only thing I use to try to sleep is Nyquil - I can NOT remember the last time I woke up and actually felt like I slept (no matter how long I stay in bed) after all the arguing about this has left me with feeling like I can't even talk to my doctor about because he would probably be too afraid to prescribe to me

See "How can the draft rules be improved" for full comments.

Medical Marijuana is a very effective and safe way to treat a plethora of illnesses and or pain. I agree that that patients should be able to purchase this medicine in a manner that does not discriminate against certain people and certain medical conditions. Anyone who has a chronic condition or an acute condition that may benefit from medical marijuana should qualify as a patient. All conditions whether it be physical or mental illness should be considered as a qualifying illness.

N/A

The clause that a dispensary shall not change the dispensary's location during the first three years after the dispensary is issued a dispensary registration certificate is a good rule. However, the time period should be reduced to two years instead of three. Because this is such a nascent and dynamic industry, three years is a very long time. The facilities available now are severely limited by local

zoning regulations and property owner reluctance. If a more ideal facility opens up, within the same local zone, a business should not be precluded from moving to the new location as the industry matures. Also, this rule should be clarified such that a dispensary may add or change the location of an offsite cultivation facility. The demand side of this equation is so hard to judge right now that some leeway should be given for offsite cultivation. Allow a dispensary to start off small and grow into offsite cultivation as the need arises, but don't force declaration of a three-year cultivation plan from day one.

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DHS did a great job in using the Community Health Analysis Area boundaries to allocate the physical location of medical marijuana dispensaries.

none of them

No comment.

The Community Health Mapping Area is a great way to evenly place medical marijuana dispensaries throughout the state of Arizona.

About the only part of the draft that might be effective is that its goal is to provide marijuana to people who actually need it to assist them in dealing with debilitating pain and other problems. Other

than that, all I see in the draft is either a money-making program for the state or the dispensaries and efforts to stop illegally obtaining marijuana through the program.

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

It seems like DHS has approached this in a very level-headed fashion, so nice job! I'm glad that you've eliminated the provision that applicants for dispensaries meet a high funding threshold, because my main misgivings were that a couple of entities with deep pockets would create a de-facto monopoly. I attended a meeting in Tempe where someone advocated for re-instating such a provision. I certainly hope that you found his argument as spurious as I did.

The allowance of 2.5 ounces every 2 weeks. The only thing is that Doctors are afraid to prescribe Medical Marijuana.

I have not seen anything on them I watch local news at least five times per day and have never seen or heard ANY meeting announcements. I have only seen very short after the fact tv reports.

Providing a REASONABLE route for people to obtain their cannabis is a good thing.

We believe a large majority of the rules are effective provided the state can fund the governance of the rules. Our recommendations for improvements are listed below.

Thank you for your hard work and time that you have all put into the new rules. You all have done a great job and we believe that the rules are over all pretty well written.

eliminate the pot doc and allow AZ DHS to control this industry

February 18, 2011 Re: Proposed Medical Marijuana Program A. Interest of [REDACTED] is the nation's largest non-profit advocacy organization dedicated to advancing safe and legal access to cannabis solely for therapeutic use and research. To advance our mission, [REDACTED] employs a multi-faceted strategy that includes public education, impact litigation, grassroots advocacy, and direct lobbying. The organization works with all levels of government to support policies that create and improve access to medical cannabis for patients and their care providers. As such, [REDACTED] on behalf of our membership in Arizona, has a direct interest in the Department of Health Services' Proposed Medical Marijuana Program. B. Effective portions of the draft rules We at [REDACTED] gladly support the inclusion of good regulations related to Dispensaries & Edibles Manufacturers. The Dept. clearly took time to determine best practices, and had the good of the patients at heart in doing so. In addition, much of the security & confidentiality protections were well-drafted and will most likely be useful to patients and providers. The inclusion of defined timelines for the consideration and approval of IDs and registrations is quite helpful as well. F

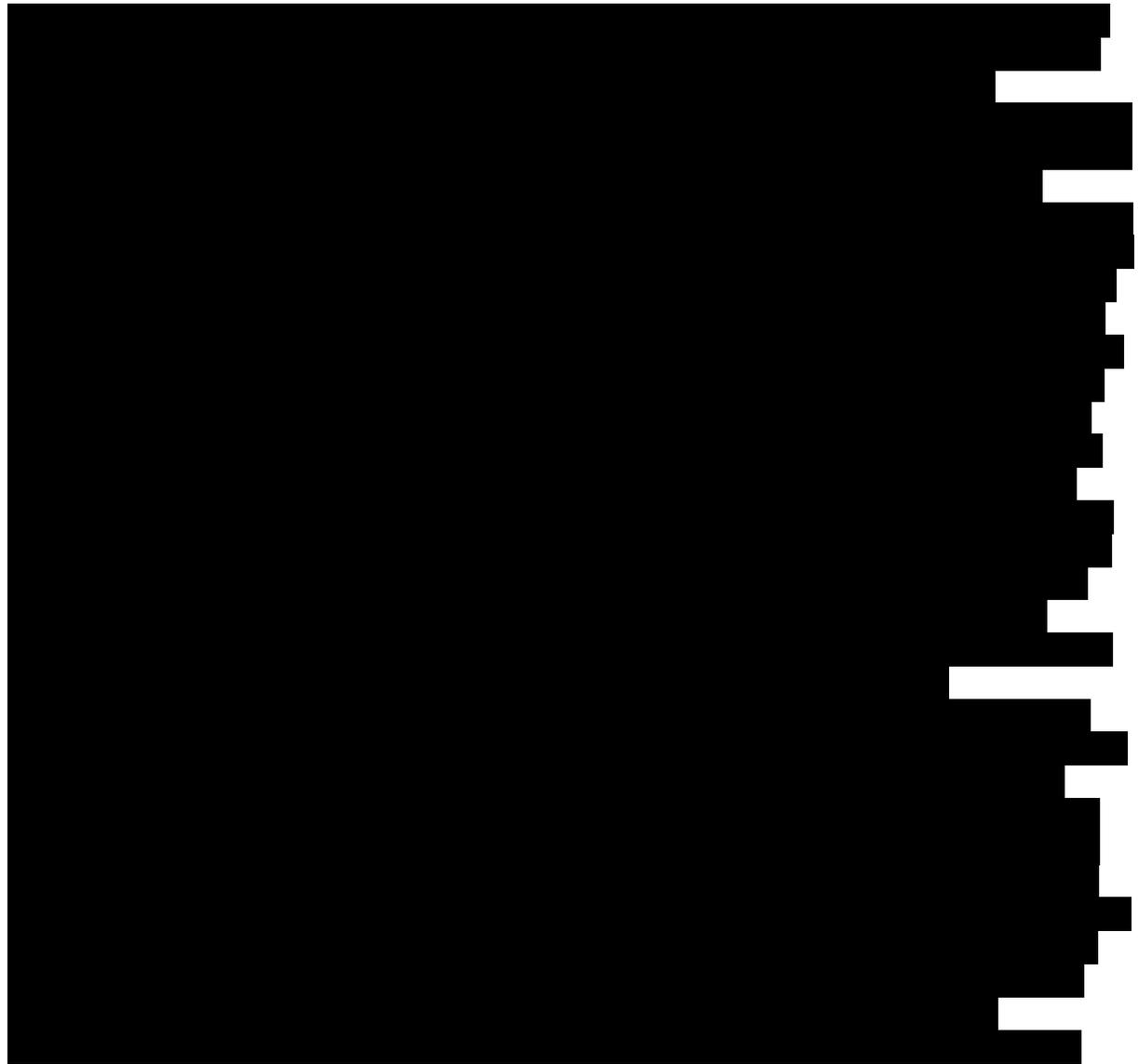
I think the public comment events were informative and very useful, not only to educate the general public but to get key testimony from key players in this industry. I attended two of the four days and was emotionally exhausted. I can only imagine how the panel felt at the end of the day.

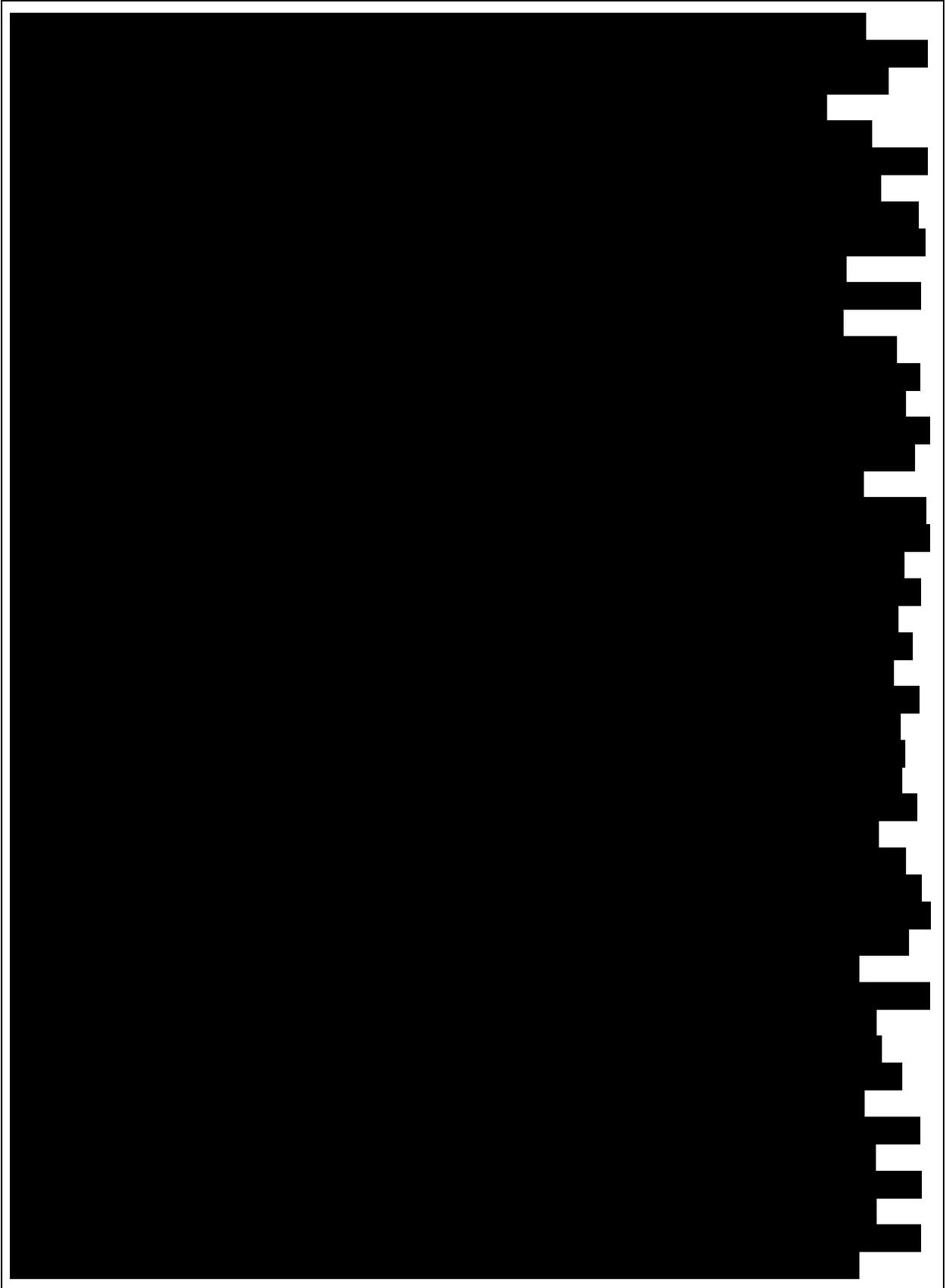
I am in full support of requiring any applicants to identify the address of where the dispensary and cultivation site will be located. This should remain a requirement. Applicants should have a location and use permit from the city or municipality prior to being able to apply to the Health Department for a license. Other wise they may be wasting your time as they may not be able to find a suitable location or be able to obtain the proper use permit from city or municipality.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

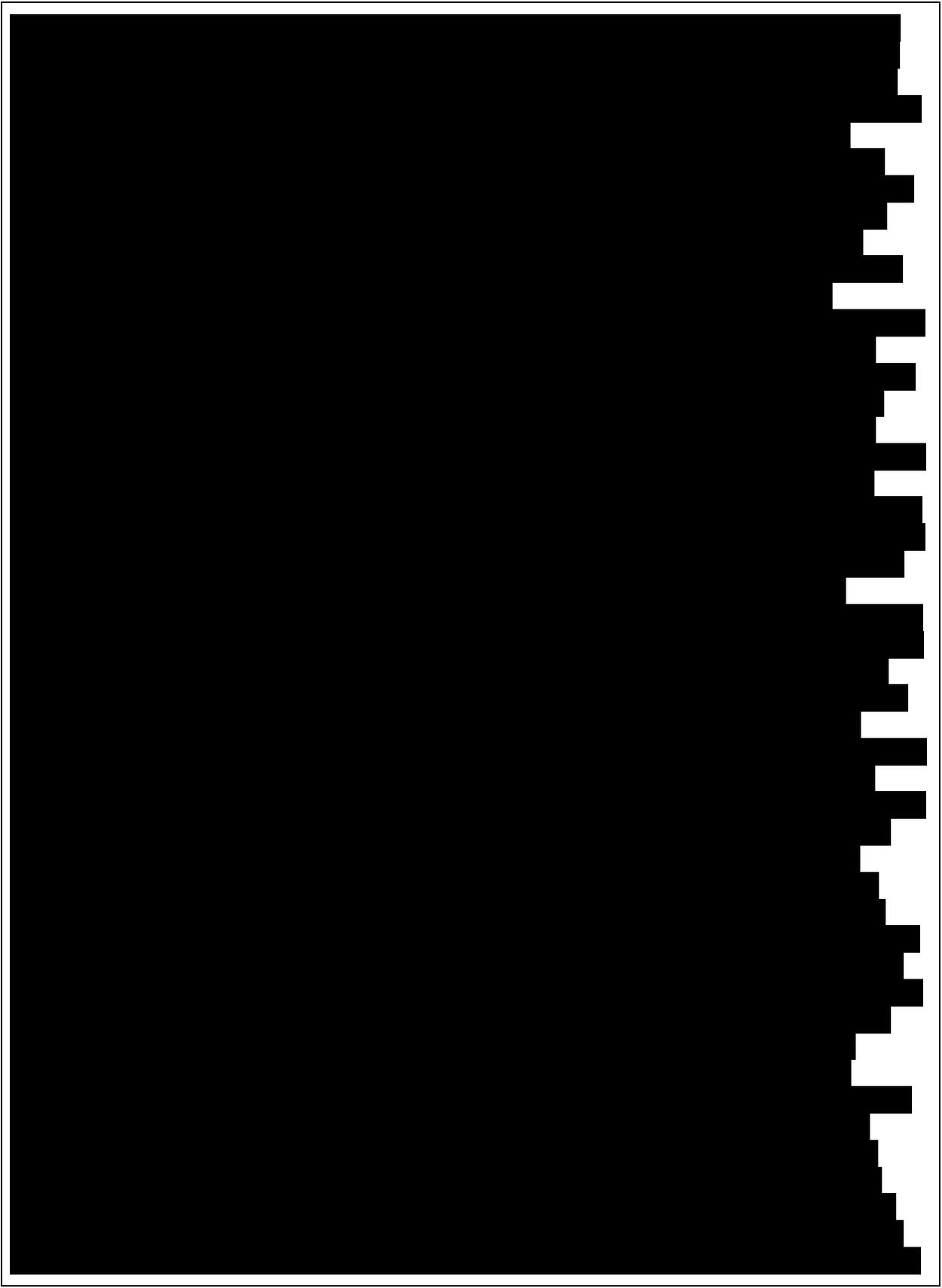
The residency requirements are good. Clarifying not for profit rather than nonprofit is helpfull.

The addition of a lower application fee for lower income patients is very effective but should be lower.









[REDACTED]

[REDACTED]

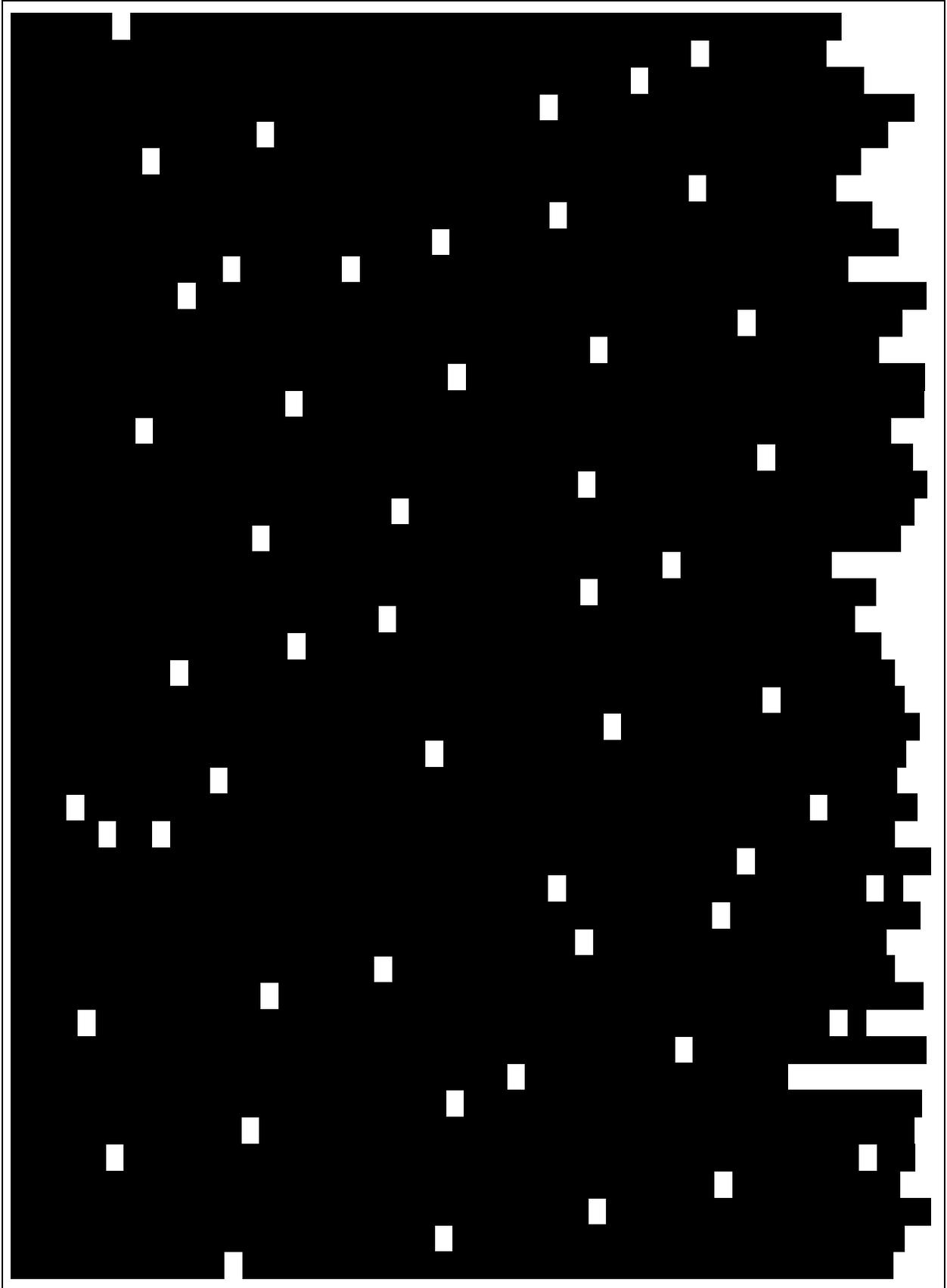
I am concerned that the statute prohibiting smoking Marijuana in public parks leaves open a gaping hole that allows a person to smoke in a private park - namely a park owned and maintained by an HOA. These parks are heavily used by our children, and we would like to keep MJ away from them if we can! Thanks!

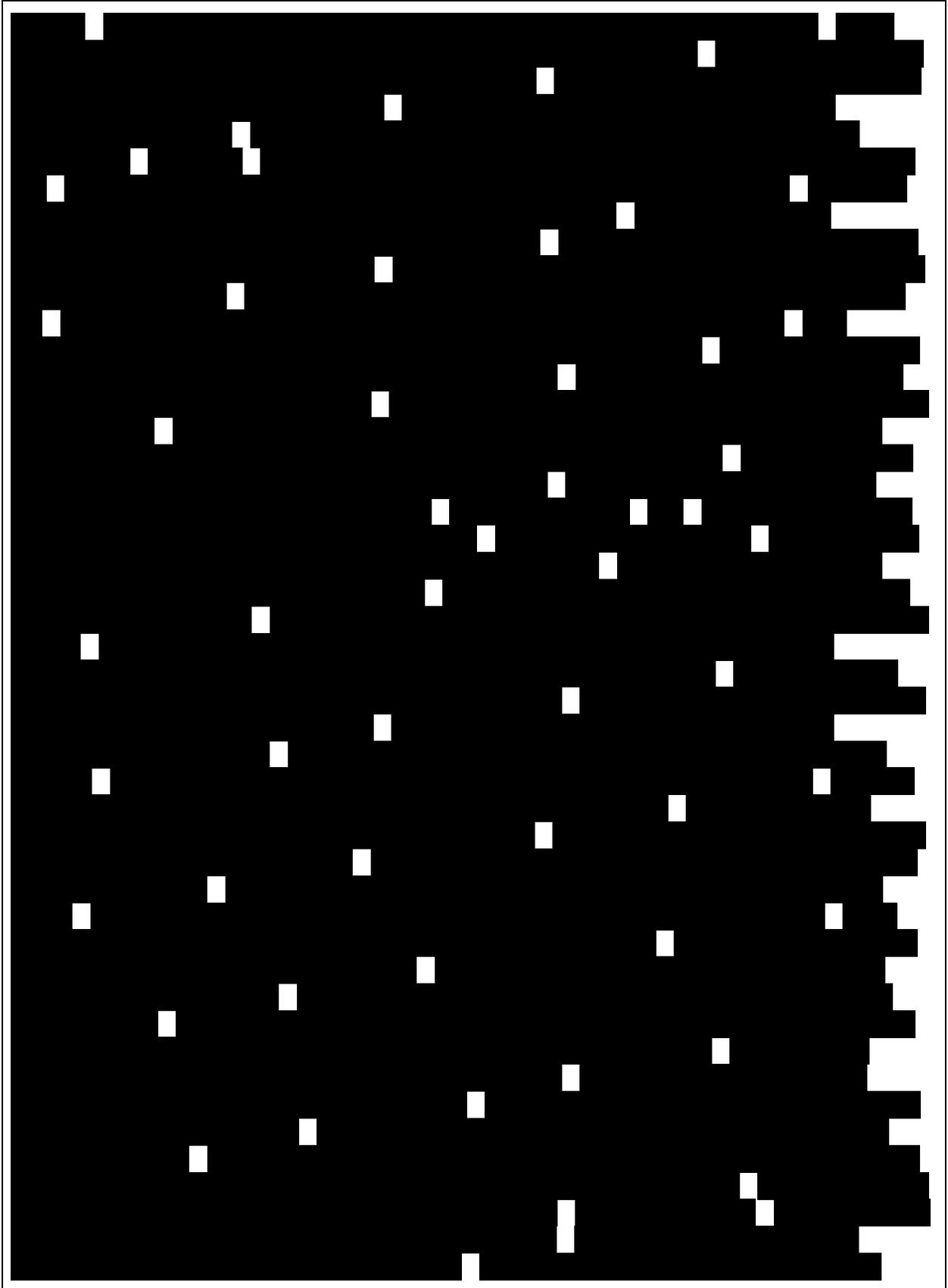
[REDACTED]

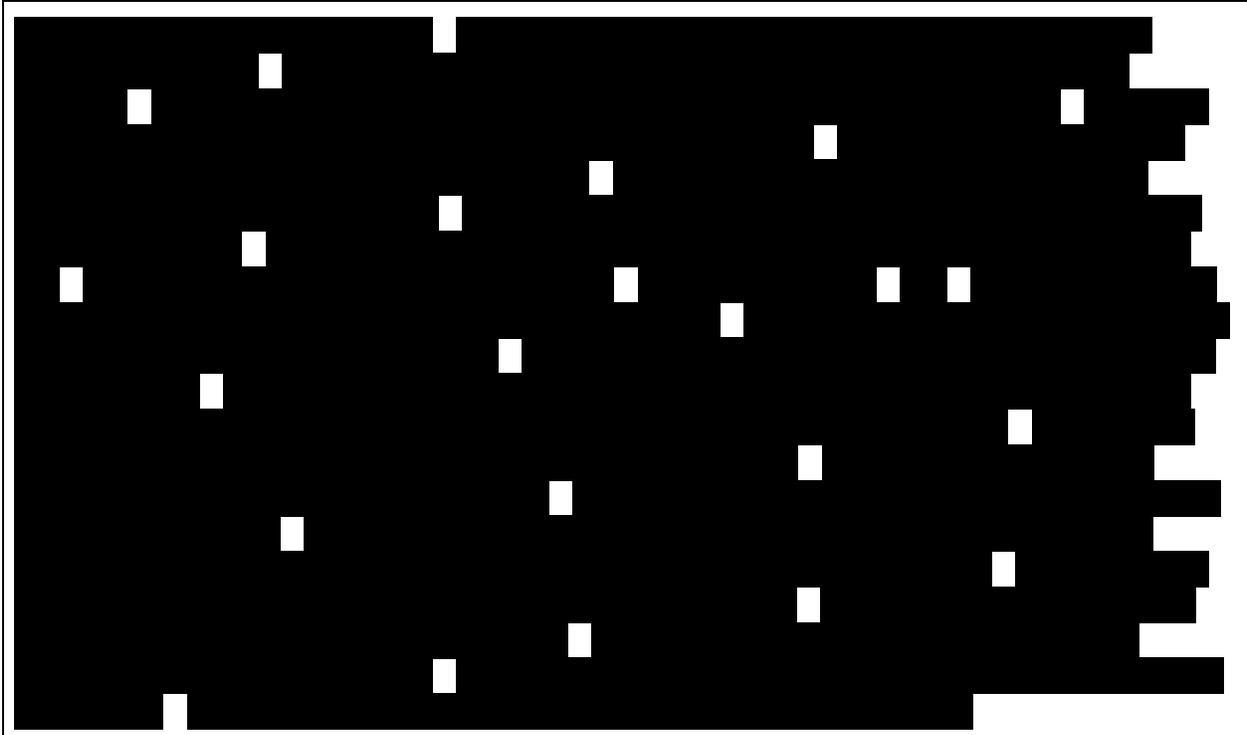
[REDACTED]

I don't believe any parts of the draft rules are effective. This is a complete farce. If there really is such a thing as "medical" marijuana and I just don't believe that to be the case, then why isn't being placed where pharmaceuticals belong, in a pharmacy rather than individual "dispensaries"?? This is nothing more than a gateway to legalized marijuana and we will that many more impaired people working and driving in our society under the influence. Has anyone addressed whether or not they will be allowed to drive if they are taking this so-called "marijuana" and if not then doesn't that mean they are under the influence? Nobody wants it in my neighborhood. This has not been well thought out. It needs to be stopped and studied and more stringent rules. Place it in a pharmacy where it belongs with a prescription from real M.D.'s not a bunch of quacks that want to make money off of it. Thanks for listening. [REDACTED]

[REDACTED]







All draft rules appear to be rules that can be followed and maintained.

R9-17-101.21 "Public Place" is generally effective but as a former President of the Board of Directors of The Lakes Community Association, I am concerned about the safety of our children AND the right of this homeowners' association to govern activity within its private property.

██████████ submits the following comments on behalf of ██████████. Our comments are addressed to the improvement and enhancement of the substantial public safety and public health elements of the Department's Draft Rules to implement the Arizona Medical Marijuana Act.

When you say "effective"..what on GOD's GREEN earth does THAT mean? This legalization for the use of marijuana is ABSURD! It really surprised me when this law bill passed last election; I thought the people of Arizona had more sense than to pass this. "conservative" Arizona!? GO figure. The only thing I take issue with is the dispensaries. In my opinion, dispensaries must be limited to one per 40-thousand of a city's population. A city like Phoenix with a population of 2-million people for instance would have just 50-dispenseries, whereas here in Sierra Vista, with 46-thousand should have only ONE dispensary. But, that's not going to be the REAL problem. The REAL problem is with the State's Medical Board who ALREADY is overly critical on the Dr's who dispense pain medication. They discourage it! I had a Pulmonary-Endarterectomy operation in 2008 and walked out of the UMC in Tucson with just 60-percosets. And I had barely received those upon release. Then, after my first follow up visit to my Cardiologist, he refused me pain pills of ANY kind and told me to get them from my family Dr., who's an internal medicine practitioner. Then.. she was reluctant to give me more than 20-pills at a time. I was not in constant pain, but when you have your breastbone split open to remove blood clots from your pulmonary arteries and repair a whole in your heart--believe me.. there IS SOME PAIN! This is just MY story--there are stories like mine all over THIS town like mine. Dr's are simply AFRAID to write prescriptions for pain pills here. They're scared to DEATH that if something goes wrong, a patient complains, sues for mal-practice, or whatever CAN go wrong.. the medical board will come down on them and they'll lose their license to practice, eventually. If this is the case NOW, what do you think is going to happen with the issuance of a "so-called" medical marijuana prescription, which for the most part it's LONG term affects have NOT yet been determined? The substance may be effective for certain types of pain--but are Dr's truly going to prescribe it for their patients knowing full well the substance is STILL against FEDERAL law? I don't THINK so. The dispensaries are NOT going to be able to stay in business; this ACT will prove to be a TOTAL WASTE of lawmakers time the people's money.

RE: R9-17-201. Debilitating Medical Conditions |

1. The Non-Profit LLC type of entity for business.
2. The CPA position on the Non-Profit LLC
3. Taxing at 6.9% is much more in line than 300% or 100%. Common sense explains that businesses cannot survive under this type of taxation!
4. Location must be equal in each area of business. Industrial area for growing and Retail area for sales of MMJ

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We are ██████████ a locally owned and operated bank, dedicated to the growth and development of the local community and focused on helping Arizona's small to medium size businesses achieve long-term success. We believe solid banking partnerships are built on trust, experience and knowledge of the local market. We would like to offer the following comments and suggestions on the DHS Medical Marijuana Dispensary Draft Rules. We believe the Arizona residency requirement is an excellent way to ensure that out-of-state investors do not attempt to capitalize on Arizona's new industry. Those who reside in Arizona have a much stronger incentive to maintain the safety, security and legitimacy of the medical marijuana industry, as it is their own communities which will be most affected. We are, however, concerned that the current draft of the Rules does not do enough to ensure medical marijuana dispensary registration certificates are allocated to only the most qualified of applicants. We encourage DHS to increase the application standards and establish barriers which will prevent under-qualified and potentially irresponsible applicants from finding their way into the lottery system. We suggest DHS revise the draft Rules to include the following revisions:

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First off, I'd like to thank the entire DHS staff for devoting the necessary time with Prop 203 implementation to obtain the type of industry that the community has given direct input on, and therefore can be proud of. I know this process hasn't been an easy one, and I offer my appreciation. Removing the prohibitive doctor/ patient restrictions of the last draft has made this rule package very patient-friendly, especially for those in terminal conditions. Removing the 70/30 cultivation requirements will allow business operators to run their business in a more personalized and efficient manner, since they won't have to grow if their associates don't possess that particular skill and more importantly, they won't feel pressured to sell sub-par medication. Also, allowing wholesale grow operations will keep cultivation limited (and therefore controllable) and will increase liquidity in the market, which is passed on to the patients. In this current draft, I strongly believe that the requirement of a Medical Director is an effective implementation. Medical marijuana patients will likely be on a slew of other pharmaceutical medications/ narcotics and requiring dispensaries to have a Medical Director on-call will alleviate potential problems with mixing those medications, and will also provide a haven of information for first-time users. I believe that any person or entity, like Dr. Suter, who Mr. Humble debated today on NPR, as well as Dr. Suter's Arizona Association of Dispensaries (AAOD), are trying to loosen requirements for their personal business models, versus working to implement strong regulations for the state of Arizona and our future. I believe that any potential dispensary operator who does not have access to a doctor willing to work with them has no business operating in the health field. This is not California, where teenagers will be corralling people in from the boardwalk to get their card -- as your Chief Medical Officer, Laura Nelson, put it: This is the Medical Marijuana Act -- not a recreational/ legalization/ etc. type of bill. This bill is meant for seriously ill patients who need input from knowledgeable physicians. I highly value the residency requirement. This will keep out-of-state monopolies and failed dispensary operators out while keeping revenue in Arizona. I commend DHS for this including this provision. Lastly, I really like the idea of designated batch numbers, so there is never a question of where the medication was produced. These are really great changes since the last draft, in my opinion, which will help Arizona's medical marijuana program live up to its potential.

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Most are fine
Thank you for including child care facilities as a public place in the regulations ( p 5).
Most are fine
Dear Mr. Humble: Thank you for the care that you have taken to draft proposed rules for the implementation of Arizona's Medical Marijuana Program and for the opportunity to provide input. I appreciate your incorporation of many of my comments into the revised draft set of rules issued by the Arizona Department of Health Services on January 31, 2011. You did not incorporate the recommendation to limit medical directors of dispensaries to physicians who are in good standing and have not had their prescribing privileges revoked or limited. I urge you to do so. The comments that were submitted on [REDACTED] concerning the original draft rules were excellent. To the extent those recommendations have not been incorporated into your revised draft, I urge you to incorporate them now. Thank you for the opportunity to comment on the proposed rules for the implementation of Arizona's Medical Marijuana Program. Sincerely, [REDACTED]
Most are fine
what i don't understand is:there are lots of drugs that relieve pain,are derived from plants,and sold by prescription through licensed pharmacies.question:if public health officials and medical researchers say marijuana is need to treat pain,why not handle it the same way all other drugs are produced?we don't have cacaine or herion dispensaries,or poppy growing plots all over town.why should mj be treated so differently? looks to me like it's just a thinly veiled scheme to produce a lot more potheads

Most are fine
Regulation and enforcement is the key. Should be sold through existing Pharmacies only with a perscription not indepent drug dealers.This is a perscription drug not a hobby. If that cannot be done then a real enforcement Agency with existing staff and abilites should monitor.Alcohol beverage control or Food Service regulators not a department known for it's neglect or nursing homes.
Most are fine
Lots are great! To much to explain here.
See below
Regulation of medical professionals and caregivers.
Too many to comment on.
I think you guys have done a great Job. Keep the CHAA map the way it is. It will work fine. Others are just complaining because they want more locations to give them a better chance to be able to open a dispensary or so they can legally grow their own. If people need their medicine they will be able to have access to it the way you have administered the CHAA.
I am certainly not an expert on the rules for marijuana, but I have read the original draft several times and I believe that you have to be commended for your attempt at making the rules stringent and workable. I believe if the rules are followed to the letter, even those who oppose this whole concept can be turned to approve the possible benefits.
I am glad that the ADHS is on top of this. I am sick that it passed to begin with. It needs to be strongly controlled. youth are already using anything they can that is "legal"- Spice, Salvia, K2, etc....and pretty soon they can just go to the Dr with a headache or ongoing stress pains and get marijuana...

LIMITING NUMBER OF DESPENSERIES
The State should require registration of qualifying patients.
All parts that detail clear oversight and precise requirements. Arizona should not become another state where marijuana is quasi-legal by weak oversight rules that can be circumvented by anyone.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
The requirement that restricts the number of facilities to 1 per district.
I believe you are headed in the wrong direction and appear to be unduly influenced by a few.
None so far. You are exceeding your authority We need to see the application before it becomes final. As the draft rules are being reviewed by the public, it is equally important to have the application be available for public review as well. The application is the initial step in reviewing the criteria AZDHS will be using in their due diligence. It is important to get public comments on the content of the application as it is just as critical as the rules used to create it. Have an open, fair lottery. Let the process begin.
None so far. You are exceeding your authority We need to see the application before it becomes final. As the draft rules are being reviewed by the public, it is equally important to have the application be available for public review as well. The application is the initial step in reviewing the criteria AZDHS will be using in their due diligence. It is important to get public comments on the content of the application as it is just as critical as the rules used to create it. Have an open, fair lottery. Let the process begin.
The draft rules are effective in preventing small entrepreneurs from participating in the industry.
Most of it appears to be effective, though there are many unnecessary bureacratic entries.

Most are fine
SEE BELOW
I really appreciate the 3year residency mandate. This should be an Arizona industry! I urge you to continue on this route and be mindful that people from all over want to come here and hijack the industry.
Thank you for dispersing the dispensaries by geographic area. This is extremely important to limit home grows which will produce abuse and an over abundance of marijuana. Restrictions on the patient/medical doctor relationship are very much appreciated to eliminate abuse and misuse, at the same time allowing patients with legitimate reasons to obtain medical marijuana.
Have no more than 100 patients per year per physician to be referred for medical marijuana
A Doctor should never be allowed to have more than 30 medical marijuana patients. This would have to be approved my the state authorites.
The security plan is a good start, but the requirements need to be strengthened to truly be as effective as possible. I also believe the use of the Community Health Analysis Areas is an effective way to allocate licenses for dispensaries and ensure they are located evenly throughout the state and local communities.
The security plan is a good start, but the requirements need to be strengthened to truly be as effective as possible. I also believe the use of the Community Health Analysis Areas is an effective way to allocate licenses for dispensaries and ensure they are located evenly throughout the state and local communities.
Most are fine

Most are fine

I like: (1) three years of residency are required, (2) two step process involved so all the investment does not have to be put in place until after the license is granted, (3) 2,500 square foot limit; otherwise, one dispensary could dominate the industry as well as antagonize the Federal Government. Note that the City of Oakland is trying to set up three big contract growers; however, the Federal Government hinted that it will not tolerate so large of a grow operation, (4) Using the CHAA for determining allocation, (5) hygiene and sanitation requirements, (6) labeling for strains and effects, also to ensure clean product free of pesticide residues, (7) that dispensaries acquire medicinal product from one another - otherwise there will be too many that go out of business because of crop failure or other reasons.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Thanks for the public comment meetings. Heard some great comments and ideas from our community. Like the idea of a 2 step application process.

As the [REDACTED] I believe that the rules are very comprehensive and thoughtful to the point of securing the rights of sick Arizonians. -Myself being one of them due to Multiple Sclerosis.

I hope that whatever you decide you keep in the back of your mind, this truly is a medicine. Please think about alcohol, tobacco, tylenol, and the pharmaceuticals when you demonize marijuana. This isn't the 60's and I think we all know by now, "Reefer Madness" is totally unrealistic. When you have something as simple as marijuana, that can help relieve so much pain and distress without side effect, WHY would you not encourage it? It seems like with everything else it will boil down to money. If you make it \$5000.00 for a License then only the rich will be able to organize. Hello Phillip Morris!!! Putting any kind of a tax is ridiculous as we don't tax our pharmaceuticals, but to satisfy the greedy we must do something. Please, re-think this drug. It is one of the most useful with the least side effects. Please allow people to be able to use it without sending them to the poor house. It's the 21st century and I think it's time people wake up to the fact that Marijuana can and should be used instead of the drugs that are recalled within 6 months. Look at all the Commercials on TV advertising "DRUGS", most of the commercial is focused on "SIDE EFFECTS!" Take those damn drugs off the market and off my TV! They are poison. Please we employ you to have compassion on sick people and put the almighty dollar in the back seat. Let's just not be greedy. Greed has destroyed the American Way!!! Thank You for your time, and please do what is right! [REDACTED]

The Department of Health has done a great job in the overall organization and layout of the draft rules. The Verbiage in Articles 1, 2, and 3 are broken down in a clear and concise manner, which brings clarification to the implementation of proposition 203.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

1. I do not believe it is reasonable that the permit application fee should not be returned in its entirety! A small filing fee of perhaps \$25.00 would be acceptable, but \$4,000.00! NO I do think so.  
2. The location of the place of business should not be required previous to the permit being granted, as it will not be possible to obtain a location and hold it for less than a monthly fee of as much as \$5,000 per month. Consequently the lighting, security, and other particulars would not be able to be specified also.  
3. The permit for the DISPENSING and for the GROWING should be set up as two different permits. Provisions must thus be made for GROWERS to be able to sell to bona fide DISPENSERS.

- The residency requirements are good. - Getting rid of the 70/30 rule is good.

None as they stand. I believe you have gotten off on the wrong foot and are headed in the wrong direction. Less is more here. Your job is to facilitate qualified patients in Arizona to receive affordable, compassionate care starting in April. As this process has become over complicated, now people will simply be growing their own with no guidelines for health and safety. As there will most likely be significantly more applicants than certificates provided, there is no perfect way to distribute the certificates. Given the opportunity for many to do everything they can to circumvent any system put into place, the only fair way is to use a simple, transparent, public lottery. Any other option will cause cries of foul play, collusion and will most likely end up in litigation, potentially delaying progress for years due to useless litigation. The lottery rules should be posted clearly and simply with any questions being posted for public viewing and clarity. Have an open, fair lottery. Let the process begin.

|||||||

Allowing the citizens to utilize cannabis in the management of chronic pain. Allowing citizens to cultivate the cannabis plant and dispense it to patients.
The application process.
None as they stand. I believe you have gotten off on the wrong foot and are headed in the wrong direction. Less is more here. Your job is to facilitate qualified patients in Arizona to receive affordable, compassionate care starting in April. As this process has become over complicated, now people will simply be growing their own with no guidelines for health and safety, and increasingly driving the illegal trade. As there will most likely be significantly more applicants than certificates provided, there is no perfect way to distribute the certificates. Given the opportunity for many to do everything they can to circumvent any system put into place, the only fair way is to use a simple, transparent, public lottery. Any other option will cause cries of foul play, collusion and will most likely end up in litigation, potentially delaying progress for years due to useless litigation. The lottery rules should be posted clearly and simply with any questions being posted for public viewing and clarity. We need to see the application before it becomes final. As the draft rules are being reviewed by the public, it is equally important to have the application be available for public review as well. The application is the initial step in reviewing the criteria AZDHS will be using in their due diligence. It is important to get public comments on the content of the application as it is just as critical as the rules used to create it. Have an open, fair lottery. Let the process begin.
The requirements for seriously ill, terminally ill patients that suffer from medical issues that are easily confirmed thru laboratory tests. The term "general pain" is loosely applied in many other states. Terminally ill or chronically ill based on the medical diseases listed could be expanded at a later date but seem sufficient for now. The residency limit should only be 2 years and the definition of "residency" needs to be explained as to what qualifies as "residency".
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Unable to find Sandra Day O'Conner Law or Great Hall from the street. Then was unable to find parking AT ALL in the vicinity of 1100 S. McAllister Ave. R9-17-301.2 is arbitrary and unreasonable. The Corporation Commission requires only 1 person to incorporate any Arizona corporation. There must be 1 incorporator and 1 director. The director and the incorporator are often the same person. The requirement for two officers of the corporation exceeds the Arizona Corporation Commission requirements by double.
I feel that this was a tough undertaking. I give you an "A" for effort, but sometimes trying too hard only complicates things. Remember what our good Governor said at her inauguration."WE INTEND TO LEAVE ARIZONA WITH A BUDGET THAT IS BALANCED, FUELED BY PRIVATE ENTERPRISE, UNENCUMBERED BY HEAVY REGULATIONS AND RULES." Thank you for hearing the people
doctor
The security plan is a good start, but the requirements need to be strengthened to truly be as effective as possible. I also believe the use of the Community Health Analysis Areas is an effective way to allocate licenses for dispensaries and ensure they are located evenly throughout the state and local communities.
Most are fine
Most are fine
Most are fine
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
I believe from the original draft rules to their current draft rules there have been a lot of positive changes, including eliminating the 70-30 rule on dispensaries to grow their own medication.
Limit the number of patients a physician can recommend for the medical marijuana to no more than 100 per year.

The security plan is a good start, but the requirements need to be strengthened to truly be as effective as possible. I also believe the use of the Community Health Analysis Areas is an effective way to allocate licenses for dispensaries and ensure they are located evenly throughout the state and local communities.

Limiting the number of patients per doctor will help decrease unnecessary prescriptions of marijuana. It sounds similar to rules re: prescribing suboxone.

Please limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

To make dispensaries available to those in need

The definitions and rules around caregivers and medical marijuana patients seem to be aligned to Prop 203. I appreciate the two step process that has been added in to the dispensary application process. I understand that much of the language in the draft rules come directly from Proposition 203 and can not be changed. Because the draft rules are now 58 pages long it would be impossible for me to comment on all the areas that I think are effective. This can be inferred by the areas that I think still need improvement.

Too restrictive. Let people open dispensaries like any other business. The laws of supply and demand will sort it out. Just regulate and license the stores.

Medical Doctor review of dispensing protocol and in person contact with patients must be maintained.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I think the costs for dispensary license and the cost of patient cards is effective. Effective, but probably wrong. I believe there may be just a little too much emphasis on the patient rather than the dispensary. We need to watch the dispensaries more than the patient as they are more likely to break laws. The patient should be watched by his doctor for abuse. After all, the patient has limits, but dispensaries will have fields of marijuana that needs a watchful eye. The renewal costs for dispensaries receive a discount from year to year, but patients do not receive this discount. I'm not sure this is fair.

will touch base with these on my next comment

That at least some patients may be able to get relief without being criminally penalized.

I like the idea of the lottery system so everyone gets a fair chance. Big business and out of state financing will not be able to squeeze out the little guy. The number is way to low and we will need more dispensaries that you are allotting.

I don't believe it should be legal, if people need the pot for medical use. They need to go to the hospital so that the hospital can monitor so these people can't drive while taking this drug. To me it is the same as DUI drivers.

The draft rules are effective for the use of marijuana for medical use and not so much for recreational use

Nothing, medical marijuana is a sham.

i was able to speak at both meetings and stay through out both meetings. the duplicity of the get rich, we want a dispensary and the rules are fines but must evolve was certainly exposed by the very first speaker of the second meeting. he spoke at the first as "the little guy" doesn't even live here and he is the only one in his family not already in the industry said his plants don't produce much and it's a lot of effort. i addressed that with the various size plants can get and what they will yield. personally,,, if these owner's can't see far enough ahead to produce the 8'-12' type plants that produces 2-40 pounds



1. Dispensary Applicant must be a resident of AZ, at minimum, of 3 years. 2. Medical Doctor does not need to be a MD and can be "on call" and not physically present at the dispensary location.

Eliminate the pot doc and have the AZ DHS control this industry. We do not need another California.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I just want to put this comment on record: I have a son in his Freshman year at high school. All his life, he has believed that drug taking is wrong. He won't even smoke a cigarette (thankfully). Since this proposition passed, he now believes that marijuana is OK - because it is "legal". Kids do not understand the details of this prop. Marijuana use and availability in his school has already increased, despite efforts by the administration. I despair of Arizona voters who selfishly supported this initiative, without giving thought to the message it would send to our youth.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Immediate authority for doctors to recommend medical marijuana versus the ridiculous suggestion of one year...

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Not allowed to grow near a dispensary.

I believe quantities are sufficient. The rules for dispensaries are straight forward.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
Most, except will the certification fee be lowered or adjusted. Can it be modified based on low income?
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
I believe, overall, the rules are appropriate. I have a few questions and comments, as follows. R9-17-107 - it would be helpful if you would specify how many dispensaries will be allotted in each CHAA. Would it be possible to allow the applicant to authorize you to approve his/her application for a dispensary in a different CHAA? Certificates should be awarded based on the applicant's qualifications, completeness or first received rather than randomly. How will residency be verified? I know of one organization who is planning to apply for dispensary certificates for out of state principals. Arizona State tax returns should be considered for verification. Consider changing, R9-17-306 D to allow changing location of the dispensary simultaneously with applying for renewal. RE: R9-17-308 C, will dispensary's have access to the complainants name and/or allegation?
Keeping distance from schools.
plus 100 dispensaries
i have already seen this abused and some of my patients who clearly are not appropriate for this therapy having had it prescribed and gotten. with at least one it has worsened his medical condition but he/she refuses to stop sincerely [REDACTED]

none
<p>I have been unable to download the proposed debates so I can't comment one way or another. Maybe you should print in the paper the more significant and basic rules, so that all people could view the reports. Many people, like the elderly don't have computers, or people like me, that have antiquated systems unable to download the basic draft. I believe this information should be published in a more open and attainable form so that it's available to all. I have listed my comments below on what I have heard from the Dr.s currently seeing patients for Pre Screenings, and what little I have read in the papers. Basically, think of the patients and financial cost, around the likes, the cost of start up, and the purchasing of Med. Marijuana. Don't put it out of reach for those who would benefit from it by imposing so many rules, it becomes cost prohibitive. [REDACTED]</p>
<p>I believe the rules which allow people suffering to access medical marijuana is effective</p>
<p>The Federal Government and Federal Law does not recognize medical marijuana ! The DEA is allowed to use the Controlled Substance Act to arrest people for it's use. The FDA say's marijuana is not considered modern medicine. The FDA is the sole authority that approves drug products as safe and effective. The FDA has NOT approved smoked marijuana for any condition or disease indication ! Even though the Federal Government is sometimes inconsistent on enforcement, Medical marijuana undermines the war on drugs. Marijuana grown for medical purposes can, and will be diverted into the illegal market. Diversion is inevitable. Many of the marijuana growers will, in fact, grow marijuana for illegal "recreational" use. [REDACTED]</p>
<p>MM for whom? I have worked with people that have disabilities for over twenty years and the passage of prop 203, the Medical Marijuana act was such a welcome relief to me and many of my clients. No more would honest law abiding citizens have to choose between relieving their ailments and breaking the law, no more would they have to worry about being arrested and doing jail time. We had such great hopes when prop 203 passed, however, most of my clients who this law was intended for are not going to benefit. The \$160.00 registration fee for a MM card prohibits most people with disabilities, who exist on an average of \$750.00 per month Social Security benefits, from legal relief. The price of MM at \$400.00 per ounce prohibits most people on Social Security benefits from being able to purchase from dispensaries. Unable to afford dispensary prices, MM Patients will be risking arrest if they grow MM for their own consumption and live closer that 25 miles from a dispensary. A caregiver would also only be able to cultivate MM 25 miles from a dispensary. I am proposing that services for low income MM Patients be instituted, by providing product on a sliding fee basis, as well as lifting distance restrictions for MM patients and allowing them to cultivate 12 plants for their own consumption in their home, under restricted conditions. Distance restrictions would also be lifted for the cultivation of MM by Caretakers. It is my hope that programs to assist</p>

low income MM patients to access MM become a reality. Obtaining the benefits of MM should be available to all intended individuals and not to only a chosen few.

NOT TO MANY. THERE JUST USING UP TIME TO ARGUE OVER THIS WHERE THEY COULD BE WORKING ON THE REAL PROBLEM WERE GOING DOWN THE TOILET. AND THERE NOT ADDRESSING THIS

I think the rules are evolving nicely, and that they are pretty much there in regards to the patient end of the process. I am concerned, however, about the numerous statements required of a physician to recommend MM treatment to a patient in R9-17-202. If the requirements and therefore the liability put on physicians is too great, then the potential liability could push legitimate practitioners away, and you would be left with only the unscrupulous "recommendation shops" whose primary interest is to collect fees for writing medical marijuana recommendations. I know the department is trying to find the fine line here that will work.

The Three year residency is perfect. I believe it will keep the money in our great state. R9-17-102.1 I like the 5000 fee for a dispensary to open

I believe that for the most part the draft rules will be effective.

most of the draft itself is very effective, especially the right to allow patients to chose if they wish to use medical marijuana as their medicine to alleviate their debilitating diseases or pain in their own lives.

The basic purpose of it (to legalize medicinal cannabis).

The new medical certification evaluation definitions and procedure.

Page 3 of the 1/31/2011 Draft Rules R9-17-101 Definitions: 10. "Cultivation site" means the one additional location where marijuana will be cultivated by and for a dispensary.

Anything is good as it is a start. The lottery, although controversial, is a must. Government lotteries work, because they respect big business and small business equally. I have entered many lotteries for FCC licensing, and the process was risky, but fair. More importantly, it keeps you, the program administrators safe. Do you want people to know that you have the power to decide? Absolutely not. For the kinds of money a dispensary can generate, you do not want that kind of exposure. Very dangerous.

R9-17-312. Medical Director This has no authorization in prop 203. You must remove it. There's no reason why you should not ask dispensaries to have and hand out information pertaining to mmj. That part's mostly OK, but to have to have a doctor on staff or available and on contract I think will add significantly to the costs and therefore the price of medication. You'll end up with even higher than black market prices. ===== Stuff you think the MD should train the DAs for: c. Recognizing signs and symptoms for substance abuse; and (because we all know that 'potheads' need 'help' d. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana; and (because we all know how those 'potheads' can't walk straight after a couple bong hits.) ===== D. A medical director shall provide oversight for the development and dissemination of: 1. Educational materials for qualifying patients and designated caregivers that include: a. Alternative medical options for the qualifying patient's debilitating medical condition; (why, does the pharmacist council you on other options than what your doctor recommended? This is the alternative!) b. Information about possible side effects of and contraindications for medical marijuana (That's for the patient's doctor with the physician patient relationship to discuss) including possible impairment with use and operation of a motor vehicle (there have been many studies showing marijuana does not cause impairment in driving {it's not like when you guys get drunk}) or heavy machinery, when caring for children (this is an outrageous, how dare you try to say that a patient somehow endangers their child because of his medical marijuana use. I bet you don't require such for people being prescribed assorted nasties like opiates like hydrocodone or all the restoril and flexoril {that do actually impair you}that's being pushed by the doctors and pharmaciers out there), or of job performance ( never saw this, all the people I know who

smoke pot work and are good at what they do.); c. Guidelines for notifying the physician who provided the written certification for medical marijuana if side effects or contraindications occur; d. A description of the potential for differing strengths of medical marijuana strains and products; e. Information about potential drug-drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements; f. Techniques for the use of medical marijuana and marijuana paraphernalia; g. Information about different methods, forms, and routes of medical marijuana administration; h. Signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal; and(There is no withdrawal when you discontinue the use of marijuana. You may crave it and want it, but there are no physical withdrawals at all, and there's no problem with dependency because it's OK to use it regularly) i. A listing of substance abuse programs and referral information; (This is ridiculous. Users of marijuana do not 'need help.'

.

Rules for who can apply to obtain medical marijuana. Rules for where the clinics can be located.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I support the geographic dispersion of dispensaries to help minimize the less regulated home grower operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient

relationship with legitimate certifications. I support limiting the number of patients to 30 that a doctor may write a prescription for at any given time.

Where are the sections of the Bill and new law for Arizona, regarding whether or not residents of other states, (CALIFORNIA) vacationing (only) who carry a VALID legal CA Medical Marijuana License, are protected by the bill/law or not. [REDACTED]

The ones that were deleted need to go back!

Most

[REDACTED] an Arizona non-profit corporation believes that most all of the rules are entirely appropriate.

As a lower income individual currently in a pain management program I find the entire system you proposed ineffective. I have to pay for Dr visits, the card and then what ever price the pharmacies charge for the medicine. Most of us with chronic conditions do not have the financial ability to afford this kind of system. I have enough issues just being able to afford morphine and other drugs that I need. You are gouging the sick. You should be ashamed. A plant I could grow for almost free I am not allowed to because of my location. Instead I am forced down a path where others are allowed to take advantage of me every step of the way. While I am in daily acute pain some caregiver will profit from it. Nice system... Very well thought out. But then again this prop was always about the money and never about helping those with chronic illness. Here is my name and email address if anyone actually cares to respond. [REDACTED]

I feel most of them are very good and Thank you for all of your hard work.

I feel the Prop has improved since its first draft and you are working to handle the many issues before you. I feel the Prop has been designed to help the patient first and control the many variables involved in running a business such as this.

the 70 -30 being eliminated and the amount of visits required to receive recommendation for medical

marijuana
So far AZDHS has overcomplicated a seemingly simple law. Medical Marijuana is now legal. Let the entrepreneurs get started doing business and the rules can be adjusted as it goes along. Remove the stigma and start dealing with it as any legal business. Regulations will surely follow. There is no need to delay patients receiving affordable, compassionate care now.
None as they stand. I believe you have gotten off on the wrong foot and are headed in the wrong direction. Less is more here. Your job is to facilitate qualified patients in Arizona to receive affordable, compassionate care starting in April. As this process has become over complicated, now people will simply be growing their own with no guidelines for health and safety. Have a lottery. Let the process begin.
I feel most of the rules are good except for the zoning part. CHAA rules were made long back and do not make sense following it now. Also when I was at your meeting in Tempe where there were comments made by people who were saying that there should be financial requirements. If you put financial requirements, you will have people getting financial help from cartels and the whole industry will be run by them. Also you will increase smuggling because cartels will bring lower grade marijuana and mix with the high grade and sell them through back doors. This will push real business people out and let illegitimate people in the industry. I am shocked that everyone is talking about financial issues but no one has ever said anything about doing this to help the people who need it and how to help them.
I understand that in the Rule 9R-17-10(21), there is no mention of prohibiting smoking marijuana in common areas of a planned community, like where I live. I am totally against this and feel that this practice should be prohibited in planned community common areas and that this prohibition should be added to tgh Rule 9R-17-10(21). Thank you. [REDACTED]
Using the CHAAs to distribute the dispensaries throughout the state is effective, but may need some tweaking in areas of concentrated population and where one CHAA covers more than one municipality in close proximity. Additionally, this becomes problematic where a small town like Youngtown covers only about 1 square mile of property but is included in 3 separate CHAAs.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.



R9-17-309 Applying for a dispensary registration certificate. A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident for THREE years... Please don't change this in the final.

The requirement for residency.

Effective to do what? It sure isn't to help patients! I tried unsuccessfully to speak to the board at the meeting today in Tempe but time constraints didn't permit it. Hence the statement below. My name is [REDACTED] I'm a Tempe resident, [REDACTED]

[REDACTED] I applaud your attempts to implement this system but it is going to be very tough especially after I explain the real world as it is today. Because the draft rules as currently written and League of Arizona Cities Separation Zoning guidelines for city ordinances as written... it is going to be business as usual. Apparently, the shift NOT to allow easy access to medical marijuana by patients has shifted from the legislature to the cities and county governments. See ORDINANCE NO. 2011.01... [http://www.tempe.gov/zoning/ORD2011\\_01\\_signed.pdf](http://www.tempe.gov/zoning/ORD2011_01_signed.pdf) Also see the potential medical marijuana locations map... <http://www.tempe.gov/zoning/MMTempeLocations.pdf> and the Medical Marijuana Application Processing Procedures <http://www.tempe.gov/zoning/MMprocedures.pdf> Good luck opening any dispensaries in Tempe that aren't under the freeway or in deep industrial developments. Particularly weak and ill patients are going to get jacked in those areas and will have very difficult time using public transportation. After seeing the government tear apart the last two medical marijuana laws the people of Arizona passed in 1996 and 1998 I have little faith you have patients in mind. In fact, the fear mongering of the last email "Marijuana Use & Earlier Onset of Psychosis?" in support of a medical director was appalling. [REDACTED]

[REDACTED] I am what the new law affectionately calls a caregiver but I help many more than five patients. Let me explain before the police knock down my door. In my capacity as an activist against the prohibition of marijuana (for any reason) I collected contacts of many experts in the medical and cultivation field right here in Arizona. The experts not only have isolated certain strains to specific medical benefits, they have developed cloning processes so that the same plant can live on in its consistency forever. I also received calls from very ill people that have heard about the positive effects medically of marijuana. I simply verified thru interviews that an illness exists and then I'd share their information with other patients (patient co-op) and then they are able to connect with a cultivator that specializes in their most beneficial strain. This is not the cartels as I many of your public comment speakers indicated, but a collective of patients trying to save a buck or two on their medicine. I will be recommending that legit patients get a recommendation from their Doctor. But I will NOT be recommending to anyone, including patients, to open a dispensary or to give any money to the state for any reason for any card. After all, it is still a violation of federal law as so indicated by the Tempe City council legislative findings. And what happens if the federal attorney general decides to change his mind. So... Its business as usual. I challenge the board to work for the patients. Keep them in mind with every decision you considering. I am helping patients now that will not live until April 16th. In a completely legal system a pound of medical grade marijuana would only cost approximately .25 cents to produce. The approximate rate for patients is \$250.00 per ounce untaxed for almost any strain or the dispensaries will pay approx. \$2500.00 per pound. If you really want help the patients... have the cities redo their zoning codes with patients in

mind because they obviously don't care about the rules you are developing. Respectfully submitted

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I agree that firm regulation is very necessary . I believe that distributors need to be closely screened any any who fail this scrutiny should be excluded.I believe the numbers need to be limited. I disagree in the lottery system of selection in allocating distribution sites and directors. This selection should be done on merit, quality of the applicants, their fiscal abilities to develop and maintain the appropriate facilities.

Limiting the number of patients to 100 a year per physician that can be recommended for medical marijuana

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I don't recall seeing anything about a "sin" tax of 300% in the draft, but that should be classified as unconstitutional. I don't pay any tax on other prescription medicine.

excluded felony rule ( continued) sorry for the dubble submission but i forgot the crucial part to my first submission.

think most of the rules are good, so don't need to make the process too complex. the proposed tax needs to lowered. thank you for listening. joy rodgers

The effort that the ADHS is making to insure a sound implementation of the Medical Marijuana Act is commendable. The thought and effort that has gone into the current draft rules is evident. The inclusion of written and forum comments in the process has been excellent. In accordance with your efforts to solicit input, I would like to add to the effort by bring a few observations to your attention. To preface the comments, note that I am a business executive, having managed a \$10B multinational organization. I have an undergraduate degree in biology as well as advance degrees in finance. My interest and comments are focused on the regulation of dispensaries and having a sound, secure industry to properly serve patients in Arizona. I am a Tucson resident and any dispensary in this area will be subject to the zoning rules yet to be finalized. This background influences my both my interest in this emerging effort as well as my perspective. The evolution of thinking about implementation is evident in the difference between the Department's two drafts of rules. Most are positive and reflect the insights the department is gaining regarding sound implementation. However there remain issues that you may still want to consider addressing. Below I will refer to the Arizona Medical Marijuana Act as the "Act" and the Arizona Department of Health Services as the "Department". R-9-17-101 The CHAA is an interesting method of allocation based on the distribution of one class of qualifying patients, but in the end is not the best method. More about this later. R9-17-107 The logistics of the dispensary application process is a challenge. The potential

location of the dispensaries are limited, and not knowing where other dispensaries will be located, means the ultimate location for any dispensary cannot be determined until all certificates are issued. I am assuming the Department has realized the applications may not be complete in terms of location being finalized and has drafted a process of application and response from the Department to include changes to the location. R9-17-304 appears to envision this two-step process regarding the location. If this was not the intent of the language in these sections, the Department should consider dispensaries will not commit to locations or commence build-outs, beyond a letter of intent, until the applicant is assured it will receive a certificate and be allowed to operate in a particular general location.

R9-17-301 The language in the Act specifically refers to dispensaries as non-profit entities. Although one could debate the merit of this entity as the holder of dispensary licenses, it is not problematic. No other forms of entity are referred to in the Act. Thus the language in the Department rules should be cleaned up to only refer to non-profit corporations as the certificate holder. Additionally, is it normal practice for any officer of a corporation to be able to bind the corporation, and if there is any question of this, a resolution of the board specifically granting the officer powers could be requested. Thus this section should read A. When a dispensary is required by this Article to provide information on or sign documents or ensure actions are taken, that action must be taken by an officer of the corporation. The department may request a board resolution to support the authorization of the officer to bind the corporation. B. (This section can be eliminated)

R9-17-302 The allocation of dispensaries across the state is problematic. Although the CHAA is an interesting way of trying to objectively allocate the State's dispensaries by identifying the patient population. CHAA is inadequate for a number of reasons, including the nature of the CHAA estimates not responding to the Act's directive. Although the intent to distribute according to the patients served is a noble one. I would suggest instead mirroring the wording of the Act to allocate dispensaries by the population of pharmacies mentioned in A.R.S. 36-2804 C. "The department may not issue more than one nonprofit medical marijuana dispensary registration certificate for every ten pharmacies that have registered under section 32-1929, have obtained a pharmacy permit from the Arizona board of pharmacy and operate within the state except that the department may issue nonprofit medical marijuana dispensary registration certificates in excess of this limit if necessary to ensure that the department issues at least one nonprofit medical marijuana dispensary registration certificate in each county in which an application has been approved." These "Pharmacy Areas" may or may not give the Department the allocations it desires in more remote areas, but the Act provides the Department the leeway to grant additional certificate in underserved areas.

Add to R9-17-302 A as follows: The Department shall review dispensary registration certificate applications and issue dispensary registration certificates according to the requirements in R9-17-107 and ARS 36-2804 C. The allocation process outlined in R9-17-302 B 2 is unnecessarily arbitrary. With the exception of requests from towns, the Department can determine the Pharmacy Areas ahead of the application period. The Department should solicit applications from the most qualified applicants and select those applicants with the greatest chance to meet the needs of the community while operating in accordance with the rules. The Department must thus determine the criterion for a qualified application and further be able to rank the applicants in terms of their fitness to serve the interests of the State and patients of Arizona. The Department should review and score the application based on the proposed business plan, background and capabilities of the applicant to 1) run a business with skill and integrity 2) secure the production and distribution including inventory controls 3) commit the substantial capital required to establish distribution according to the requirements 4) provide superior customer service including education and support of patients and staff 5) assure the patient receive quality product. The applications for each Pharmacy Area thus could be assigned based on merits of the applications, rather than simply by chance. Subsection R9-

17-302 B 3 seems redundant. Section R9-17-302 D presumes an applicant would accept a location other than the one submitted. There are many reasons an applicant will have chosen a particular location. One of the principle reasons will be sufficient projected population of qualified patients. For that reason, it is likely some locations may not receive applications. For the same reason, potential applicants will not accept alternative locations. If offers are made to applicants for alternative locations, random selection is not the best method. Again, the Department should determine the scoring criterion and make the offer to the nearest and highest qualified applicants. R9-17-303 With the implementation of the some important to the State, an objective of the Department should be to obtain the highest quality dispensary applicants. The extended residency requirement for principal officers serves to arbitrarily eliminate otherwise quality applicants and have no bearing on the merits of the quality of the application. The only residency requirements in the Act are for visiting qualified patients. This section A should be eliminated or modified to: A. Each principal officer or board member of a dispensary is an Arizona resident and has been an Arizona resident immediately preceding the date the dispensary submits a dispensary certificate application. R9-17-303 B 1 e. See later comments of R9-17-312. Eliminate this subsection with the Medical Director reference. R9-17-303 B 2 should be consistent with earlier comments regarding non-profit corporation as the business type. R9-17-303 3 b. For residency eliminate the words "for at least three consecutive years" R9-17-303 6. The meaning and intent of the section is not clear. Revenues and receipts would be handled in accordance with general business principles and are not normally spelled out in corporate by-laws. R9-17-303 7. This section should be part of the scoring determination. Our group estimates the start up capital costs, rent, employee salaries fees and normal operating expenses will total up to \$250,000 in the first year for a quality operation. A demonstrated capability of an applicant to bear such costs should be a key consideration for the Department. R9-17-307 1 B h. should be modified regarding residency requirements to read "principal officer and board member is an Arizona resident and has been an Arizona resident immediately preceding the date the dispensary submitted the application to renew the dispensary registration certificate;" R9-17-307 1 B i. See later comments of R9-17-312. Referring to the medical Director should be struck. R9-17-307 4 requires an accounting "audit" for renewal. An "audit" is a formal accounting process and is an expensive proposition. The audit is be the highest level of scrutiny by an accounting firm. Rather a "Review" or a "Compilation" of the financial records by an accountant would be more appropriate for these purposes. R9-17-309 These polices are generally sound and reflect the desire of Arizona to provide patients with high quality product while tightly controlling the dispensing of the product. However, again note later comments about R9-17-312 as medical director appears in this language. Section 3 and section 4.c should be deleted. Likewise section 5.b should be deleted. One of the key controls in the original draft was the seed to cash cycle completely operated by the dispensary. This insured the dispensary was not simply a retail outlet, but that it was responsible for the quality and quantity of what it sold. Additionally, there would be no other commercial producers other than those licensed dispensaries. If section C of the Dec 17, 2010 draft is eliminated that previous high level of control will cease. Additionally, it leaves ambiguous where the product can be sourced. Section R9-17-309 C of the original draft should be reinstated. R9-17-312 The inclusion of a Medical Director is an unnecessary and burdensome expense for a dispensary. Furthermore, this section now requires the Department to police a series of actions by the dispensary and Medical Director that are not core to the dispensary requirements nor appropriate outside of the patient-doctor relationship. Each patient will be under the care a physician in order to obtain the marijuana The dispensary by the way its operations are defined, are separate from the patient-doctor interactions. This separation of medical advice and dispensing is in an improvement over rules in other jurisdictions. The Act does not impose any requirements that would necessitate such a

position and the Department should not take on the burden this policy would entail. The educational requirements outlined in the draft are in great part general information that should be created once and disseminated by the dispensary industry. The Department along with the industry association are positioned to work together to produce this type of material. To employ a medical professional for each operation to recreate these materials is redundant and will unnecessarily increase costs for patients. Section D 2 further places responsibilities on the dispensary for advising the patient in ways inappropriate outside the patient-doctor relationship. This liability should not be born by the dispensary nor should it be implied that the Department should oversee these functions. In light of the Act's requirements, the otherwise sound approach the Department has taken to its stated role, the entire section should be revamped to outline recommended educational requirements to be made available to patients, but the requirement of a paid Medical Director position eliminated. R9-17-315 and R9-17-317 This section is a good overall outline of controls that will insure sound monitoring of the cannabis produced and distributed by the dispensaries. R9-17-319 Good general sanitation requirements but note earlier comments regarding R9-17-312 Medical Director R9-17-321 Note earlier comments about residency requirements shown again in this Section 2. The citizens of Arizona appreciate the effort being made by the Department to insure Arizona sets a new standard for assistance to patients through the use of marijuana, while providing controls on the industry which drive high levels of quality and professionalism. I appreciate the opportunity to provide my input into the process.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

"excluded felony offense" Why if some one makes ONE big mistake in their life and get convicted of a felony they are instantly and for ever treated as a second class citizen? I do understand that in some and even most cases felons will continuously and repeatedly commit crimes. But this rule of thumb doesn't apply for each and every person that may have been convicted of a felony. how does a person with one and only one prior felony conviction hold a public health concern if dealing with the medical marijuana industry?

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 patients per year.

All requirements seem to be sufficient, if not overly sufficient.

Most of the rules are good. The state is truly TRYING to do this right. The public hearings have gone well so at least you are listening.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

My name is [REDACTED] and I represent [REDACTED] a prospective dispensary in the [REDACTED] CHAA. I am thankful the department of health increased the residency requirements to 3 years. I want to suggest these applicants show 3 years Arizona tax returns as proof of residency. As a third generation Arizona native I believe this requirement will deter out of state investors and expose straw buyers who have tax returns with minimal income for the past 3 years but somehow can come up with thousands of dollars to start a dispensary. At previous meetings I heard people with concerns regarding the requirement of including a physical address of the proposed dispensary in the initial application. I do not oppose this requirement. If a prospective dispensary is not now actively working with leasing agents, landlords, city zoning, a zoning attorney and surveyor and if that prospective dispensary has been unable to secure a location by May 1st they should not be applying at all. If a physical location is not required as part of the initial application prospective dispensaries would lock up a CHAA and potentially never perform. Our group has identified our location, signed a lease with an option to terminate if an approval is not granted and in the meantime we are working on buildout plans and engineering so when dhs gives us approval June 30th we are ready to buildout and start cultivating our first crop and take patients 90-120 days after. This leads me to another concern. Opening and operating a dispensary and cultivation warehouse will be costly. Many people who do not have the proven track record in business management will fail for a variety of reasons. Initially the largest factor will be the lack of capital. For this reason I recommend dhs include a hard cash requirement of \$500,000, and proof of funds to be provided during the initial application. This will not only identify the ability to perform, but identify the source of the funds which will cut down on the criminal element. Another area I believe dhs needs to clarify is the ability to submit multiple duplicate applications. From my understanding I can submit 20 identical applications in the [REDACTED] CHAA as long as they each accompany a \$5000 Check and I would get 20 separate entries into the lottery. If dhs does not address this I will be doing just that and I will expect 20 separate entries to raise my chances in the [REDACTED] CHAA I am applying in. If this isn't the case please save me \$95000 in application fees and clarify how multiple applications will be dealt with. Also in order to provide transparency to the process, I suggest a system be set forth for the procedures of the lottery. For example applicants should be present to accept if their name is drawn, and a runner up in case the first dispensary cannot perform or if more investigation confirms the winning applicant falsified their application. My next comment has to do with the lottery option itself. I spoke with Mr. Humble at the Maricopa bar association continuing law education class a few weeks ago. He expressed that his main reason for choosing the lottery was to stay out of litigation with dispensaries who were not chosen during a qualitative awarding system. My suggestion to the board is to have a requirement for an application to be complete include an attestation promising that the applicant will not pursue legal action against dhs for the choice they made in the selection process. Finally I am a

disabled veteran of the USAF and deal with extensive nerve damage. I strongly believe firsthand knowledge of pain and the relief medical marijuana can give a patient is essential to the success of this program. In other words if a principal officer of a dispensary does not know what it's like to live with debilitating pain I'm afraid there main motive will be for money and not driven out of care and compassion for the patients of Arizona. For this reason I propose dhs add a requirement that one or more of the principal officers be a medical marijuana patient card holder. I'm excited about Arizona's program and I strongly believe with the right people in the industry we can have a model program for other states looking to adopt there own medical marijuana law. Thank you

I like that you changed the doctor & patient relationship. I also like that you took out eh 70 30 rule.

Limit the number of patients a physician can recommend for medical marijuana to no more than 200 per year.

The ONLY people who are happy about the lottery process to choose who receives a dispensary are those who have done nothing else to warrant their chances of receiving one. This is not simply a license to run a business, this is a license to help those with serious medical conditions. Please consider a 3rd party to assess the applicants and get rid of the lottery system. Or at least pair down the potentials not just by a complete application but by assessing the group of individuals choosing to apply. Looking at what these individuals have done for the community, how their occupation might contribute to making our system even better and lastly how they will continue to contribute for years to come to both the community as well as the population of people requiring the support of this medical intervention.



There are many.

no more tha 100 per year

I was at the Tuesday meeting in Tempe and I noticed that one particular group of individuals had at least 4 different people at sporadic times throughout the meeting go up to the podium and state that they were against the lottery system. This group was obviously being lead by [REDACTED] as they were all sitting right in front of me and I watched them strategically get in to the line, one by one, throughout the meeting. They sprinkled in some other comments just to break up the blatant attempt to manipulate the panel in this matter. This was clearly an attempt to persuade the ADHS to remove this policy. It is my belief that the only FAIR and REASONABLE way to distribute these licenses is to utilize the lottery system. This will keep the ADHS from having to deal with unwanted litigation and the potential for thousands of additional department man-hours and costly attorney fees. If the ADHS is forced to make subjective judgments with regard to these applicants AFTER they have satisfied all of the specified requirements, the losers will be forced to sue in order to protect their interests. Keep in mind; most of these individuals have spent hundreds of hours and thousands of dollars on the assumption that the ADHS will be FAIR in the distribution of these licenses. And, opinion based decisions such as this will almost certainly lead to litigation. Businesses will tend to fail no matter which way you go on this subject; it is a fact of life. The big money interests will indeed invest too much money in this venture and they will expect high returns on their investments " which as you know would be illegal. So, what's the motivation here, being good neighbors, doing good deeds, helping patients, I don't think so, it's about money and getting MORE of it, you know it as well as I do. And when all those thousands of patients DON'T come knocking on their doors, as they expect, they will simply fold up shop and write it off as a loss. Whereas, the little guy, with the small investment, will invest all that he/she has and will put their heart and soul into making it work, and if they happen to run a bit short on funds to open their doors, then I am sure that groups like [REDACTED] or the other big money investors, who were unable to obtain a license will be happy to loan them money or partner up with them. In either case, you'll still have 1/3 of the licenses to reallocate next year;

It all looks good on paper but the experience of other states, such as Montana, suggests that even the most stringent rules can easily be subverted. In the Billings Gazette Rep. Howard recently stated:

As

[REDACTED], I have heard arguments from those who use it, those who abuse it and those who are most affected by it. After hours of testimony, one thing has become clear. Medical marijuana has become a billion-dollar industry that Montana can ill afford. Our state currently has 28,362 medical marijuana users, a figure which has grown by more than 1,000 in the last month alone. Of those, less than 2 percent are over the age of 70, with the largest demographic falling between the ages of 21-30. Three-quarters of these individuals were issued cards for "severe or chronic" pain. When Initiative 148 passed in 2004, it provided for the limited use of medical marijuana under close medical supervision by those with debilitating conditions. There can be no question that voters who supported legalizing medical marijuana were grossly misled by out-of-state special interests. During a recent public hearing in [REDACTED] one caregiver testified that in order to supply 6,000 patients with medical marijuana, the network he represented was legally allowed to possess up to six plants and

one ounce of marijuana per patient. If a fully grown plant is capable of producing 21 ounces of marijuana per year, this means a caregiver can produce upwards of 126 ounces of marijuana per patient. By comparison, a typical marijuana cigarette or joint has less than half a gram of marijuana and produces an effect that lasts a minimum of 2-4 hours. If an individual were to smoke six joints every day, they would consume less than 40 ounces of marijuana over the course of an entire year. This leaves 86 ounces of an unused drug that is currently valued at \$225 per ounce. Taken as a whole, this translates to \$540 million worth of excess and unaccounted for marijuana. Testimony from local educators confirms that the illegal use of medical marijuana has begun to infiltrate our school system. Drug dispensaries are popping up next to schools while students with cards are selling marijuana to peers. Meanwhile, teachers from across the state are noticing an increase in the rate of dropouts of kids whose parents abuse medical marijuana. Law enforcement officials are also struggling to combat the problems associated with the "illegal" use of medical marijuana. On multiple occasions, caregivers have been caught attempting to sell the drug to undercover agents and falsifying card applications for patients that failed medical screenings. These problems are only compounded by the fact that nearly one out of every 10 Montanans on parole or probation currently carries a medical marijuana card. During one hearing, a narcotics officer stated that the market has become so oversaturated with the drug that the DEA has labeled Montana a "source country" for the illegal distribution and trafficking of marijuana outside the state. There is no question that the use of medical marijuana in this state is being abused by those with recreational, profit-driven and even criminal motives. Unfortunately, they have done so at the expense of those with debilitating medical conditions. As legislators, we did not have a say in bringing this drug to Montana, but as citizens, we have a chance to prevent its proliferation from spiraling out of control. It is high time legislators start seriously considering whether a full repeal of this dangerous drug is in the best interests of the communities we were elected to represent. [REDACTED]

I support the geographic dispersion of dispensaries to help minimize the less regulated home grow operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications.

A "doctor" should not be able to have more than 30 medical marijuana patients in a year and any increase in this rule must be approved by AZ DHS.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

I agree that medical marijuana is helpful to certain patients in extreme need for pain relief.



The cancellations of the 70/30 sales clause for dispensaries. The cancellations of the restrictive doctor/patient relationship.

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Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

many are effective

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Citizens rights

Not much. There are abundant safe medications to treat those conditions targeted for marijuana use. Why, in a state with one of the highest records of drug abuse do we propose this law that can only lead to more abuse. Sorry, as a physician (M.D.) in Arizona for 50+ years, I find nothing in this bill to have redeeming value.

Fees

Thanks for helping ADHS make the Arizona Medical Marijuana Act be what the voters intended. OF THE PEOPLE THAT I HAVE TALKED TO, MOST FIND THAT WHAT IS BEING DONE IS NOT WHAT THEY VOTED FOR. WHAT MOST SEE IS THAT THIS IS BEING TURNED INTO A CASH COW THAT FEEDS ITS SELF ON THE PEOPLE THAT CAN LEAST AFFORD IT. THE PEOPLE THAT NEED MARIJUANA FOR MEDICAL REASONS, ARE THE ONES THAT ARE FINANCIALLY CHALLENGED DUE TO THEIR ILLNESS. THIS IS JUST PLAIN CRUEL TO TREAT THESE PEOPLE LIKE THIS. I AND OTHERS VOTED TO HELP, NOT CREATE ECONOMIC HARDSHIP FOR THESE PEOPLE. ALSO, NO OTHER MEDICINE HAS SALES TAX, LET ALONE A LUXURY TAX ON IT. SHAME ON ALL THOSE WHO HAVE TURNED A BLIND EYE IN FAVOR OF GREED OVER HEALTH CARE FOR THE ILL. OTHERS SEE THE HYPOCRISY OF THE STATE FORCING PEOPLE TO USE PRESCRIPTION DRUGS, RATHER THAN LETTING THEM CHOOSE FOR THEMSELVES THEIR COURSE OF TREATMENT. MOST BELIEVE THIS IS DUE THE PHARMACEUTICAL COMPANIES FINANCIAL INTEREST. WE ALL WOULD LIKE TO BELIEVE THAT THE STATE WAS NOT I INFLUENCED IN ANY WAY BY THESE COMPANIES AND THEIR REPRESENTATIVES, AND NOT MEANING ANY DISRESPECT, BUT THAT IS REAL HARD TO BUY INTO. BUT I DIGRESS. SORRY ABOUT THAT. WE FIND THAT TAKING PHARMACEUTICAL DRUGS WITH THEIR SIDE EFFECTS, A BAD IDEA WHEN A VIABLE NATURAL OPTION IS LEGALLY AVAILABLE. IF YOU HAVE NO CHOICE, YOU DO WHAT YOU HAVE TO DO. BUT NOW THERE IS A CHOICE. SADLY THE STATE STANDS IN THE WAY. AGAIN, THIS IS NOT WHAT THE VOTERS WANTED. MOST THAT I HAVE TALKED TO, WANT THE GOVERNMENT OUT OF THEIR HEALTH CARE DECISIONS. FREEDOM OF CHOICE, THAT IS WHY WE VOTE. PLEASE, MAKE THIS POSSIBLE.

The fees and doctor requirement.

I haven't read many of the rules yet, I will by Friday. What I hope is that you will allow the small person to succeed. I hope you will consider the real small business person over big business, especially the Pharmaceutical companies. I would want the small business option to allow continual monitoring by the D E A, along with the F D A to ensure proper codes of ethics and continued accountability to the governing board of regulators.

Despite what ██████ might think, I believe that Prop 203 is an effective means to get medicine and treatment to patients who are desperately in need. I applaude the good sense of the voters of Arizona who made this possible and the AZ Dept of Health Services who are trying to enact this

legislation with the benefit of public comment to make it even more effective.

The dispensary should not be a lottery + that no one entity should own more than one... A location / executed lease... liquid funds in a bank w/ min . 6 month operating. Funds..

NONE. Specially onerous is the fee scheme and outrageously non-compassionate if not greedy and self-defeating money grubbing evident within the bureaucratic bloated legislation. This will never work, is the third action by AZ State to undo the will of the people. It smacks of back-door corruption and cartel influences. I expect thousands of defiant patients and growers will plant so widely your program will collapse of its own idealistic delusion of widespread compliance, and ignorance of what a few hundred million seeds spells for your future.

1. I like the responsibilities of the Medical Director and that this person has to take a role in education of the staff and patients. 2. I also like that the dispensary owners must be residents for at least 3 years. This ensures that the businesses will stay in Arizona. This is not only good so that profits will be reinvested in the state instead of going to another state but AZ owners are more likely to invest in community programs and philanthropic opportunities here in the state. It would be a shame to have big business from out of state controlling the dispensaries 3. The security seems good which is important as a patient and allowing the dispensaries to grow from cuttings will help for quality control of the products

Prop 203 didn't contain any residency requirements and so any residency requirements should be dropped.

I'm happy to see real doctors are going to be accountable for their recommendations. Unlike other states where they have "get your pot card here" businesses, I think Arizona will do much better at making sure those who have a card are people that need a card.

I am concerned that the dispensary license procedure is going to be changed from random-based to "merit" based. Such a change would be complete hypocrisy because there are many people who relied upon the change and didn't go to extreme measures such as obtaining Conditional Use Permits, Special Use Permits, registering with the City of Phoenix, etc. because they are essentially a waste of money under the random-based selection system. Under the "one dispensary per CHAA" principle or even two dispensaries in some CHAA's there is no apparent benefit to registering with Phoenix or getting a CUP from Scottsdale, etc. Only one person is going to be able to put a dispensary in that

area, regardless of the number of people who register with the City. If, somehow, there is two and they both want an extremely nearby location, the other selectee can find another location within the CHAA District, with relative ease. The problem arises, if the State would give special credit to having a CUP, SUP, Certificate of Occupancy. pre-approval from a local government, etc. The State simply would have to give all the other potential applicants a reasonable time to act, if the State changes the selection criteria again!

R9-17-202(B) A qualifying patient may have only one designated caregiver at any given time.

I believe omitting the 70/30 rule, as well as the decision to removing the restrictions on a medical director are you two most profound steps thus far in creating the rules.

R9-7-316 Product Labeling and Analysis A(3) The following statement ARIZONA DEPARTMENT OF HEALTH SERVICES WARNING: Smoking marijuana can cause addiction, cancer, heart attack, or lung infection and can impair one's ability to drive a motor vehicle or operate heavy machinery. The only part of this statement that I agree with is the impairment of one's ability to drive or operate heavy machinery. As the rest can be argued, which I will not.

the rules seem good except that why should i be punished finacily because they put a despencery by my house. there is rumors of sales tax of 300% on my medicin when i can grow my own quality medician for much cheaper. times are tuff enoff with out being charged an arm and leg for my medicin to finace specil interest. if the medical marijuana is to expencive i am better of taking opiates and making the public pay for my medicin and go on disability

The record keeping provisins, licensing requirements

most are effective.

I like the residency requirements and the distance requirements from schools. The security is good except there may be conflicts with fire departments about the single access door.

have a question regarding the cultivation of MMJ by authorized patients. I understand that seeds or clones must come from within AZ and not cross Interstate lines. I understand the Federal implication of that activity. If cultivating it doesn't legally exist today, how would a patient go about securing legal seeds/clones to get started? Even a dispensary would have to follow the same guidelines that seeds/clones come from within the state and they won't be open as the rules take effect. Also, since MMJ strains aren't indigenous to the state, the only way to secure legal seeds/clones would be to import them from a current MMJ state (such as CO, NV, NM, CA) therefore violating Federal law. It seems like there is a catch 22 here. We can't import them, nor secure them from current illegal cultivation operations (this would imply that the patient is committing a crime as they bought from the illegal source and therefore the crop is illegal to harvest and consumption and any clones they may make). Would you please clarify how a patient would not be penalized in either case. Thank you

Most, 2 year residency should be enough chronological time, 3 years is excessive...

The residency provisions are good if they can be enforced. the caregiver provisions are good.

The AzMMA only says that one 'can' go in each county, not even that one 'has' to go in each county. This unlawful attempt at dispersing the dispensaries in such a way as to eliminate almost every possible patient or caregiver from growing their own medical marijuana, goes against the letter and spirit of the law and is evidence of the Department's willingness to subvert the will of the voters. Whatever your fear is, it should be abated. The law only allows caregivers to grow for 5 patients. The caregiver will not be as you have said, a 'legal dope dealer', though I guess you don't mind the dispensaries being giant 'legal dope dealers'? In case you folks didn't read the law, it only allows the caregiver to provide medical marijuana to the patients that have signed him or her up as their caregiver. There is no incentive to divert, as all gains would be lost if ever caught, and you would not be able to participate in the MMJ program again.

I think the majority of the rules are effective.

I appreciate that you are open to public comments. I am happy that Arizona is trying to follow the majority vote. Please see my concerns below. Again, thank you for your work in implementing this law.

It is a work in progress. One positive point initially noticed: Not having the Dispensaries have to grow their own herbs is huge especially in Urban areas, just not ideal or in many ways possible. Thank you.

Nothing to add in this section at this time. Please see below for comments.

I think the 300% tax on medical marijuana that is reportedly being considered by the state legislature is absurd and is only being discussed to punish the patients that will be in the program.

Hello I am living with AIDS, and if it wasn't medical marijuana I would not be here to see the great state AZ start there program. Thank You..

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year

Where can one find the geographical boundaries for each CHAA area. Presumably, there are boundaries for each CHAA location. The Web site does not provide this information anywhere. I was provided no further information on this from anyone at DHS. Thank you.

My name is [REDACTED], I am affiliated with [REDACTED] of Scottsdale. I have practiced medicine in Phoenix and Scottsdale for 30 years. I live in Scottsdale and my three children have all gone to school there. I am a strong supporter of most of the proposed rules. As a physician I want this new "Act" to be successful and provide needed relief to legitimate patients. To do this there must be reasonable rules and regulations to encourage quality, professionalism and safety. Access to medical marijuana must be taken out of the back alleys and dark streets. A medical marijuana dispensary should be a clean, well lighted place. Patients shouldn't be embarrassed to come to a facility. They shouldn't be intimidated or afraid.

I believe the 3 year AZ resident requirement is a good idea.

I believe the 3 year AZ resident requirement is a good idea.

Many parts of the draft are very thorough and seem to be very competent. I do like how there is a provision for reduced registration card rates for people with EBT.

The pre-election publications setting forth the legislature's findings of Proposition 203, i.e.

Marijuana, has been recognized for its beneficial medicinal qualities by numerous cultures for over 5,000 years. Many states have now acknowledged this and for the benefit of its ailing citizens have established legal boundaries in which it may be produced and distributed in regulated quantities to those persons with certain debilitating medical conditions. The central idea of Prop 203 was to establish a similar system in a low key, not for profit, setting to produce and distribute cannabis at low cost to persons with certain defined conditions under a secure system to discourage diversion to recreational users. The Arizona legislature clearly did not intend to create a system requiring big business, large investment and exclusive involvement of industry insiders from out of state. However, this is exactly what Arizona gets under the administrative rules proposed by the Department of Health Services. The task of creating these rules should have never been delegated to the bureaucrats who were publicly opposed to Prop 203 from the beginning. Clearly, the concept of any marijuana use flies in the face of a 40 year history and \$40 billion spent on the "war on drugs". The attitude of the Department of Health Services and law enforcement is grossly apparent in the proposed rules that frustrate, rather than promote, the legislative intent of Prop 203. That being water under the bridge, we have to deal with where Arizona is now and what we have to work with.

**THE FIRST PROBLEM APPLICATION FEES.** The first draft required a \$5,000.00 application fee which was specifically non-refundable. The application required a designated dispensary/grow facility mapped out and with a certificate of occupancy issued by the local city/county. In other words, the whole investment in the facility had to be made not knowing whether the application would be approved. The January 31, 2011, revised draft isn't much better. The certificate of occupancy was dropped, but \$4,000.00 of the \$5,000.00 application fee was still non-refundable, still prohibitive, still exclusive - no poor folks allowed.

**SOLUTION** The applications should be selected on a merit basis supported by a business plan demonstrating the applicants knowledge, business ability, credibility and viability. If there are multiple qualified applicants, then a random drawing should be used to award the dispensary/grow permit. At that point, the successful applicant pays a \$5,000.00 fee. There should be a \$500.00 processing fee for all preliminary applications to cover the cost of the evaluation process.

**ISSUE** Who should be charged with the evaluation process and what qualifications/education should they have.

**SUGGESTION** A panel of three: (1) Business degree; (2) Agricultural degree; (3) DHS supervisor.

**PROBLEM TWO ALLOCATION PROCESS.** The January 31, 2011 draft allocates permits on the basis of CHAA districts (Community Health Analysis Area) R-9-17-302. The CHAA areas simply have no application to this whole concept. A short glance at the CHAA map of Arizona makes this absolutely clear. There are CHAA districts that cover areas of no population, such as the Goldwater Bombing Range. What is the point of allocating a dispensary permit, one of 124 allowed by statute, to such an area. No rational person would incur the financial investment to serve a CHAA with few to no persons, and of those few who populate a CHAA with 10,000 to 20,000 persons, how many persons will actually have debilitating diseases and need medical marijuana and provide enough business to sustain a dispensary? This is where my suspicions point to bureaucratic cynicism to defeat the intent of the statute. By spreading the 124 permits according to the CHAA districts, the areas where patients can grow their own cannabis are all but eliminated. With a permit in each CHAA there are very few areas not 25 air miles from a potential dispensary. This leads to Problem No. 3.

**PROBLEM THREE** The idea that 25 miles should be a geographic circle around a designated dispensary is absurd given the realities of Arizona's geography. From the south rim of the Grand Canyon, St. John's is only 25 miles away. To drive there, however, is 150 road miles. Do we suppose patients have helicopter access? This is why this is, again, an attempt to reduce the areas where patients can grow their own medicine.

**PROBLEM FOUR MEDICAL DIRECTOR REQUIREMENT.** The first draft required a licensed physician to be on staff for each dispensary. The second draft dropped this, but still requires a "medical director". There is no practical point in this. Doctors who write the recommendations

must be held responsible to justify the recommendation and any consequence arising from it. Arizona pharmacies deal in opiate based prescriptive drugs in this fashion. Why should this be required on a medication that has never killed anyone. Marijuana overdose deaths are totally unknown.  
SOLUTION Drop the "medical director" requirement.

Dispensary locations: AZDHS rules propose that dispensaries are geographically dispersed upon geographic areas (CHAA). This will help minimize unregulated home grow operations and abuse potential.

I attended last night's meeting in Tempe open to the Public. It seems to me that the Medical Marijuana Project writers are determined to Monopolize the State of Arizona with their suggestions to have Dispensaries have a "net worth"?? of what ever money sitting around. There were examples of franchise requirements and a person opening a business might want to have "name" recognition, but this playing field of medical marijuana in Arizona is new. If someone is willing to take a chance to spend \$5,000.00 just to apply and start up costs, I think that having \$80K or so dollars laying around after start up costs is a little ridiculous. Does equipment, cameras, computers have "net worth" after they have been used? The organizers of MMProject have deep pockets. Heck, you don't get invited to their events unless you pay \$250 per person and they lead you to believe they have an inside track. Another comment was "most experienced". Who in Arizona has any experience???? Does a Business person have the experience because they have another business? I have to assume that business is not related to Marijuana. Is a Doctor most experienced? What is the measuring stick for most experienced? MMProject wants most experienced to be "ones with Money\$\$\$"!!! I believe it is going to be difficult for the Dept of Health to be fair in determining a Fair and Equitable way of who will be allowed to operate a Medical Marijuana Dispensary. In America you are innocent until proven guilty. Why is there a projection that patients, Doctors, Dispensaries, and anyone associated with Medical Marijuana is a Criminal?

See letter posted in next section

1. The CHAA system will help solve the real exposure for abuse of medical marijuana. Home or Caregiver cultivation is very difficult to control and observe distribution. By spreading out the dispensaries, though out the state, the 25 mile clause, can eliminate much of this exposure. 2. Allowing a reasonable doctor relationship. In today's world, most companies change their insurance carriers every year or two due to costs. This causes people to change doctors because of each insurance companies own doctor lists. Thank you for allowing a patients past treatment for the same condition to apply.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
This draft is much improved.
It appears that the Draft Rules were thoughtfully drafted with the goal of ensuring that the use of marijuana is limited to those with a medical need for drug. The Rules will ensure that the industry does not do anything to degrade its reputation, as they contain many safeguards to prevent illegal or otherwise undesirable behavior in combination with medical marijuana. Despite the numerous positives, some of the language in the rules is so restrictive that it will likely have negative consequences on the safety of the marijuana industry and the overall quality of the product that ends up with patients.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
As a physician, will DHS offer classes for medical doctors to inform exactly how to evaluate patients, especially those complaining chronic pain, so as not to write for those trying to get around rules and regs and use for recreational use or to sell for income. Does the patient have to see the doctor prior to getting a prescription; if medical records are required before hand, sometimes may take 30-60 days to get records; does the patient then have to wait, or can prescription be written at first office consult and physical. Just want to uphold the integrity of use of medical marijuana, and certainly don't want the authorities coming into office and closing your practice; just want to be informed by DHS so as not to be ignorant, and I'm sure, any doctor that wants to be involved with MM, would and should attend!
the broad majority is great.
I think the draft rules are most effective explaining security very well. I also believe spelling out what is needed to add a debilitating condition to the proposition is clear and precise.
Most

Most
Most
<p>The draft rules are comprehensive thus far I disagree with having a medical director. The information on cause and effect of using the Med Marijuana should be apart of the patient certification process. where there is an intimate relationship between the doctor and patient. I am prepared for the consequences of the lottery I like many others have already invested money into prop 203 and will be investing far more than 5,000 before the lottery. I ask that you be leery of those recommending business plans, experience, and capital. All they are doing is gaming the system. Their plan is no different than anyone else. Make money dressed in pretty language by a lawyer. Before anyone can be considered for the lottery they have to demonstrate a plethora of understanding of Title 9 Chapter 17 M.M.P. We have to submit use permits and undergo inspections. The capital will be sitting in these mock dispensaries and cultivation centers. Their sites have to be ready to operate with leases in place. A dispensary wont fail because of capital or lack of experience it will fail because it didn't comply with the laws that are put in place. I dare to say that every industry in America has had its bad apples you wont prevent bad apples by using their arguments. Its cut and dry the implications of bending the rules in this business "go to jail"</p>
Requirements for care providers and persons running the dispensaries
<p>My concern involves the 25 mile radius. If a person obtains an medical card they should be able to grow their own weed. The vast majority will not be able to spend the time and effort involved to keep the plants growing. They will purchase their medicene at the dispensary.</p>

Social anxiety disorder article,



Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.



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

[REDACTED]

To be effective and to eliminate the pot docs while allowing DHS to control this industry, the rules must: Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

- Medical director – responsibilities and guidelines are great.
- Dispensary – must be residents for at least three years.
- Allowing to grow by marijuana cutting and not just from seeds.
- Security rules for a dispensary

I agree with your proposals except for not being able to grow your own within a 25 mile radius of a dispensary. I have for some time checked out alternatives concerning cannabinoid use in its use to treat my multiple sclerosis. It has led me to the use of raw cannabis. I have for many years recognized how much cannabis has helped but do not like the intoxicating effects. My research has led me to raw medical marijuana. I have discovered that it is heat that activates the intoxicating properties. As I feel this will help many how can we take advantage of this if we are not allowed to grow unless we live 25 miles or more from the dispensary? My only concern is not being able to grow and use as I feel most fitting for my affliction without the intoxicating effects. Except for the mileage to be able to grow your own medicine I feel you have done a good job with your proposals.

limiting dispensaries to a fraction of the number of pharmacies Having dispensaries be a 501c3

Overall, very good job, especially with such severe time & budget restraints. Site is user-friendly, which is a pleasant surprise. Thank you for knowing that our climate is ideal for growing and for not requiring it be done indoors.

There have been changes made to indicate more ease in access and ongoing supervision. However, many of the indicators are designed as DHS administration and fees gained rather than geared at service to patients in need. Shoring up the diagnostic tools is much needed.

It will allow availability of marijuana as a medical treatment for those who can benefit from it.

Cleanliness of the dispensaries The caregiver regulations (other than the fact that Will Humble is trying to eliminate caregivers through CHAA) The doctor patient relationship is much improved

Please reconsider the random drawing!!!

NONE

I think the second draft is better, but not best. Extending the residency requirement from two to three years is a good idea. Four or five years would be even better. I am a prospective dispensary owner who encourages strict but fair rules and regulations. Once your second draft of the rules came out, the shady offers from Colorado started rolling in. The major out of state players ARE trying to secure as many Az. dispensaries as possible. Many of them have stated this in their business plans and on line marketing. I think this industry, once we have figured out how to regulate it and best serve the PATIENTS, will be an important revenue source for Arizona and our residents, at a time when we need it the most.

We believe the lottery idea of picking dispensaries is fair and will help to avoid having a few wealthy groups from forming a monopoly of state wide dispensaries.

Debilitating conditions section. Agree with a few of them....got some issues with the rest



Most.
Strict controls established for the database of registered users/caregivers to be accessed prior to any disbursement of products.
no comment
R9-17-101. Definitions These provide some clarity.
I am a Deputy Chief with the [REDACTED] Police Department. I appreciate DHS's attention in the draft rules to imposing sanctions for those individuals (qualified patients and caregivers) as well as MMD agents who are not following DHS rules or mandates outlined in Proposition 203. This is a medical marijuana initiative, and not a recreational marijuana initiative, and therefore to be most effective, it is necessary that DHS work closely with local law enforcement to ensure concerns and infractions are that come to law enforcement's attention are administratively addressed in a timely manner.
Excluding the use of Marijuana in public areas.
The rules are clear on how dispensaries should be set up

With the exception of the lottery system and the use of CHAA's to determine the number and placement of licensed dispensaries, DHS has done an effective job of writing rules to insure that Arizona does NOT duplicate the mistakes of Colorado and California. The cities can easily limit the number of dispensaries in their City by limiting the CUP's awarded to qualified applicants.

Adding regulations around where the dispensaries can be placed is a good idea. As a mother, I want to make sure that there are boundaries around where these places can be housed. I also think that security and surveillance is super important and hope that this part of the rules is kept in and even expanded.

How and where will a person buy a seed or cloned plant. Will everyone start their seeds, plants on May 1st, when the agency accepts dispensary applications? If a person has already started growing now, still against the law with contraband products wouldn't this create more problems for everyone involved from the police to the honest growers?. Everyone should be held to the same rules all being legal, open, and honest, everyone starting on the same day on the same page, I think Arizona could be a model for other cities and states and not just another botched attempt as CA and CO seem to be. How do we all obtain the seeds and from whom do we obtain them lets not have street drugs [seeds] be the starting point. Arizona needs to stand out front and be the very best example we can be, together as a team.

-

Language around dispensary operations relating to general operating systems and inventory controls are clear and detailed.

Great that the commitment to aide in community awareness and development is a focus in the draft rules. Partnering with charitable organizations to help local community needs is a strong point as well.

The rules are well written and appear very comprehensive. It is good to see that there are requirements and focus around having a competent and skilled medical director on site or available. The organization that will be creating and/or managing the dispensaries need to be established and

strong, and this appears to be addressed in the rules.

Cheapest phentermine online [REDACTED]

I like that there is an established process in effect for adding a debilitating condition to the list.

I think the whole thing is ridiculous, but unfortunately, my side lost in the election.

Hello, I feel that depression needs to be added to the list of qualifying ailments to receive a medical card. It is one of the most serious problems we face as a society today. How much money is spent on prescription drugs that may or may not work? The state would be doing its self a huge disservice by rejecting depression as something medical marijuana can alleviate.

I agree with the change from the first to second draft that states that people who suffer from Alzheimer's disease with agitation will be permitted to use medical marijuana. I also agree with the change from having to see a doctor for at least one year or four visits to just having to see a doctor for one consultation.

I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications.

Thank you for your hard work! Adding an additional year of residency to the board of directors is a great assurance that this industry is not saturated with out of state dispensaries. opening the Medical director position to all licensed physicians is a very good decision Lessening restrictions on Dr./patient relationships removes barriers to chronically ill people Removing requirements of dispensaries to grow their own product removes a tremendous burden

the patient and dr. relationship, it shouldnt be a year, what and whenever the dr. decides when the paient can use medical marijuana.
All except the fee for issuance / renewal fee.
The caregiver section is good, it will give many people who can't afford it their medicine. How clean the dispensaries have to be is good.

I support the geographic dispersion of dispensaries to help minimize the less regulated home grower operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications.
NONE 25 mile rule is plain wrong as the people that need MMJ wish to be sure of the quality, ease of access and the price. Now that we have voted in our law why must we all be required to play an insurance/medical care game with no true hope in accomplishing what the people want? With the way our economy is in this state 90% of the needy will be pushed to the streets to acquire their MMJ. Who is so stupid to think that only those in power should have a say in what the people truly wished for. The 25 mile rule should be abolished as we know that those in need will be forced to cultivate their own because some man or women with their own political agenda or kick backs for lack of better terms wishes to line their pockets or that of the powers in the sates pockets. Simple solution allow 6 plant limits on all that have obtained a ligament reason for use and your BS Non-Profit sales locations may actually turn a profit for the states greedy tax collectors. When the needy must pay \$20 or more a gram at a so called dispensary which is the industries standard price in all states with the said "Peoples" best interests at heart they will be forced to by it on the streets. Oh I forgot that is the ultimate goal of our AZ 203 to begin with so we can bust those in need for not giving the state it's so called share or the money. Hey revenue is revenue right? Too bad for those that seek relief from a naturally wild plant. Our draft is very tainted except for those that have money I forgot this is not America this is Arizona the state with an agenda to screw its constituents to the max. I wonder how many will be in office next election if this draft is not written for the constituents by the constituents. Kill the 25 mile crap and allow all with a medical need to be allowed to do what they most likely have been doing for centuries. I hope you have some common sense left and are not afraid to not do what your peer pressure is pushing you to do.
I support the geographic dispersion of dispensaries to help minimize the less regulated home grower operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications. I support limiting the number of patients to 30 that a

doctor may write a prescription for at any given time.

I think that redefining the ongoing patient-physician relationship from being a year long and requiring 4 visits a year is a good thing because many patients have those relationships with their doctor but they don't want to write the recommendation because they are not knowledgeable about the effects of marijuana. All that should matter are the patient's medical records and I am glad that the new rules are understanding of this. I think that the required sanitary rules and the security are necessary.

Pain control

I support the geographic dispersion of dispensaries to help minimize the less regulated home grow operations. I support strong caregiver requirements against home growing and providing proper oversight and training.

I support the geographic dispersion of dispensaries to help minimize the less regulated home grower operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications. I support limiting the number of patients to 30 that a doctor may write a prescription for at any given time.

most aspects of the draft are well intended, there are some good controls to make sure this remains a "medical" program

I am not a lawyer so its hard for me to tell..

None—and most of the proposed regulations are illegal. Except for elimination of “the 70% rule” and the “1 year/4visit rule” the previous defects are essentially unmitigated in the 1/31/2011 revision, so all earlier criticisms are re-incorporated into this commentary:

Mr. Humble, Director of the Arizona Department of Health Services has paid much lip service to his supposed concern for the law, but he is setting a poor example. In nearly 100 instances, his draft regulations on medical marijuana violate the law. Marijuana is medicine in Arizona; that is the law, so marijuana should be treated no more stringently than any other medicine. I would like Mr. Humble to walk in the shoes and roll in the wheelchairs of my medical marijuana patients. I hope especially that he can share the suffering of my patients in their 20s and 30s for whom he has been announcing

his grudge and vendetta against them and their physicians because they have the temerity to seek relief for their severe and chronic pain and muscle spasms. Among them they have quadriplegia, paraplegia, and other post-traumatic injuries and ailments, yet, as if it is 80-year old grannies who suffer dive, industrial, motorcycle, and gunshot injuries, Mr. Humble denigrates the pain and suffering of young adults because they do not fit his ill-informed and preconceived age demographic. Wouldn't it be reasonable to expect that Mr. Humble would have at least a tiny understanding of the demographics of TRAUMA in this state? It is clear that Mr. Humble's Department of Health Services continues to ignore the requirements of ARS 36-2803.4 that its rulemaking be "without imposing an undue burden on nonprofit medical marijuana dispensaries..." and the requirement of ARS 28.1 Section 2 to take notice of the numerous studies demonstrating the safety and effectiveness of medical marijuana. It is also clear from remarks by the Director and his staff that he intends to violate the protections of ARS 36-2811.C to persecute physicians who specialize in medical marijuana evaluations. Will Humble, the Director of the Arizona Department of Health Services, has repeatedly expressed his disapproval that some physicians provide a large percentage of medical marijuana recommendations in other states and his intent to prevent that in Arizona. One departmental indication of that attitude: "Health officials will keep an eye out for physicians who write too many recommendations for the drug that now is legal in Arizona when used for medicinal purposes. Dr. Laura Nelson, chief medical officer for the state health department, said physicians who write more than 100 recommendations within a year would get a second look to ensure they are not falling into the trap of recreational use." Read more: Medical marijuana rules get reworked | Phoenix Business Journal To understand how absurd the 100 patient per year threshold is, consider that a busy family, ER, or pain management physician can easily write more than 100 controlled substance prescriptions in a single day. See also:

Do you think that Mr. Humble's threatening, bullying, and scofflaw behavior just might have a chilling effect on physicians who might otherwise write legitimate recommendations? that such behavior will mean fewer physicians will write a larger percentage of legitimate recommendations?

Most of the rules are effective as I've read them, I'm not a lawyer so I can only guess that the intent that compassionate and people that are suffering as I do have a chance to get off narcotics and other medications that are ruining my kidneys and liver. I know that you are trying to do the best you can with a short time given. I read all these law enforcement and people in the medical profession speaking their opinion and can say that they have not for the most part been in my shoes nor have they gone through any serious pain. Any radiologists or oncologists say that theres something to be said for the use of Cannibus since there are 300 different types. The ones for pain, nausea, etc. have worked well for a lot of patients say a lot of doctors. Having had cancer from agent orange, and undergone a modified right neck and shoulder masectomy, with 7 weeks of radiation the highest possible given to a person my size and 3 double chemo treatments 3, ru5 and 7 platinol, left me with water blisters and burnt my throat so now I live on Ensure, with no saliva glands that work and no appetite. Cannibus helps with a vaporizer. No one has ever died with cannibus, thousands have on alcohol, just from drinking to much, and not to mention the deaths caused by drunk drivers. I have terrible problems

with constipation from morphine, which is readily available to any cancer patient. My insurance co. would'ent pay for the pills that would stop the vomiting from radiation, I lost 40 lbs. in 3 weeks, they knew I had zero chance of making it even if I lived through the treatments although I did'ent know. It started with a pea sized tumor in my right cheek and spread from my Carotid artery on the right top of my brain all the way down my neck and out my shoulder, the operation took all that out and front layer of chest muscle. The muscle spasms have been terrible but so has the medication I take to stop them, cannabis helps tremendously. It all started Dec.18th 2000, I made it and still am alive and with the help of cannabis, life is a bit more worth living. It dos'ent get me high but does help elevate some of the pain and cramps.

I havent really seen much change from the initial draft.

The rules are fine. I find it funny that the medical marijuana is being handled like it is plutonium. I am all for rules and safety but a person can not over dose from it. If you watch any tv ad for legal perscriptions, the side effects are deadly or close to it. I would like to see an ad for it on tv and hear the side effects...red eyes, sleepy, and hungry? My wife suffers from RA...and to see her suffer in pain for so many yrs hurts me much. I hope this will help her finally. The other drugs from dr's do not help and have serious side effects. The prop 203 is long over due.

Most

HOA'S SUCK QUIT TRYING TO CONTROL EVERY ONES LIFE.

Get a life and quit messing with other people's life's

None at this time.

The prohibition of use in public areas; I would like the addition of the Planned Communities i.e. Sun City Grand, to be included so the prohibition of the use would apply to our common areas. Most generally an ill person does not make many trips around our common areas so this would not inconvenience ill persons. A special card or the like for such persons could be arranged.

3 year residency requirements.

The caregiver process is very unclear to me as a caregiver in multiple cities in Arizona. As a caregiver, I

want to be able to plan the appropriate business guidelines to be able assist those that are legal medical marijuana card holders/patients under my care. Where are the rules and definitions of activity, fees, requirements for caregivers to follow to stay in the guidelines of the laws??

I support the halo dispersion of dispensaries to minimize home growing operations. I also think that it is important that both doctors and caregiver requirements are as strong as possible to allow for oversight and training. Accountability is vital to the implementation of this law.

Having to have a doctors recommendation to buy medicine.

i am wondering about if a dispensary is able to grow the medicine on site for thier patients. are we allowed to build a grow operation onto the dispensary on the same property.

This isn't comments on the draft - but comments on the very high tax % the legislature is looking at placing on medical marijuana. Not sure if you can get comments to them or not. But, if anyone is listening...they're going to shoot themselves in the foot if they try to tax the legal medical marijuana at incredibly high rates. People in AZ have gotten their hands on marijuna for the 30+ years I've lived in this state - law enforcement agencies have not stopped it or even put a dent in it. Realistically, that wouldn't stop going forward either because now the laws have become even more laxed about marijuana and efforts are now being concentrated on the chemical drugs instead. So, if the legislature puts a huge tax on the legal marijuana, folks will just continue getting it illegally and the government will lose out completely on marijuana that would have been purchased legally and taxed! On the one hand, this state badly needs additional tax funding and medical marijuana can help supply that revenue - yet on the other hand, the legislature is trying to make it so unfeasible for anyone to purchase legal medical marijuana that the state will lose out on all the tax revenue it would supply. It just doesn't make sense.

I do support caregiver requirements against home growning and I support oversigt and training of caregivers. There is no reason that marijuana should betreated differently than any other prescription drug. I support monitoring of physicians and the requirement that a true doctor -patient be required with legitimate certifications.

I strongly support the rule of dispensaries being geographically disbursed in order to help minimize

the less regulated home grow operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support that physicians must conduct an in-person examination and maintain an ongoing doctor-patient relationship in terms of diagnosing a debilitating medical condition. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications.

Over all you group have done a very good job. I am not interested in owning or running one of these Dispensaries.

Time frames for implementation    Qualifying Medical Conditions

I support the geographic dispersion of dispensaries to help minimize the less regulated home grow operations. I support strong caregiver requirements against home growing and providing proper oversight and training. I support careful monitoring of physicians by requiring a true doctor-patient relationship with legitimate certifications.

Patients Rights will protect everyone in the community and provide necessary daily guidelines.

All of them, except those referring to common areas. It strikes me if a person who has been seen by an MD and prescribed marijuana as a legitimate medical need, they should be able to smoke it wherever they choose within common sense limits, i.e school grounds. I see it as being no different than a woman breast feeding a baby in public, or a person ingesting a medication in public. We are not talking about "pot heads" in this regard. We are talking about the bona fide need to seek relief from a health problem, i.e., the onset pain of Glycoma.

We really appreciate most of what you guys have done. From a conservative standpoint we see the view you guys are taking on things. However our fear is that over thinking this might end up making things worse down the road not only for the state but for the patients and the AZDHS litigation team.

ITS GETTING BETTER BUT STILL WAY TO OVERBEARING ON DOCTORS RESTRICTIONS OF PERSONAL USE.

Most of the rules are fine
Taxing. But not 300%. Let's remember we are trying to help the sick.
If the applicants are picked fairly-if even ordinary people with business experience, clean record & meets all requirements can apply and be taken seriously-I think the new draft rules are very effective. It seems like now someone with maybe \$20,000.-30,000.who can afford to loose that amount can at least try for a license. If you get the cert then maybe \$100,000. to invest can get this thing rolling. Taking out the 70-30 grow rule makes that possible. Please just don't let big business or multi-millionaires take this thing over. Please let what I call ordinary people in. Think of the lives that will change. I place more trust in ordinary people to give a lot of money away than I do in corp suits taking bonus'
Regulatory rules for dispensaries, growing, and sales
The cleanliness required of the dispensaries and their cultivation site is good. I think that the rules established for the caregivers is fair and should govern well the people that are helping others at cost because there are patients that can't afford the dispensaries that still need medicinal marijuana.
1) I really like how the application process has been divided into two parts. The certificate to open and the to operate. This will save a lot of dispensary applicants time and money. 2) Bumping up the residency to 3 years was nice to see. The last thing I want to see is "outsiders" coming into our state and taking a portion of the limited dispensaries we have available. For AZ from AZ. Caution should be used in continuing to bump this restriction, however. Many people have devoted time and money into applying for a dispensary and it would be a shame for them to find out in March that they do not qualify due to a residency issue of greater than 3 years.

I strongly support the AZDHS rule that proposes that dispensaries are geographically based upon geographic areas (CHAA). Requiring a physician conduct an in-person examination, along with maintaining an ongoing doctor-patient relationship in terms of the diagnosed debilitating medical condition.
common areas in community areas should not be submitted to the marijuana act
Most of the draft looks good. I like most of the changes made including the change of how much medicine each dispensary must grow themselves. I also like the changes for qualification of a certificate/card from a Dr.
most of it.
The parts of the law that we the voters voted on! And FYI won on election day!
I disagree with this entire law. Our country is falling apart.... we will go down like the Roman Empire.
I agree that the patient physician relationship does not need to be one year in order for a patient to be eligible for a AZMMC. There are instances where a person suddenly is diagnosed with a progressive debilitating condition but may not have a PCP or speciality MD. I am happy ADHS has changed this rule

in order to facilitate patient access to medical marijuana.

Well, by writing the most strict guidelines you could get away with, you have effectively limited the number that will qualify for the relief provided by medical marijuana. If that's a good thing, then you've done a good job of that.

the 70-30 being eliminated is a good idea and changing doctor patient visits also was a good idea.

My name is [REDACTED], I am concerned with the procedure in which DHS has chosen to pick the winning candidate in the event of more than one dispensaries apply and are approved for a license to grow medical marijuana. Choosing the best applicant is left to chance instead of voting for the best one.

I think that all of your rules have "bite" in them. However, I hope that all of the requirements don't seem too much of a bother for my busy doctor to do. I worry that he may not want to fill out all of the paperwork and consider it too much of a hassle. Was that your intent? Please review all of your rules and let's be firm and legal, but please also be fair to those who will actually benefit from this new law. I hope to attend one of your meetings so you can see and hear first-hand how this new law can benefit people who are truly in pain. I am a cancer survivor who is in constant pain from my operations. I have tried to keep from taking ever-higher doses of both oxycontin and now percocets. I asked my doctor to wean me off from the oxycontin and I thought that I could tough it out without them. However, my pain was too great and now I am taking percocets again. When I was taking my radiation treatments, I got very sick and also didn't want to eat. At the urging of a friend, I tried marijuana tea. It tasted terrible but it stopped my nausea and I could eat again. It was then that I found that marijuana also stopped my pain. Please remember that.

We believe the rules proposed under Proposition 203 are within standard guidelines representative of other states incorporating a compassionate use of cannabis act or amendment.

I do not have a comment on the effectiveness of the draft rules. I do believe that the execution of these new laws will likely become a work in progress requiring modifications after experiencing the effectiveness of the rules. For the most part however, the rules seem quite practical which I do believe is necessary.

I do not have a comment on the effectiveness of the draft rules. I do believe that the execution of these new laws will likely become a work in progress requiring modifications after experiencing the effectiveness of the rules. For the most part however, the rules seem quite practical which I do believe is necessary.

Most

Most of the rules

All

All

All

I think limiting growing to the dispensaries and spreading them out in each CHAA will be effective at preventing clustering of dispensaries and creating hotspots of marijuana usage.

I have a unique perspective on this draft/rules for the release of Medical Marijuana in the State of AZ. I am a licensed substance abuse counselor, with 17 years experience; some in Washington State where there has been an active medical marijuana statute for several years, as well as a Master's Degree in Criminal Justice as well as being a stage 3 Cancer Survivor. The original proposal, excluded chronic pain; except in severity attached to the original diagnoses of; HIV/AIDS, Cancer, Glaucoma, Hepatitis C (on interferon protocol), Amyotrophic Lateral Sclerosis, Crohns Disease, agitation of Alzheimers; or a disease that produced or includes symptoms of cachexia, wasting syndrome, or seizures characterized by epilepsy. Chronic Pain is a catch phrase that landed California in trouble. Chronic pain issues such as arthritis, degenerative disc disease, or fibromyalgia need to include the caveat, 'as noted by traditional medical diagnostic tools,' i.e blood tests, Xrays or MRI's to indicate ongoing, chronic progression, without the improvement through standard medical treatments. Having a MD, attend a educational class by a licensed Addictionologist or Substance Abuse Counselor is a mandate that should be implemented. But only allowing physicians to dispense to 5 patients at a time, is indicating that pain management specialist, oncologist or HIV/AIDS specialists, according to the original proposal the primary prescribers would have their hands tied through prescribing; not good medical care. Having a dispensary medical director not allowed to be a prescriber or allowed to do onsite determinations, means many who do not take the class will be involved with ongoing supervision, dispensation and monitoring. Law enforcement has no concern, as road side sobriety tests already allow for the detection of 'in system affecting' THC use. Marijuana only affects driving ability for 10-14 hours after last use, although it is fat soluble and remains in the system long term. If the original proposal remains true in the draft of rules, those who have these illness would be very impaired and driving is NOT likely. If driving while under the influence of this medication, would remain as is currently with any medication that indicates it could affect operating motorized machinery and or a vehicle. Certain employers would be able to test for this medication and their

decision on employment would be a variable. CDL, day care workers, public/private teachers of K-18, correction officers, police officers, nurses, doctors and chemical dependency counselors would opt out of licensing or employment due to restrictions and would not be able to actively be using this substance. It seems to me in an effort to cover all possible litigation issues, and to make money for the state laws, restrictions, and enactments are being proposed that are contraindicated in the proposal I personally voted for, as well as the main guiding force; taxation, services, and decrease in criminal justice costs are being increased without rhyme or reason. The 25 mile rule is also being taken out of context and from the initiation of this proposal 100 miles are a possible mandate, which keeping to the rule of only 124 dispensaries made sense.

Marijuana as a public health proposal should continue in the form of retail sales, where it can be taxed and monitored. As a health care provider, I do not feel recreational drug use of this or any caliber can be even debated as me as a potential prescriber. Price it out of reach for most of the people who feel they "need" it and put the money in reeducation programs. Cannabis has been available for cancer pain management in institutions for decades. There is enormous money being lost because it is under the wire of the retail sales tax. Make it legal like alcohol, and tobacco, and tax the maximum out of it. I see our government promoting the use of marijuana to satisfy the outliers of the community in hopes of making them docile and non-reactionary. What a pleasant group of people to care for. [REDACTED] C

25 mile rule for caregivers from a dispensary. does this mean that a patient that does not wish to travel or pay the high prices of a dispensary can't grow 12 of his or her own plants? Or choose to have a caregiver? where do you expect the 30% of the meds that a dispensary can't provide to come from?

Most of the draft rules are very comprehensive and effective.

How do the CHAA's work exactly? There are more pharmacies in certain areas than others, and yet some of these areas have less people than neighboring CHAA's. What does this mean?

I am [REDACTED] with a bunch of disabilities such as Hep C, Severe Fibromyalgia, Rheumatoid Arthritis, Osteoporosis, Degenerative Bone Disease, Chronic Pain. And being on disability I am wondering how do we with limited incomes that don't make the amount that is required to buy medical marijuana when so far they are saying a 300% mark up and you can have 2.5 ozs every 14 days which would be \$1000.00 just for 14 days so it would be \$2000.00 every 28 days when I try and survive on \$765.00 a month???? It just doesn't make sense.

The parts about what illness/symptoms people have to have to qualify for purchasing. I have multiple sclerosis and have 7 prescription drugs! I believe at least 2 of these will be able to be eliminated if I could smoke. I have muscle spasms and take clonazepam. I have anxiety and take lexapro. I have chronic pain and take Lyrica. I have used all of the preventative injections and infusions recommended for MS. I am now on Tysabri. My doctor is [REDACTED] Not sure about his opinion but have an appt with him next week. Please Please Please keep MS in the text. thank you!

The section about not smoking in public places is good but not clearly defined.

No consuming marijuana in public places.

All of the rules

3 year residency Medical Doctor being responsible for patients lowering the cost for a patients card

I agree with most of the rules, including the removal of the 70 30 rule, losing some of the restrictions on Dr.s & patients, & lessening the wall height for growing outdoors.

From growing a plant from seed and note every move you make all the way to selling the marijuana.

Much of these revised draft rules I do believe can be very effective at regulating an industry designed to enhance the quality of living for those with various medical issues; both by creating a viable alternative to typical non-effective prescription medications. As well, relieving tax burdens on the healthy contributing members of society, along with those disabled, without the ability to produce further tax revenues. I also foresee criminal offences associated with previous non-aggressive marijuana violations, additionally, contributing to the overall economic stability. The laws that regulate the serious offenders much stricter will in turn reduce crime, and open a section of budget previously designated for marijuana offences. Positive Draft Rule Regulations: \*The Registration process for card holders\* (Pic, Criminal background, Card identification #) \*The Enclosure Rules\* \*The Accounting Procedures\* \*Security Regulations\* \*Rules of Operation\* \*Transporting Regulations\* \*Dispensing Records and Procedures\* -Overall, the system set-up is just about ready to operate properly in my opinion.-

RE:marijuana Act I am a member resident of a planned community. Medical Marijuana is allowed as a medicine. It should be taken within the home as most medicines and prescriptions have always been taken. Marijuana has absolutely no place in the common areas within our community: neither indoors nor outdoors. For those who are ill and need it, they should use it within their homes. The majority of our residents and guests are healthy and do not want to be exposed to marijuana or its smoke.

I think the process of public comment is a great concept.

verification of patients requirements for medicine

The changes of the 70 30 law are much better now.

The sanitary regulations. Stainless steel surfaces might be applicable. The accounting of the cannabis from point to point.

Absolutely no smoking of any type in public areas anywhere. Only medical marijuana for cancer and medical where the original doctor gives permission. Not any doctor. Only the doctor who originally gave medical care. Again, not smoking of any kind anywhere even medical marijuana.

I request that common areas of planned communities be included in public places.

I think it could have never been approved in the first place. That said, I think the medical marijuana should be taxed greatly in an effort to deter illicit use. Tracking of where the medical marijuana

comes from is critical so that illegally grown marijuana from Mexico or anywhere else. Inspection of the legally grown medical marijuana should be required, too, so that the government is aware of the potential yield from any legal source; by doing this, the grower cannot obtain illegally grown marijuana.

I appreciate and respect the residential and protected zoning areas of the ordinances. Families, children and religious organizations should not have to be interrupted by the smell or activities related to marijuana dispensing.

N/A...

Most parts seem to be effective, particularly the areas governing individuals.

ADHS has taken many necessary precautionary measures to ensure that medical marijuana is officially accounted for between the dispensary and the person whom which the product is prescribed for.  
Respectfully Submitted by [REDACTED]

The security and transportation rules seem to written well

NONE!!!!!!

Exception for sections 5(a), (b), (c), (i), (k) are the only regulations allowed by the act. ARS title 36 chapter 28.1 prop 203 R9-17-202 is objectionable in its entirety. the ADHS has no authority to require attestations or statements not already required by the act nor shall they to add regulation or make definitions that are not authorized by the act. R9-17-202.F.5(C) the department has no authority to force patients to accept care from a particular physician. no authority.
I will have to read into more of the draft rules for this bill on the Medical drug acceptance of the Marijuana Act. Note in mind this is a allowance of acceptance for the us of a drug; with all the drugs that are allowed in our societal system this day in age which have never before been to the grand amounts of drugs on the medical drug market. This meaning of time scale by many decades or of more than a decade or two. Also to mention of over sighted control of drugs which are so often new on the excepted or allowed societal system which should not be or are much to new and un-legitimate but experimental for allowance. A tax of reasonable scale is ideal for the regulation of this new very long know drug. With out mentioning the business competition that is out there in all the drug industry(s') in itself. Not over seeing the benefit of this tax before the better what ever the become turns into. Being a drug a high tax of reasonable amount might be for ideal regulation on this allowed drug but not over looking the re-precautions of a over taxed item. Without over sighting a large tax of 3 times the cost of a drug, trade, good etc. can allow a none wanted acceptance of other large taxed drugs, trade, goods, etc. Plus a large tax to who is the tax going to benefactor or what is the extince of this tax going toward which is relative of the full medical drug market and "black-market" like thus of the 'alcohol', opium' etc. How is this tax accounted for? By the sales or all the different exchange? By the growth? Doctor allowance of prescription? Main question I need to understand is what this large tax of variable amount '3' times derived from? Need to know more email [REDACTED]
See item 1) of the email with Pinal County inserted in "How can the draft rules be improved?"
21 b - thanks for specifying what is considered public areas.

the rules and regulations on dispensaries etc. i didnt see anything in the draft rules that protect patients from high prices.i even see the state wanting to tax MEDICAL marijuana 300%. wow if the state wants to tax it that much just legalize it then but until the state does that treat it just like any other pills you would get at a pharmacy!!!

Mr humble, please look into your heart and make sure the rules are fair for all, not just the wealthy. i went to the scottsdale zoning meeting and i almost threw up from the smell of designer leather. everyone had on a leater jacket or purse or a gold watch. the room stunk of the smell of leater, no kidding.i look foward to seeing you at the open forum meeting on the 15, 17. keep up the good work

I like having to show where the money is going to go. it makes it harder for the people who just want to get rich manuver.

keep it away from schools.

I agree it all should be kept away from schools and kids. i like the two part application process. i am a native from the valley and the dispencerys should go to valley residence. just because a person i wealthy does not mean they can do a better job than a middle clas person who is not in it for the money. How can the draft rules be improved?Do you have any specific language to improve the rules? Please include where the language could be incorporated. Cultivation sites can be as close as they want to be, as long as it is a industrial area. so to ensure to keep crime against cultivation sites is easier to police. Cops will have a easier time driving around one area to thwart crime than having to go all over the valley, just to keep a eye on the cultivation sites

I agree it all should be kept away from schools and kids. i like the two part application process. i am a native from the valley and the dispencerys should go to valley residence.

All parts including the ability to revise it based off public comment

Any effective area of the draft rules is residency rule. This rule will help protect the local economy of the state of arizona.

Those needing the medical benefits of marijuana are fortunate to have access to same.

Allowing patients with approved card verification, to carry their medication on their persons. The questions on the medical application, and physicians information look good. Adding medical conditions is a good idea. Fee's are fair, the EBT Card verification is a good income level to use. Waiting period for the issue or unapproval of a medical marijuana card is great. Most patients in other State's have a 60-90 day waiting period.

See my specific language comments

It's a major overkill and could constrict the overall benefit that it was intended for by the initiative.

R9-17-302. Dispensary Registration Certificate Allocation Process A. The Department shall review dispensary registration certificate applications and issue dispensary registration certificates according to the requirements in R9-17-107.

if 2 or more apply for an app, they should NOT be picked out of a hat to see who gets to open a dispensary. theres allowed 124 in the state of arizona. let it be. its become such a sterotypical plant,most people dont even know the truth about it.(its not crack.)alcohol is far worse in every aspect of it,(statisticly shown) and thats available everywhere. its all b.s.. and ass backwards.,(but thats arizona for ya).
N/A
While I understand what you are suggesting in terms of the geographic distribution of dispensaries, let me explain to you why this is likely to backfire. Even on a non profit basis, said entities still have to be economically viable. If you locate them in areas where they CANNOT succeed, they WILL NOT SUCCEED, and you'll be right back to where you started. The majority of persons who qualify will always be found where the bulk of the population is located.
Good day, I have been trying to achieve the application on line, but seem to have trouble finding the application to distribute or grow medical marajuana, or understand the complete rules. If an applicant has to pay \$5000.00 for license and its non profit, how does this work when you need to pay for water, soil, and a place to distribute. Do I have to rent a space? Who pays for the store? How does a person work and live if it is not for profit. I am interested in this venture for a job, to work, to make a living. What are the steps involved in the application process? Is the application available? I live on 3 acres of land in a quite area, in the Tucson, Marana area. I see there is a map for that area and

would like more information on the application process. Thank you for your time, [REDACTED]

The new rules about obtaining records from the previous doctor are reasonable and effective. This appears to ensure that this is truly a medical marijuana program (since the diagnoses will be verified to be legitimate). Good job on this one.

Please include Sun City Grand as a "common areas of planned communities" be included in the definition of "public place."

We would not like the smoking of marijuana which is said to have an unpleasant odor, to be affecting non-smokers in our public areas. I reside in Sun City Grand. I understand that this is not the same as a 'Condo' common area... Everyone is Very Concerned about 'second hand smoke' which adversely affects human health. In addition, grandchildren who come to visit share in the use of our public-common areas.

It is not appropriate for persons to be smoking marijuana in the common areas of planned or gated communities. This law allows the use of marijuana for MEDICAL purposes only, and is not appropriate out in the open areas of planned and/or gated communities.

Common Areas of Planned Communities should definitely be included in the definition of a "public place".

Please include common areas of planned communities as public area. After having lived in Colorado I definitely do not want to see it used in our common areas. Respectfully, [REDACTED]

Planned communities should be able to control all smoking in public places. If we can ban regular cigarettes which poses a health hazard in its self, we certainly should be able to ban marijuana the same way. Surley marijuana smoke is more dangerous than regular cigarettes and for the safety and health of the community they should be treated the same way. Marijuana should be limited to being used in the user's personal residence.

I have only one request which I will make here. I believe that common areas of planned communities should be included in the definition of "public place." Although I voted for the use of medical marijuana, I feel that use of this in our common areas is not appropriate and would cause many people to feel uncomfortable. This drug can easily be used in the privacy of a home. Thank you for your consideration of this matter. Resident of Sun City Grand

The reduced fee for those who are poor. Good job!

Most.



21. B - definition of Public Place

I believe the progress being made in a formal review is excellent.

Well I am 54 year old man and sick with cancer, hep-c, diabetes and chronic pain I have social security disability that gives me 1300.00 a month now I want to know how you and AZ. inspect me to afford all these permits and tax's that I have to pay for when I am eating beans and rice just to live And then tell me I might have to pay 1300.00 for just 2 weeks of relief from all the pain I am in all of the time just be cause I live with in 25 miles of a Dispensary [REDACTED]  
[REDACTED]

I would like to have the term common areas of planned communities be included in the definition of "public areas"
None.
no comment here
i do believe its ok if it does help people with terrible medical problems and doesn't get abused.
See last question



Limiting public use.
We are very against the smoking of Medical Marijuana in public places around Sun City Grand. Someone on our Bocce team found a partially smoked Marijuana cigarette on the Bocce Courts this afternoon. Those that are involved in the Medical Marijuana program should do so in their own homes where others are not affected. Thank you.
none
None
Big Mistake
The changes made to the doctor patient relationship were needed ones. The changes to eliminate the 70 30 rule was also needed. Overall the rules are written well.
The part about no smoking in public places is good.
People on Medical Marijuana should only be allowed to smoke it at home. After all, aren't they supposed to be critically ill. There should be no smoking of it in public places, workplace, government buildings and again should only be able to smoke it at home. I am against medical marijuana
See comments below
Please, no permitted smoking of marijuana in planned community public areas. We request that "common areas of planned communities" be included in the definition of "public place."
I don't think it's a good idea to have people smoking marijuana in public areas. That goes for planned

communities.

the common areas of planned communities needs to be added to the bill. i do not want to have to smell or inhale controlled drugs.

This high taxation is simply an effort to block access to medical marijuana. Making it unattainable simply increases the criminal element in our state. I thought Republicans were against taxation? Or is that only for corporations and special interest groups and not for sick people who desperately need alternative medicine? Secondly, I heard there was a desire to block access to "edibles." I'd think you'd realize that smoking is the least preferable and may be damaging form of taking this medication. I can see where you might be concerned that these may increase the appeal to younger people, but this is why it's important to regulate the stores selling the medicine. To insure it is only available to those with real need and not recreational users.

1. I'm not clear as to how and where the licensed dispencerics will purchase their inventory? Will there be licensed commercial growers? If so, how does one secure a license to grow and what quantities are allowable? If no commercial growers, where and how do the dispencerics purchase their inventory? 2. Will edibles be allowed? e.g. cookies, brownies, peanut butter, olive oil, tinctures, etc. If so, who would provide the edibles? e.g. Bakeries? Or will we be allowed to prepare our own? 3. Will the facility used for a dispenceric have to be approved by the State? If so, what might be some of the criteria? e.g. Free-standing building? Any size limitations? 4. I am a retired bussinesman currently living in Green Valley, AZ. I have no criminal record and had a very successful career. Will there be any age limitations? I know one must be at least 21 years old. But is there any limitations on the elderly folks such as me. I am 68 years old. I previously lived in California and had a permit to use Medical Marijuana for medicinal purposes. I firmly believe in the ligitimate use of Marijuana for Mecedinal purposes, but I am not naieve. I also realize their is some abuse and misuse of the program by many of the distribution centers in California. I would be the FIRST to take whatever precautions must be taken to keep the program legitimate and keep the abuse and misuse to a minimum. I don't know about what parts of the draft rules are effective at this time, but I will be certain to take the time to fully and properly review the 'Draft Rules' and make my comments accordingly. I will be in attendance at the Tucson Hearing on Wednesday, February 16th at U of A. My contact points as follows: [REDACTED]

The portion that defines Public Places.

I applaud Director Humble's efforts at implementing good public policy while under extreme financial and human resources constraints. The second version of the draft rules are a great leap forward from the first draft and fall more into line with the intent of Proposition 203 and the limitations of the Department's authority.

Your second draft is a huge improvement over the first. Thanks and congratulations.

Rules governing dispensary location and operation, as well as security at dispensaries.

The first thing I thought to be effective was the security required for establishments that distribute medical marijuana. I believe the more security that Providers have the safer everyone may be because crime is undoubtedly unavoidable as I am sure everyone agrees. I also agree with the restricted number of Dispensaries and the distance they are permitted to be within each other. I think this will ensure the community that the dispensaries will not be over running Arizona cities like other industries do such as gas stations, pizza stores and others. Places like California have shown us that having a dispensary on every corner can be crowding and isn't the best way to go about things. Arizona can learn from their "mistakes". Non Profit organization is a great idea ensures that dispensaries are not going to sky rocket the price of medication for their pockets.

Tax! Yes of course, its a commodity and needs to make AZ some profit- 300%- no way I'll have trouble just paying for the medication- Get real

The draft rules seem to be effective and well written.

Dear Sir, I have actively studied the transformation of the Medical Marijuana movement in Colorado. I have seen the industry change like a Chameleon. One thing that has been very consistent in the changing environment in Colorado is the loss of the Patients needs. The Patient seems to get forgotten in the battle amongst bureaucracy. The creation of this CHAAs is cause tremendous problems to the patients. You will create a spread of dispensaries into areas that DO NOT need them, will not use them, and thus will not create a tax stream for the state. By placing these dispensaries into rural areas there is not benefit to anyone, patients, city, or state. If the worry is patients growing their own medicine, one must consider the difficulty in growing medicine. For one, the climate in Arizona is very hot and dry. The tremendous summer heat alone will cause problems. That's just one problem. The cost to grow isn't cheap and when you have tremendous heat, you need great cooling system. The time factor is another issue at hand. Another problem with the CHAAs, the unfairness

to the legitimate people who have aspirations of running an alternative wellness care facility. You could end up with a number of dispensaries that are very poorly run, poorly designed, offer terrible medicine, and bad care to patients located in central Phoenix. On the otherside of that coin, you can have dispensaries in a very rural location that is run by professionals, offer terrific services (i.e. affordable Acupuncture, massage, nutritional classes, etc), great education information, safe quality medicines, terrific customer service, charity ideas etc. in areas where no cares.....I hope you are getting the picture. There are people out here that do plan on caring for patients correctly, safely, compassionately.....by locating these people in far out rural areas, you are creating a real problem. If you would like to engage in this conversation more, please feel free to reach out to me. Sincerely,

The regulations regarding dispensaries and the healthcare providers that are permitted to authorize the card are well thought out.

Section G.11 that will govern the patient physician relationship. It was wise of you to drop the 1 year relationship rule.

Mr.Humble if your not going to make this a program for the truly I'll and allow recreational use than what's the point of people making comments on this board or holding public meetings if your mind is made up that this will be recreational MM

Have you thought about this 25 mile rule truly? What happens if the people of a city,town,county decide to vote out dispensary's. Then what will happen will be an influx of people moving to that town,city county to grow. It will happen. You will have whole towns of growers. With the way you guys have set it up, the cost of the medical marijuana in dispensary's will be more than street value. Where will be the incentive for people NOT to buy it off the black market if you can get an ounce from a dispensary for \$600 and off the street for \$250 to \$300? Also I feel that if a City or town does allow dispensary's there should be at least 2. FREE MARKET! We the people should have a choice and not be forced to go to one dispensary because that's all there is. How many plazas have a Wal-greens and a Bashas with a pharmacy in it. That in a sence is like having 2 dispensary's on the same corner. But people have the CHOICE to go to either.

limiting the number of license.

You have done a great job thus far, keep up the good work
Just making it available and decriminalizing , which will stop the very expense and brutal behavior or law informant on innocent and hard working americans. They treat people like dogs and put them in a cage for smoking something they enjoy or helps them with medical issues. How can we live in a country that will give you all the pills you want or put you on morphine, but will not allow you to eat something tht grows out of the ground. Look at all the people in yoiur prisons that have suffered b/c of Reagan declaring war on drugs. We should be ashamed.
I think adding 1 additional year to the residency is ridiculo
MR. Will Humble, You and your team have undertook a tremendous responsibility and history changing events for the Great State of Arizona. I admire you and see that you have had to look at every aspect of a new emerging market. I personally wish I could be more involved, I have a much more open opinion about the benefits The problem I am Experiencing is the MD's ,DO's are in contract with the Federal government to prescribe opiates scheduled 2 and 3 narcotice marijuana - schedule 1 I can get morphine,oxicotin,oxycodone,vicoden,tremodol, for pain. All kinds of muscel spasm drugs- which are basically originally created for people with seizures, that work on the brain. I DO NOT have seizures- I have TERRIBLE muscle spasms, and pain I can be prescribed all the drugs- I would just like to have the opportunity to legally try marijuana to see what the results will be, and so far I cannot try marijuana, but I can get ANY hard core drug. NOONE has ever died of smoking too much marijuana- people die regularly from above medications. I will be kicked out of my pain management clinic for trying to see " IF " it produces relief. I honestly am waiting for the law to go into effect. All persons going to pain clinics will be in the same position, the drug companys DO NOT want persons to see what results they will have , they will lose a ton of money, and also all the physicians who get kickback from the drug companys. I can barely stand the idea of being on narcotics the rest of my life for pain relief. This new law is " A RAY OF HOPE " I personally look at marijuana as a PLANT, a gift from GOD, for everyone from high blood pressure, alzheimers,chronic pain,anxiety,depression,i could go on and on. this is just what I have read. We are really blessed that the law passed, and you are working so hard on implementing the rules. Please do not make it impossible. IT IS JUST A PLANT.
It needs to be only for the true I'll people
physical examination Diagnosed or confirmed the relevant diagnosis Established and maintain a medical record for the qualifying patient Explained the potential risks and benefits of the medical use of marijuana to the qualifying patient

I like the changes of no 70 30 requirement for dispensaries, the changes to Dr patient relationship, & the new fee structures.

It seems to me Arizona is willing to take advantage of thier resident , thru non refundable fees for applications if they are turned down. The average person who will need marijuana will not be able to understand the rules without a lawyer to translate them. Which will cost more money for the patients lawyer. Which goes back to lawyers and politicians run our state , not the people.

I would like to get a dispensary license. However this appears to be written in such a way as to make it almost impossilbe for a person to do unless they own commercial real estate. That's not fair to the folks that really just want to help people. Per R9-17-304. Applying for Approval to Operate a Dispensary How would I as a businessman /caregiver, rent a building and prepare it for business without knowing if I will even be able to get a dispensary license. It would cost us, the business owner /caregiver, tens of thousands of dollars to negotiate a lease, renovate the location and install the proper security and facilities prior to knowing if I will be able to start helping people.

the safety parts and tracking etc.

Exorbitant Costs. I certainly don't see too much fraud; people with true medical bills don't have this kind of time or money.

I like that for a higher density of card holders there can be more facilities. No one wants criminals to operate a facility so back ground checks are good.

Residency requirements

I ran through the rules and I find most to be great.
The rules are good
I like the point that a medical marijuana recommendation will only be available from the physician that will be giving ongoing care to the patient.
I can't get it to upload
just watched your video, how can you want this as a true medical marijuana state and not have pharmacists dispensing the medication! as a class schedule change to a class ii, and have it only be in pharmacies.... or at least have special dispensation for pharmacists, doing their jobs!! it is a shame pharmacists are left out of the dispensing of medication requirement if you truly want this to be medical marijuana!! [REDACTED]
Most...
It's a great improvement!
R9-17-318. Edible Food Products Is a bit confusing to me. Does the wording actually say that any establishment with a food service license can contract with a dispensary to create edibles? What are the rules for this kind of contract? Stating that the products are made at the dispensary would suggest that a marijuana bakery/candy business exclusively could co-exist as a dispensary. Sounds a bit confusing to me. What is wrong with the old fashioned idea of allowing a bakery/dispensary niche industry to occur with Health Department approvals becoming licensed to provide quality controlled edibles to the many dispensaries around the state? Surely there would be less chances of health and sanitation issues than allowing a dispensary to make their own. I don't know, but I don't think enough thought is being given to this very important aspect of future dispensary products.
N/A
I think most parts of the draft rules are fair and complete. The tracking system is a great need for control of the substance.
YOU ASK WHAT PARTS ARE EFFECTIVE ? LETING PATIENTS HAVE AND USE MEDICAL MARIJUANA ! I HAVE BEEN SEEING MY DR'S FOR OVER 15 YEAR'S,I'M A TRANSPLANT PATIENT, WHY WOULD I NEED TO SEE A DIF- DR. FOR ONE YEAR ? MY DR'S KNOW ME FOR 16 TO 17 YEAR'S, YOU GUYS ARE NUT'S TO THINK SOME STRANGE DR. IS GOING TO KNOW ME BETTER THAN MY CANCER DR'S !!! STOP PLAYING GAMES WITH OUR LIFE'S, ALL YOU GUYS WANT IS MONEY, THAT IS ALL YOU THINK ABOUT,

AND HURT THE PATIENTS !!!

It is wonderful that we will be giving patients suffering from debilitating conditions access to the medicines they deserve.

At this time, I can only try to read it all, but I do have questions. I would probably qualify for a card, however we only live in Fountain Hills for 6 mos. What will I do when I go back to my farm in Mi? Last year after our corn crop turned brown, the Sherriffs found "green weeds" growing. We have 307 acres perfect for growing, but have already been robbed this year by youths who were "stoned" If this will be a source of revenue, will that money go to more "Re Hab" De Tox" facilities? Who will provide "security" for me if someone follows me home? What studies have been done on the accidents and crimes that have been committed by "u My Dr here does not want to participate..... What has happened in the States that have already started this? My arm and foot were badly broken and I have RSD.....If I like this, how will anyone know if I am telling the truth about my pain? How many "agents" will needed to be hired the "enforce" these rules? Is it necessary to do the entire State before a "pilot project" has been proven to be effective? What "Drug Abuse" curriculums will need to be changed? What are people in the Dept of Agriculture doing?.

Hello.... So far the rules seem specific and simple in some areas, but other areas the rules are extremely vague. For instance, there's only a \$5,000 certificate fee to get into a dispensary, but nothing is said about fees for just the cultivation facilities or the infusion sites. Are the dispensaries the only organizations that will be allowed to grow & cultivate?? Are they the only one's to supply all the edibles? It seems that you are trying to start mini monopolies within this system. It's definately not a fair system if this is what you are proposing. You must be able to have outside organizations/companies working as well for controls and balances within the Medicinal Industry. If you just let the dispensaries grow and bake everything, then you run the risk of having inferior medicine, poor personal service, and the owners controlling the entire market, not AZDHS. You'll end up giving the dispensary owners too much control and power over the medicinal crop for patients. They already have to sell 70% of their own crop, where is the other 30% going to come from? Another dispensary??? I think there's some sort of national law in place preventing monopolies from happening within an industry. This could be a very bad situation for everyone making decisions. Look at what just happened with the lending industry. Too little people were controlling all the money and the decisions being made. They made horrible choices, that caused over 2 years (now) of pain now for everyone in the U.S with this recession. There will be huge problems with the public, when you have an ownership group cutting corners to make a buck. There has to be controls and balances within the industry. The easiest way to get this by allowing small and large non-profits to compete for their patients. Choices & Possibilites = Higher Quality & Cheaper Meds for the Patient. Bye-the-way....New Mexico has a great system and we should follow Colorado in taxing the Medicine. There should be small, high-end organic cultivation sites, along side the large commercial-scale, synthetic

cultivation sites. You can't limit it to just large companies controlling everything. Arizona's patients will suffer if only dispensaries can grow.

I agree with keeping these dispensaries away from schools.

Limiting medical use of the medication to take place only in non public areas is crucial to keeping recreational users out of this system and I believe this in turn with the list of qualifying conditions will be very effective at limiting access to those who actually need the medicine. The restriction on home cultivation unless 25 miles or more away from the dispensary will be effective at forcing patients to purchase their medication and essentially stopping home cultivation from taking place. The list of chemicals and pesticides used in the cultivation will be very effective at ensuring patients receive safe medication.

See response to final question

for the millionth time what does one have to do just to grow their own

your revisions of the draft has been done exceptionally well, except for the comment below. I believe

you have listened to the the people and the medical community as a whole, for the most part. good 1st attempt.

The part about having the new doctor review the medical history is effective. However, there needs to be privacy to the patient when the new doctor pulls the medical history from the primary doctor. The first doctor may not agree that medical marijuana is medicine, and this process could have negative ramifications to the doctor-patient relationship that previously existed.

Thanks for easing up on the costs for the very poor. Thanks for letting me still see my regular doctor and a MJ doctor, but not killing me on multiple visits. Keep up the good work!

The entire set of rules are effective -- at defeating the will of the people for the use of medical marijuana. The lack of such draconian rules for the distribution of drugs such as morphine, Oxycontin and other seriously debilitating such drugs do nothing more than highlight the idiocy of the draconian rules for the use of medical marijuana, which is in truth a very benign drug. The legislature and ADHS are doing nothing more than effectively overruling the will of the people, just as has been done in the past three or four times.

I believe that nearly all the draft rules are effective, I'm happy that the Patient/physician relationship was revised, that will certainly benefit people. I'm also happy about the medical condition revisions. I have scoliosis (curvature of the spine) and cannabis definitely helps with nerve pain, etc associated with this.

Most parts.

Mostly everything. I think the changes made were a big step in the right direction, but progress still needs to be made.

YOU HAVE GOT TO BE KIDDING.

The changes made seem to make a lot more sense. The change of the Dr/patient is much better. Not setting a restraint on the percent dispensaries have to grow themselves. Allowing for more trading etc between dispensaries is good.

After trying to educate myself as a concerned citizen, I believe that the changes to the Patient/Physician relationship has improved... I feel that making someone have a relation to a doctor for a year or four visits is to much to ease the suffering of someone who is already suffering from so much... I also believe that the ADHS is compassionate when it comes to lower income individuals who might need this modality of treatment in lowering the cost of a license... I would like to see some type of discount on MM for lower income individuals as my mother is going through radiation treatment and her Physician prescribes a THC substitute for her ailments and her medication cost is high enough... I truly feel that the ADHS has it right when designing these distribution areas to make sure that they are evenly dispensed to avoid individuals who are not licensed from growing their own marijuana... If my mother has to pay the high costs I don't see anyone getting a short cut, people will seek out these individuals because it will be cheaper to buy from them than it would be to pay a licensed dispensary... These remote individuals will have a nice side income with no overhead, licenses, and the tuff system in place for these dispensaries, especially at the prices I'm hearing they will have to charge...I also believe that the ADHS has it right when it comes to inventory control, there needs to be a systematic approach to managing these dispensaries... the rule and regulations are very tuff and I feel that hey will keep unwanted product out of the street... My only concern is that we cant go overboard on all the costs we impose associated in operating a dispensary, they will simply pass the costs down to the patients... For these dispensaries and their proprietors the threat of going to prison will be enough to help curb most of that... Another concern is that traditional medicine and treatments for patients can be just as or more harmful than Naturalpathic medicine... I don't like the fact that naturo-paths can treat patients but these dispensaries will have to have a Physician govern their treatment... One it drives costs and costs are passed down to the patients in any health care system... Second the MD title is one that comes with caution, because these dispensaries have to have a MD governing their clinic will there be ways in which they will try to take the cheap route in hiring a M.D. with a shoty or hidden past, even if they didn't will the MD try to push traditional sometimes harmful treatment on them... I feel that if the ADHS or the medical board trusts a D.O. or N.M.D. to prescribe medication to the public, why not let these dispensaries have a D.O. or an N.M.D. govern their treatments... Their more likely to know herbal contra-reactions than an M.D... Just a thought from a concerned citizen and a business owner that knows about costs and how they relate to the final say, the customer or this case the patient... Good luck, you done a great job in making a responsible proposition, I know that this proposition will give back to a already hurting state, hurting local economy, and most importantly to a hurting patient... There is no doubt that Arizona will be a light for other states who's economies and patients are hurting as well... Concerned Citizen

Why 3 years instead of 2....how does the extra year make someone more quailified

I like the laws in place that actually govern the sale and distribution of mmj. the fact that over 70 % of the product will now be home grown in our state instead of brought in from Mexico or California.

I appreciate the action steps that are being taken to qualify a real business to participate in prop 203. Legalization will limit the revenue that the mexican cartel's produce through illegal marijuana sales in the state of arizona. PHX is the #1 city in America for kidnappings and its largely due to the Mexican Cartels. This is a positive step in the right direction. Go prop 203!

The amended doctor-patients relationship rule is good. Registry card holders should be allowed to be caregivers. Someone with his or he own access to medical marijuana is less likely to divert medical marijuana unlawfully. The elimination of the 70/30 rule will also help to ensure dispensaries have options other than simply running out of medicines for clients should a grow fail.

letting patients grow their own medical marijuana when then live 25 miles or further from one fo the few locations that will be allowed to dispense these prescriptions.

I've read both versions and also attended the [REDACTED] seminar - the changes made tot he second draft were very good...it appears your department is truly working towards making this very "challenging" initiative as sound as possible. The Community Health Analysis Area concept is excellent and assures even distribution of dispensaries. Amending the physician-patient relationship was also excellent because those of us who have a qualifying medical condition and have a strong relationship with our attending physician but our physician does not want to be involved in this new initiative will be able to visit a different physician for issuance of a medical marijuana card; but be able to keep the relationship with our own physician. Removing the 70-30 rule was a relief. To be honest, I don't have an issue with a dispensary being close to my neighborhood but to have a cultivation center required by each dispensary so that they could produce 70% of their product is another issue. Because of the very nature of the business, the cultivation centers are going to be much more prone to break-ins, etc. Dispensaries can place the produce behind bullet proof cases and/or move the produce into a safe when business is closed. However, plants cannot be moved and will be subject to theft by any means criminals can come up with. Very good job improving those pieces.

I think this version is closer to reality. The direction and relaxing the # of patient visits is encouraging. Allowing personal growing during start-up makes sense. dispensaries buying from other sources and not being required to grow 70% is more realistic. many positive changes that are more common sense.

the zoning from schools and churches

Please define "effective."

Having to be a patient for a least a year is good.

Submitted by: [REDACTED] R9-17-101 Definitions 7. CHAA means a Community Health Analysis Area, a geographic area based on population. [REDACTED] comment: This will be effective in controlling the amount of population that is cultivating medical marijuana. 18. "generally accepted accounting principles"... [REDACTED] comment: Any movement towards an industry standard is a good one. 21. Public Place... [REDACTED] comment: Being able to designate a "place" for "exclusive use of an individual or group of individuals" is a good step and should satisfy some of the concern regarding this issue. All of the removals were a good step in the right direction towards providing a medical marijuana program that works for the participants, as well as the State organizations that will be overseeing the program.

I think you will have a difficult time as well as I will have a difficult time receiving my certification. Only because Doctors I have spoke with refuse to participate. What will be back up plan. I have several debilitated issues after being struck by a car. However most doctors don't even want to give just meds because they don't make any money off of it. The same thing will happen with this.

The majority of the rules appear to be effective, however, one area that is unclear is whether an application for a dispensary certificate license will only be for one specific CHAA. It seems from the latest draft that the applicant must specify one CHAA that they are applying for, where they intend to locate a dispensary, if the certificate license is obtained and the operations receive approval. Is that a correct interpretation of the dispensary application process, that each application will have to specify one CHAA?

There are many parts of the draft that I believe are effective, and am happy to see that AZ is planning on putting more strict limits than California on the limits.

I believe the fact that the rules have provided for locations other than the dispensaries to grow the medical marijuana will cut down the possibility that dispensaries will be robbed or attacked by organized armed groups. I feel that the people in the dispensaries are in a certain degree of jeopardy partly from the gangs and partly from the cartels who feel the dispensaries are stepping on there toes

and operating in what the cartels believe to be there area where they are entitled to sell to anyone they want. I have some suggestions as to how to secure the dispensaries in order to protect those who are working there. I will address this later.

The patient-physician relationship is better.

They're MUCH better and make a LOT more sense.

- The three year consecutive rule they put on dispensaries so that way there wont be owners from other states moving here just to make money off prop 203 here in AZ. - Product labeling and requiring that the dispensary is knowledgeable about each strain because each strain has different effects so requiring dispensary to be knowledgeable about strains is great.

This is a TREMENDOUS improvement over the previous draft. Congratulations to the AZDHS!

I was greatly pleased to see that you have kept a strict Az ownership requirement in the rules. I think that this will do a lot to avoid outside influence from individuals and groups in California and Colorado who's systems are not set up with the same attention to medicinal value as here in Az. I was also happy to see the relaxed guidelines with regards to the patient/doctor relationship. I think that this will encourage individuals who might find benefit in this type of treatment to explore without the feeling of discrimination. I think that allowing dispensaries to buy product wholesale from other growers is also a fantastic compromise, as it allows the opportunity for small business owners without a large amount of capital the ability to operate in their community.

Thank You for responding to my last comments by making the Certificate of Occupancy as part of the final process in accordance with how these things really happen.

I felt all the guidelines were good.

I like the residency requirement.

Will & Staff I applaud the changes you have made that help the poor...the reduced \$80 fee with proof of food stamps...the option to allow a truly needy patient to go to any doctor and get a recommendation as long as the patient has a 12 month history of a qualifying disability/illness. It brings the balance of having an actual illness but not creating a burden for the poor patient. Good Job!

I thing the 3 years that you have to live in arizona is great.Also not having to grow you owe marijuana will help to.

There are many things that I believe to be good and correct, I will focus on changes that I believe are needed. I do like the rules that govern caregivers

Why don't you put dispensary's" 25 MILES OUT OF CITY LIMITS."

the 25 mile dispencery rule. this is a complete monopoly. myself and the patients i will be caregiving for cannot afford dispencery prices. therefore cannot pay them. telling a patient they cant grow there own medicine or have a caregiver that supplies it for almost free is complete madness. this is a farse for your profits. this MMA act is about compassion not profits. but maybe that message has been forgotten already. typical from individules in charge of tax dollars.

I think that all the rules and regulations for this Medical Marijuana dispensaries is just too confusing. Cut to the chase, the application fee? is that just for submitting our application or does it also provide a license for the individual or individuals who are going to be selected to open up a dispensary. How much is the application fee? and then how much will the license be? Plus where are they actually allowed to open, Scottsdale has had a zoning ordinance meeting over a month ago, the outcome for that was the only way a dispensary can open is in a hospital with more then 50 beds, plus you can not have a cultural center for growing within 25 miles of the city. But meanwhile these rules are saying that you have to have a cultural area inside your dispensary. Plus you have to supply 70% of your own stock, and can sell to another dispensary some of your stock. First of all the big question is, has this been passed with the Federal Government, like the Federal Substance act, and is it really legal to conduct a dispensary, when it is still federally illegal to sell, transport or grow Marijuana? Plus how much in taxes will be enforced, what is the tax rate, where can we open one up? and again is it ok with the Federal Government? I feel \$5,000 dollars is a lot for just submitting an application. Plus if we do submit the application and the money, does that secure a license for the group or individuals to open up a dispensary? There is a lot of jargon and it seems that it does not make sense this whole Medical Marijuana Dispensary laws. This has to be addressed right away, where people who are interested in opening up a Dispensary, where can they actually open one up, and where would the Plants be allowed to grow and how much. Plus does the FDA have to be part of this if you are handling any kind of eatables instead of smoking it, does the agent have to have a food handlers license and all the individuals working in that dispensary have to have a food handlers license as well. Plus if you are offering a delivery service, does the Federal Department of Transportation have to be involved with this? These are questions that need to discussed.

none of the [REDACTED] rules make any sense!!!!!!!!!!!!!!!!!!!!

The aspect of issuing a certificate prior to a license is smarter.

Having the dispensaries open with a full staff is a good idea because it creates more jobs and prevents individuals from being able to run the buisness themselves, making it easier to monitor.

Not bad.

most of it

I like a lot of the revisions. I like the fact that the 70% rule has been removed, but there is no provision for individual, non affiliated, cultivation sites. I like the back ground investigation parts. I like the

idea of trying to keep criminals out of this.

It appears that they took out the rule that requires a dispensary agent to grow 70% of it's inventory. I believe that is a great change. I think there will be some organizations that will want to dispense and grow but I don't think everyone should have to do so. This will give the dispensary owners a chance to focus more on the dispensary operations and they will be able to give better care to the patients and supply them with the best inventory options.

The addressing of the Dr-patient issues, and qualifying conditions.

Seems like you guys have done pretty good to me. The items removed needed to be removed. Looks good.