

Has anything been left out that should be in the rules?

Open-Ended Response

This set of draft rules again does not contain anything about food allergen protection for edible marijuana infused food products. R9-17-318.C is a ridiculous statement with no real world meaning of marijuana "adulterating" food products, but yet my previous request of protection from food allergens was ignored. The ingredients of any food products used with marijuana should be listed, along with any potential cross contaminating ingredients encountered during the production. Additionally, any marijuana grown that could potentially be used in food by the patient, should not be allowed to come into contact with any of the top 8 food allergens or gluten containing food items during production, drying, or post processing. Fields of oat get crossed contaminated by wheat grown near by. Why should marijuana be any different? I have personally encountered someone who used bread to keep his marijuana moist. If it happened once it will probably happen again. Please heed this warning and don't ignore it. **FOOD ALLERGY PROTECTION IS MISSING FROM THE DRAFT RULES. FOOD ALLERGY PROTECTION IS MISSING FROM THE DRAFT RULES. FOOD ALLERGY PROTECTION IS MISSING FROM THE DRAFT RULES.** Food allergies can be life or death for some people! Also, the right of a patient to continue to grow a marijuana plant to completion when: dispensaries within 25 miles don't yet have a supply of marijuana to sell, or a dispensary opens up within 25 miles that was not present when the patient was issued a card. Basically this transition zone of time needs to be addressed and clarified. Do not forsake the voter approved rights of patients to grow during this grey period of time.

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

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Add PTSD and ensure no taxation like we originally voted!

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I think there should be a provision to increase the number of dispensaries should the demand prove great enough or if it appears that there are areas of the state that are underserved.

There are statutory mandatory minimum sentences, which remain in effect after United States v. Booker that primarily target offenses involving large amounts of marijuana. There is a five-year mandatory minimum sentence for cultivation of 100 plants or possession of 100kgs. Cultivation or possession of 1000kg or 1000 plants triggers a ten-year mandatory minimum. To avoid a five-year mandatory minimum, it is advisable to stay well below 100 plants, including any rooted cuttings or clones. With that said, 124 dispensaries will not be able to accommodate all patients in the entire state of Arizona without allowing licensed independent growers. There is nothing in the rules that state allowable number of plants per cultivator. Also, currently there is no legal way to purchase seeds or cuttings to begin cultivation.

I'll get back to you on this.

I have just heard from a California grower that the DEA is only allowing growers there to have 99 or less plants. Although this Federal administration had stated that it would not prosecute medical marijuana, it appears that the DEA, at least, is applying some limits (perhaps based on the mandatory minimum sentences for people with >100 plants). The grower in California states that 99 plants would only produce about 6lbs of marijuana every three months. If each of the 124 dispensaries were limited to 99 plants, there would not be enough marijuana produced for the patients in Arizona. Have you checked with the DEA to see if they will be enforcing these kind of strictures here? If so, please consider allowing growers, so that there will be enough marijuana available for patients. Thank you.

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Yes: smoke marijuana, and you will get a nice boy/girlfriend in jail.

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The Department should add to the definition section what the current draft of the rules mean by

"complete and in compliance." For example, in R9-17-302(B)(2)(a), it says that when there is only one dispensary application in a CHAA, the Department will determine if it is complete and in compliance with the statutes. But the rules do not appear to define "complete and in compliance." That phrase implies a review process whereby the Department will have to check every aspect of the application to make sure it's complete and that it is fully in compliance with the statutes. If an application is not complete and in compliance, will it be considered? The rules should also make it clear that the dispensary's intellectual property, such as intellectual property related to business operations (e.g. manuals), are protected from the Public Records Act.

On behalf of the Arizona Retailers Association I am submitting the following comments for consideration. If you have any questions regarding these comments please feel free to contact me.

██████████████████████ · Definition of "Impairment" Prop 203 states that an employer may not discriminate against a marijuana cardholder in hiring, termination or imposing any term or condition of employment unless the patient used, possessed or was impaired by marijuana on the premises of the place of employment or during the hours of employment. 36-2813(B). Prop 203 also states that an employer is not required to allow the ingestion of marijuana in any workplace or any employee to work while under the influence of marijuana solely because of the presence of metabolites or components of marijuana that appear in insufficient concentration to cause impairment. 36-2814(A)(3). However, Prop 203 does not define impairment, insufficient concentration to cause impairment, and/or provide guidance on how an employer can determine, without drug testing, whether an individual is impaired within the meaning of the statute. We believe that definitions and/or guidance are necessary. Specifically, we believe that an impairment level (i.e., a level at which an individual is presumed to be impaired) would be helpful in that it would provide a benchmark to assist in making employment decisions. For example, Arizona may consider the proposed limit of 5 nanograms per milliliter of blood that the Colorado legislature is currently considering as the limit for operating a motor vehicle or the current Federal DOT cut-off of 15 nanograms per milliliter of blood to be charged with driving under the influence of drugs. Similarly, providing a benchmark level considered to be insufficient concentration to cause impairment would also be useful in that it would be easier to identify situations where marijuana impairment was not a contributing factor (e.g., where the test results show less than 5 nanograms per milliliter of blood). Finally, we believe that additional guidance detailing what constitutes impairment within the meaning of the statute will still be needed in order to address circumstances where a drug test alone is not sufficient to make the employment decision (e.g., where testing is unavailable, where the individual refuses to be tested, where significant time has passed from the incident in question such that the drug testing would not show levels at the time of the incident, and/or where an individual exhibits an inability to function despite having less than the per-se impairment level amount in his/her blood). Ideally, such guidance would address whether employers can use visual observations (physical signs) to determine reasonable cause/impairment/inability to perform core roles and what steps employers should take in these circumstances. We believe that such definitions/guidance will assist both employers, who will have a baseline on which to make employment decisions, as well as employees with valid medical marijuana cards, who will be cognizant of expectations while in the workplace. In addition, definitions/guidance will have the added benefit of allowing matters to be resolved outside of the administrative/judicial system, so as to not place additional strain on those resources. Finally, to the extent the current draft rules will not touch upon specific employment questions, Prop 203 references the terms impairment, under the influence, and insufficient concentration to cause impairment, in numerous sections outside of the employment context. For example, section

36-2802(D) prohibits the operation of a motor vehicle while “under the influence” of marijuana, but fails to define what the appropriate threshold is. Similarly, Prop 203 references the undertaking of tasks “under the influence of marijuana that would constitute negligence or professional malpractice,” but fails to define what that means. 36-2802(D). Additionally, section 36-2815(D) provides that a medical marijuana card may be revoked if an individual knowingly violates the chapter (such as operating a motor vehicle while under the influence of marijuana). Finally, the proposed regulations reference “guidelines for refusing to provide medical marijuana to an individual “who appears to be impaired or abusing medical marijuana,” however, again, the regulations do not define/provide guidance on what it means to be impaired. Without further definition/guidance of these terms, the state will certainly encounter difficulties in enforcing certain portions of the proposed law.

• Definition of “Hours of Employment” Prop 203 states that an employer may not discriminate against a marijuana cardholder in hiring, termination or imposing any term or condition of employment “unless the patient used, possessed or was impaired by marijuana on the premises of the place of employment or during the hours of employment.” 36-2813(B). We believe that the statute should define “hours of employment” to include all hours that encompass an individual’s shift, including break periods and meal periods (so as to eliminate an interpretation that would allow an individual to consume marijuana off premises, such as in his/her car, during a break and then return to work).

• Verification Prop 203 states that a web-based verification system will be set up to verify medical marijuana cards. 36-2807. However, the current draft only cites to “law enforcement personnel and nonprofit medical marijuana dispensary agents” as parties that would have access to the verification system. We believe that employers/employment check providers/drug testing facilities, etc. should also have access to the verification system. Otherwise, an employer would have no mechanism to verify the legitimacy of a marijuana card.

• Exception for Safety Sensitive Positions The current draft law does not provide an exception for safety sensitive positions (e.g., forklift drivers, jobs that require frequent driving, etc.). Although Prop 203 states that an individual may not operate a motor vehicle “while under the influence of marijuana,” 36-2802-D, as stated above, Prop 203 fails to define what it means to be “under the influence of marijuana” within the meaning of the statute and/or whether such a standard is the same or different from the standard referenced in Prop 203’s employment non-discrimination provision. We believe such an exception is warranted because: (i) these positions require an individual to be alert; (ii) an employer oftentimes lacks the ability to consistently monitor an individual’s state of impairment; and (iii) an individual’s impairment could severely impact another individual’s safety.

• Accommodation Issues Although Prop 203 explicitly states that the new law will not require “an employer to allow the ingestion of marijuana in any workplace,” 36-2184(A)(3), it would be helpful to clarify that the use of medical marijuana during scheduled hours (i.e., marijuana breaks) cannot be considered a reasonable accommodation under state law.

The rules need to put teeth into the security plan requirement. DHS was right to include a security plan requirement in the rules. However, DHS needs to be more specific and require that this be approved as an effective and comprehensive security plan. Otherwise it may just be a useless plan on a piece of paper that gathers dust. Requiring law enforcement approval will ensure that dispensaries are safe, and so are our communities. And certainly they should be able to charge a reasonable fee for this.

2. Stop all importation of Marijuana into Arizona. (then ██████████ has a job to do that does not punish residence) Only Seeds should be allowed to be imported, in order to promote biodiversity. Let All the

hemp products ,medicinal, fiber, fuel, food etc be PRODUCED BY ARIZONIANS WITHOUT RESTRICTION. This way the money created by real productivity stays in Arizona! 3.Tax chemically grown Hemp. Organically grown hemp should be tax free for the growers. This is for the health of the planet. Distribution systems would generate all the revenue the state requires..

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[REDACTED] The Seed and Roots of Medical Marijuana At the ADHS meeting on Tuesday February 15th at the Public Input Meeting on medical marijuana several people expressed concerns about where the marijuana seeds and plants would initially come from to provide the medical marijuana. A loud muffled voice from the audience yelled Donâ€™t Ask, Donâ€™t Tell and folks laughed and the Panel never responded nor has there been even the mention of seeds in this . Marijuana seeds are a secretive and sensitive subject. There are thousands of varieties of highly specialized strains of marijuana with countless combinations, variations, and distinct applications. Seeds are the source of all medical marijuana and the foundation for any implementation of meaningful medical marijuana policies. The varied altitudes and natural climates of Arizona are perfect for cultivating the highly specialized medicinal strains of marijuana. Arizonaâ€™s unique regional climates and biodiversity offer an unprecedented opportunity to develop important new products and jobs with the lowest environmental impact. And this opportunity comes at a time when our young people are facing unemployment, education and health care cuts. These new jobs, new products and new opportunities for this new generation in Arizona are inevitable. The question is: will the people that live in Arizona to raise families and prosper benefit from these opportunities that marijuana will provide them? It is clear the ADHS was well informed by the public of the problems facing implementing the rules and regulations for access to medical marijuana. The ADHS has clearly and deliberately overstepped their authority in attempting to over regulate medical marijuana. Minimal oversight has been thrown out the window by the ADHS from the start. The ADHS response to the mandate of Prop 203 was reminiscent of the Katrina Fiasco. It seems the ADHS is deliberately attempting to sabotage Proposition 203 by steering the State of Arizona into an abyss of costly litigation. The fact that ADHS didnâ€™t even mention marijuana seeds once tells that they have not started from the ground up. You start with the seeds, the roots, the stalk and flowers. I am requesting that the ADHS adopts a stand down policy for 1/12 years and take the time to adopt a system that will not cause more more problems than it will solve. Respectfully Submitted, [REDACTED]

The issue of cultivating with the intent to make edible confections was not addressed. To use medical marijuana in edible foods requires larger amounts of medical marijuana. The plant matter is not consumed rather the thc of the plant is extracted using oils and fats and then this oil and fat contains the thc and is therefore used in the cooking process and the plant matter is discarded. Therefore different regulations should be considered for those that use medical marijuana orally.
See "How can the draft rules be improved" for full comments. Information for how to legally obtain the first MMJ seeds, cuttings, or plants.
Some CHAA's, such as one in Gilbert, will end up with zero dispensaries. In this case, the other CHAA should be permitted to pick up a second license. The town has already adopted restrictive zoning laws that will prevent more than a few dispensaries from operating in the town, so the CHAA rule really does not serve a useful purpose in this instance. To have a town of 222,000 citizens served by a single dispensary is a bad idea. Gilbert has restricted dispensaries to areas zoned for light industrial and general industrial purposes. It could create a traffic issue if only one dispensary is allowed. Besides the sheer volume of patients, there really should be competition, anyhow. In the absence of local competition, patients will suffer through higher prices and lower quality, or at least a highly-reduced incentive to provide a quality medicine.
the starting point, how can anyone start without being shady or illegal if disclosure of startup needs are kept hidden?
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

Don't allow automated machines to dispense medical marijuana

To reiterate and expand on my comments and suggestions listed above, while R9-17-317 includes several requirements for the safe operation of the dispensary and/or cultivation site, it fails to adequately address secure employee access to these facilities. Given the history of the marijuana as commodity on the black market, it is imperative for the safety of dispensary employees and the security of the inventory that there be separate secure access for deliveries and transfers without distraction from patrons or other circumstances that may arise at a retail store front. We suggest adding language that will maintain the requirement for one doorway for public access while allowing for a separate point of access for employees to receive deliveries and transfers, as well as for secure alarmed emergency exits as may be necessary. The single entrance requirement must be clarified and additional instruction regarding appropriate entrances and exits as they relate to medical marijuana dispensaries must be included in order to ensure continued public safety for the surrounding community and the patients and designated caregivers utilizing dispensary services.

make sure there is a section that makes it mandatory for employees to check ids and issue medical marijuana and not use automated machines

A way for poor people to afford the marijuana. If you adopt your proposed rules, Arizona will be the only state in America, where only rich people can afford legal medical marijuana.

I would like to propose the following system which I feel would be beneficial: 1. An initial application review panel consisting of County Health Department members, City government and local law enforcement to evaluate MMD applications using methodology established for entities seeking licensure from the county; 2. This application review panel will make recommendations to the County Board of Supervisors. 3. The County Board of Supervisors would then review the recommendations and make final recommendations to the Arizona Department of Health Services. I feel this system will help mitigate the burden of the Arizona Department of Health Services in the application review process and ensure that this industry lives up to the expectations of the local communities in which they will be located. I am curious about the lack of specific requirements in the proposed rules for acquisition and disposal of this substance. I am writing to you in my personal capacity as a citizen of [REDACTED] and these comments do not represent the opinion of the [REDACTED]. Thank you, [REDACTED]

Add in additional language about strong employee background screenings for employees who will be issuing out medical marijuana

Yes! Higher standards and restrictions need to be implemented in an effort to keep the criminal element out of the application lottery process. Local jurisdictions and the people of Arizona need assurances that those being allowed to enter the lottery for a medical marijuana dispensary license are upstanding citizens who intend to operate their dispensary within the confines and restrictions of the Rules and the laws of Arizona.

How many types of options for dispersing the medical marijuana are there? Will this be regulated?

Compassion is completely missing. I understand you are trying to weed out lawbreakers. In the process, you have weeded out the desperately ill.

add criteria on how to properly disperse the medical marijuana

YES! PLEASE SEE ABOVE.

Maybe adding in a clause to make sure that companies that are doing a "Franchise" format are not allowed to win any permits. These companies are profit centers

Other than the 10 foot block and wire mesh on top, DHS should address if there is a limit size of property. I also think they should not make the mesh top a requirement.

I only have a couple thoughts, which might have already been covered, since I have not seen anything on this. 1. COMPLETE background investigation for all applicants similar to those done a liquor license. Health card ? or similar for every employee - with fingerprints and FBI check. Since this is also a medical situation, there should be points awarded for specific knowledge and experience that would move some folks closer to a license because of that knowledge - medical, biology, herbology. NOT just business experience - maybe especially NOT business knowledge and experience. 2. Licenses could not be 'sold' at all. IF these licenses or permits ARE allowed to be sold - along with a business for example - the new owner would be required to undergo every step of licensing just as if they were a new applicant during this time. Criteria would include - RESIDENCY (five years - typical for a decent background investigation, as well as applicant demonstrating a real long term connection to the community), a bank ? approved business plan, tradename registration, bank account, DBA or Corp status as approved and active in Arizona, Statutory Agent or other LOCAL person to be responsible for ALL operations under this permit - license. Applicant pays for ALL the above. Renewal on an annual basis - lesser check than initially.

Something left out that I feel should be included is the option for the qualifying patient to be able to

cultivate by choice not proximity to a dispensary. Also if a qualifying patient is outside the 25 miles they are allowed to cultivate but if a dispensary opens within 25 miles they will not be allowed to renew their identification card that allows them to cultivate, instead sending a list of dispensaries they are required to buy from in order to have their medicine. How is that fair or right? To force someone who needs this medicine to have to buy it with precious income in a rough economy rather than cultivate it is wrong. What about someone who loses his or her job? How can they pay for their medicine? A qualifying patient should be allowed to choose what medicine they take by cultivating the medicine they need. The cultivation process is the same whether it is done so by the qualifying patient or a dispensary. Why should patients be forced to pay a dispensary for their medicine instead of being able to cultivate their own. I do not understand how this is beneficial to anyone other than the investors and owners of dispensaries. How does requiring qualifying patients buy their medicine from dispensaries protect them or the general public. It monopolizes the market to select companies and prevents fair free market or patient access. The qualifying patient should be allowed the choice of providing and cultivating their own medicine or purchasing from a dispensary of their choice.

Why isn't there anything in here that keeps the "vending machine marijuana" from occurring?

Good Luck Will Sir, you basically run a 2 Billion Dollar Corp. and are under paid and compensated compared to the private sector CEO's... BUT you still got to get a RUSH every morning looking in the mirror knowing your responsible for 2K plus people "everyday folks" employed and depending upon YOU!!! Well Sir, I'm depending on you also to give an inch Please look more into the Medical Benefits of this natural plant to folks who depend on Hard Narcotics to get through each day... doesn't matter HOW important or HOW much money YOU make if you had to suffered everyday as I do! God Bless

Yes, there is nothing listed how the medical marijuana is dispensed. Can it be through vending machines, or will they be requiring hiring employees to make sure this is properly handled?

Cultivation facility guidelines regarding in relation to Agriculture and OSHA standards. Acquisition of initial Seeds or Cuttings to start cultivation operations without breaking federal law. Resale tax ranges for Dispensaries to build business plans. Compliance with Federal standards for HIPPA, FRCP and ARRA. Acceptable disposal methods, auditable by the state.

see above

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

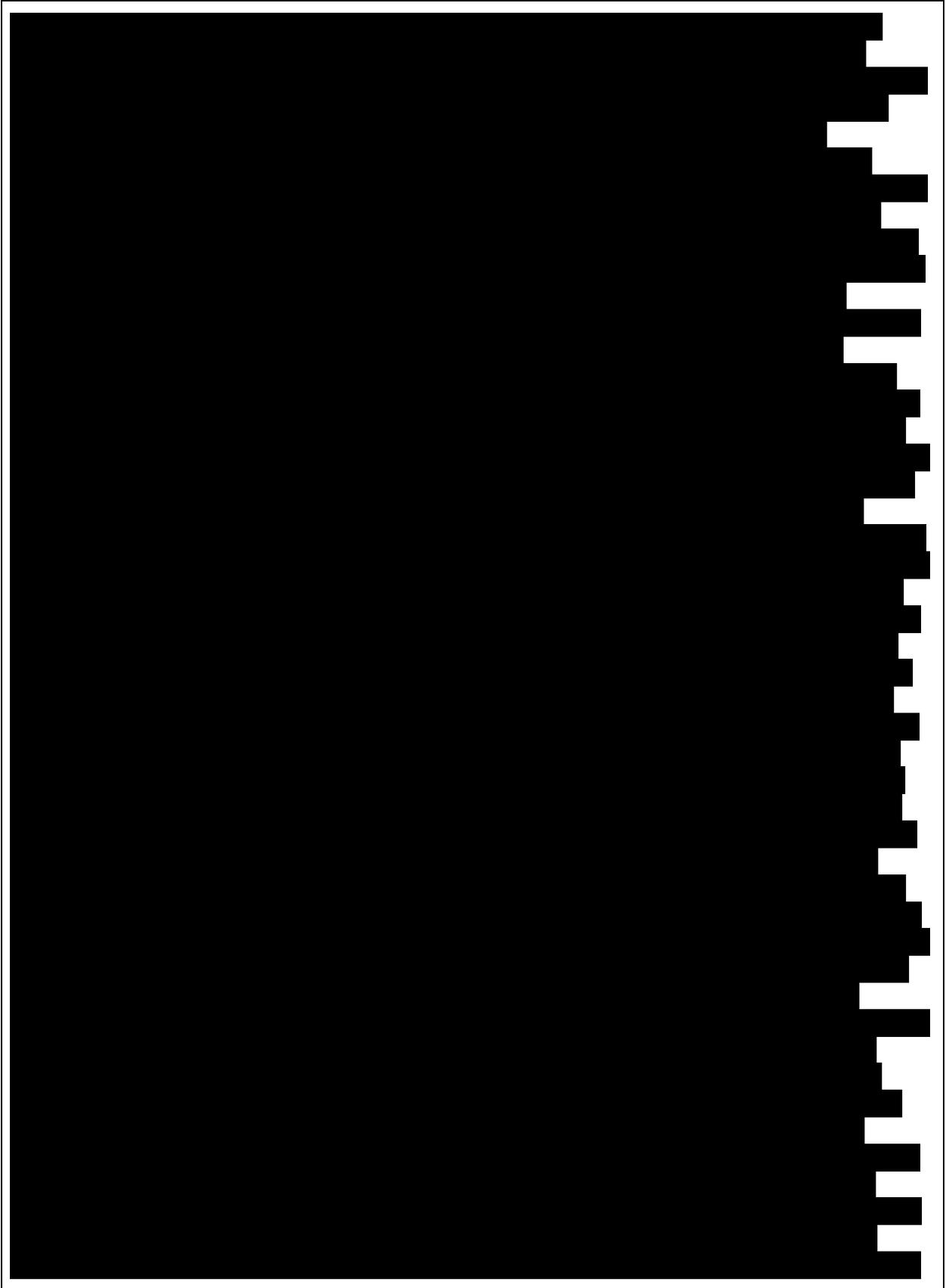
Inclusion of exemptions for patients related to personal cultivation, quantity of medicine allowed during a specific time frame, and for caregivers with criminal backgrounds. In addition, exemptions for Dispensaries that need to move within the first 3 years of their operation should exist.
Add information that discusses the security around handing out medical marijuana
Testing is the final puzzle piece to help make this industry validated, sustainable and ultimately the model for other states. Most importantly, it protects patients from poor growing practices that may breed mold, bacteria and/or chemical pesticides and informs them on the actual potency of their medicine. Please consider creating an independent registry certificate for medical marijuana testing facilities, separate from dispensary licenses. If Arizona dispensaries could legally transport medical marijuana across state lines, they could optionally use out of state testing agencies, but this is federally illegal. Suggesting that testing facilities should become dispensary agents is a direct conflict of interest for patients, caregivers and dispensaries and does not allow legally for patients and caregivers to request testing of their medicine. Please consider adopting the following text, written by [REDACTED]. R9-17-316 E. Any dispensary, dispensary agent, designated caregiver, or registered qualifying patient may submit samples of 5 grams or less of cannabis or edible food product to a bona fide analytical laboratory for the purpose of testing the product for potency or contamination. Any analytical laboratory within the State of Arizona that holds a license from the federal government to possess and handle controlled substances shall be permitted to conduct analyses of medical marijuana or edible food products containing medical marijuana on the behalf of licensed dispensaries, dispensary agents, designated caregivers, or registered qualifying patients. Any analytical laboratory that provides analytical services of medical marijuana or edible food products shall maintain secure storage of medical marijuana products prior to and after analysis. In addition the laboratory shall be responsible for keeping complete chain of custody records that identify the sample by batch number, source, the amount received, secure storage location within the laboratory, the amount extracted for analysis, and the amount of product returned to source or destroyed, with dates and certifying signatures for each of these events. Medical marijuana remaining in the custody of an analytical laboratory subsequent to analysis shall be returned to the original provider or destroyed by the laboratory at the option of the original provider. The laboratory shall provide a printed report of the analytical results to the dispensary, dispensary agent, designated caregiver, or qualifying patient who has requested analysis of medical marijuana or edible food product. All records concerning handling and analysis of each sample shall be kept on file at the laboratory, available for inspection for a minimum of 3 years.
Yes, the lab testing the medical cannabis should be granted caregiver status or given a special permit to allow for the testing of the strength levels and safety of each strain.

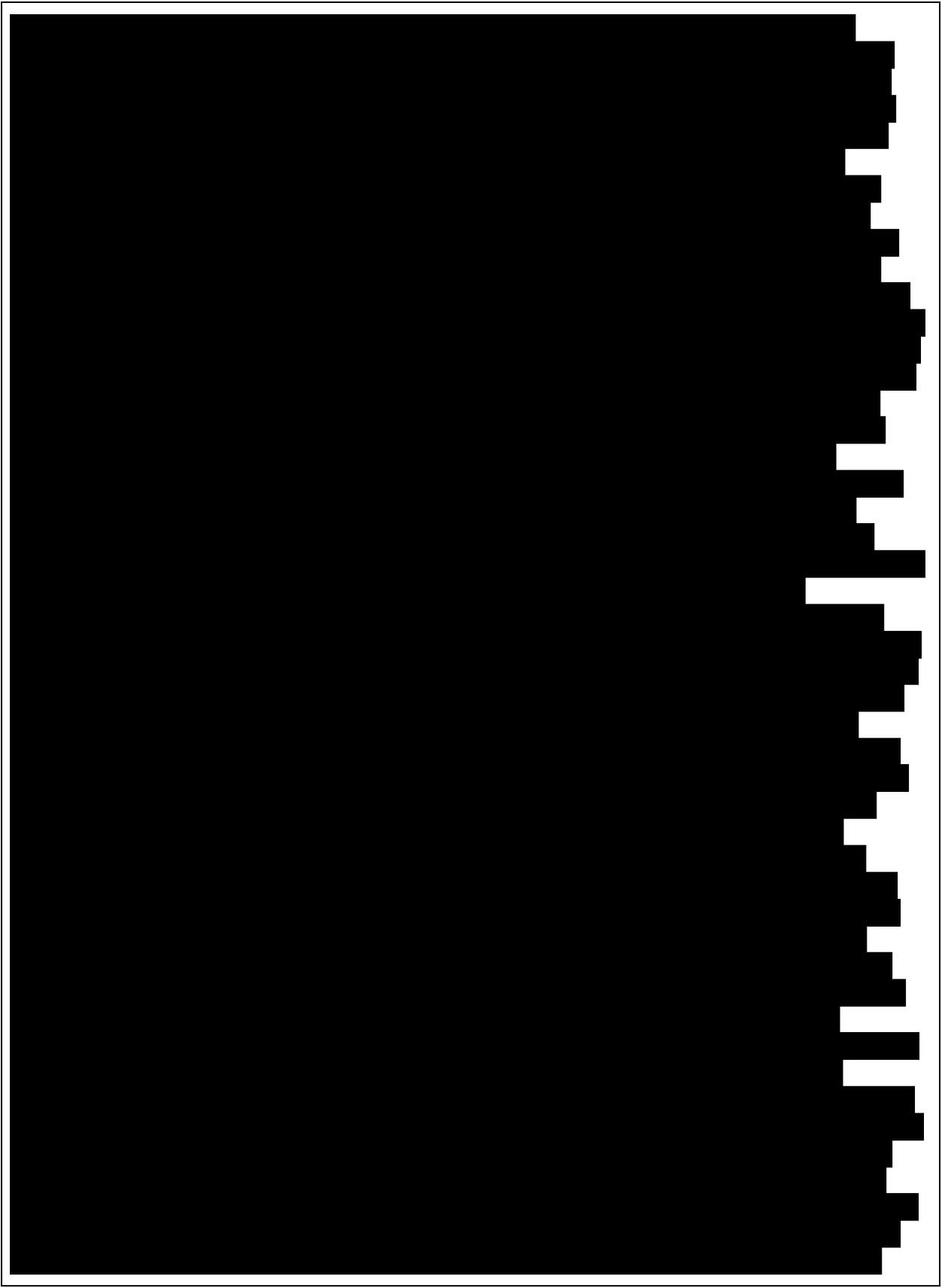
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

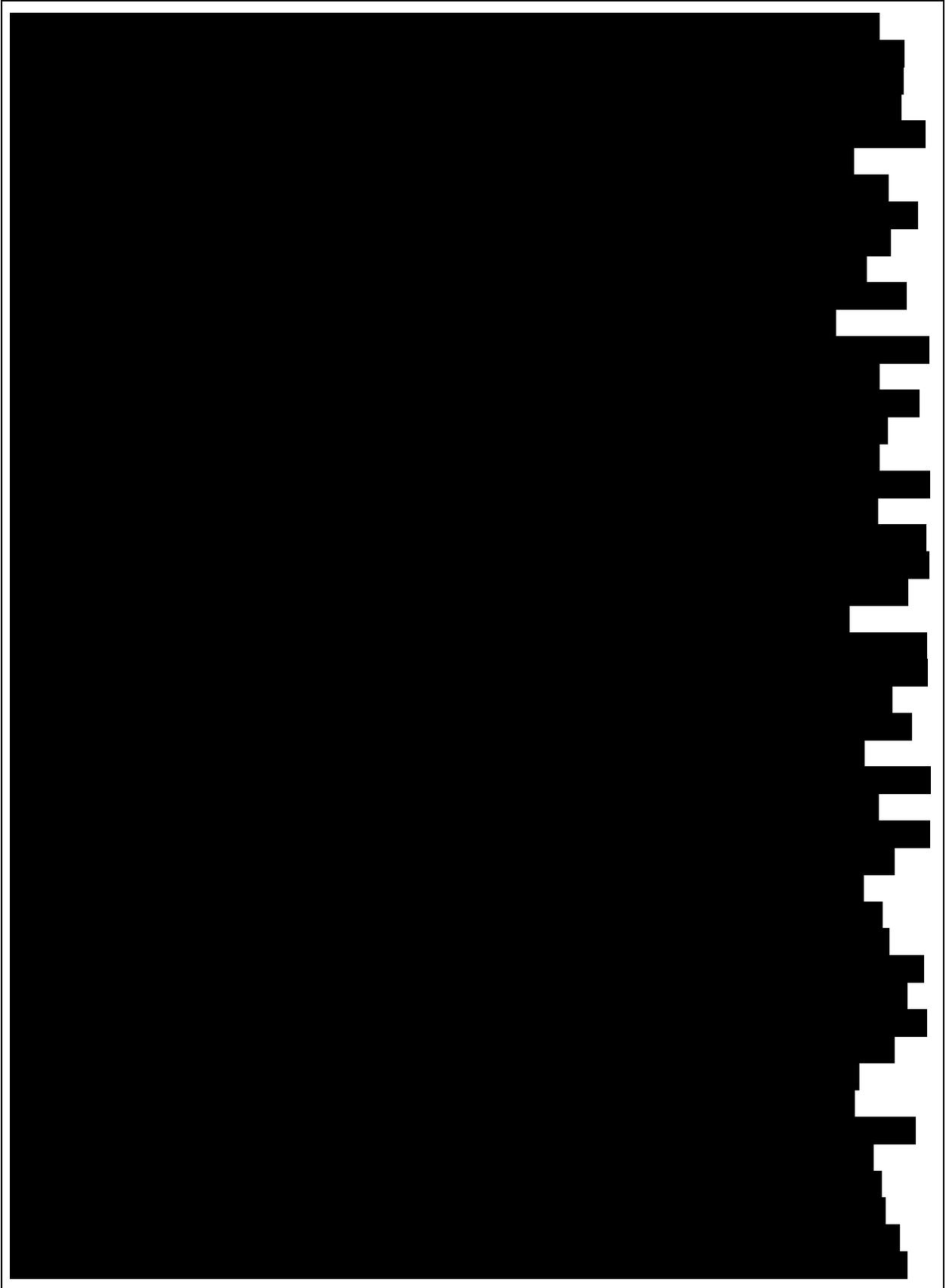
Don't allow any automated machines, only people to give out the medical marijuana

Yes, as indicated above a lower rate of \$40 should be included for those on nutritional assistance and the the discount should be extended to persons living on Social Security payem









[Redacted]

[Redacted]

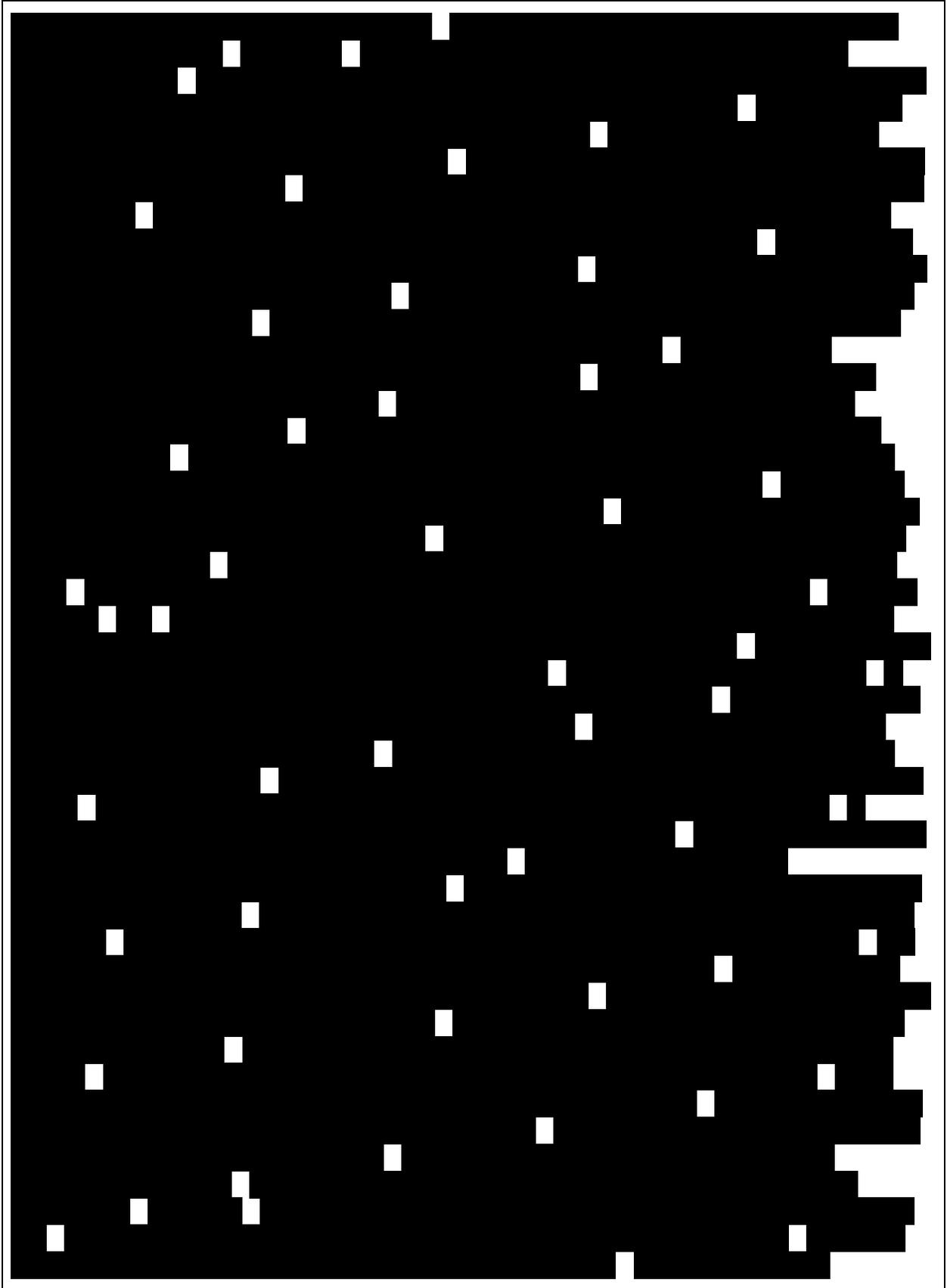
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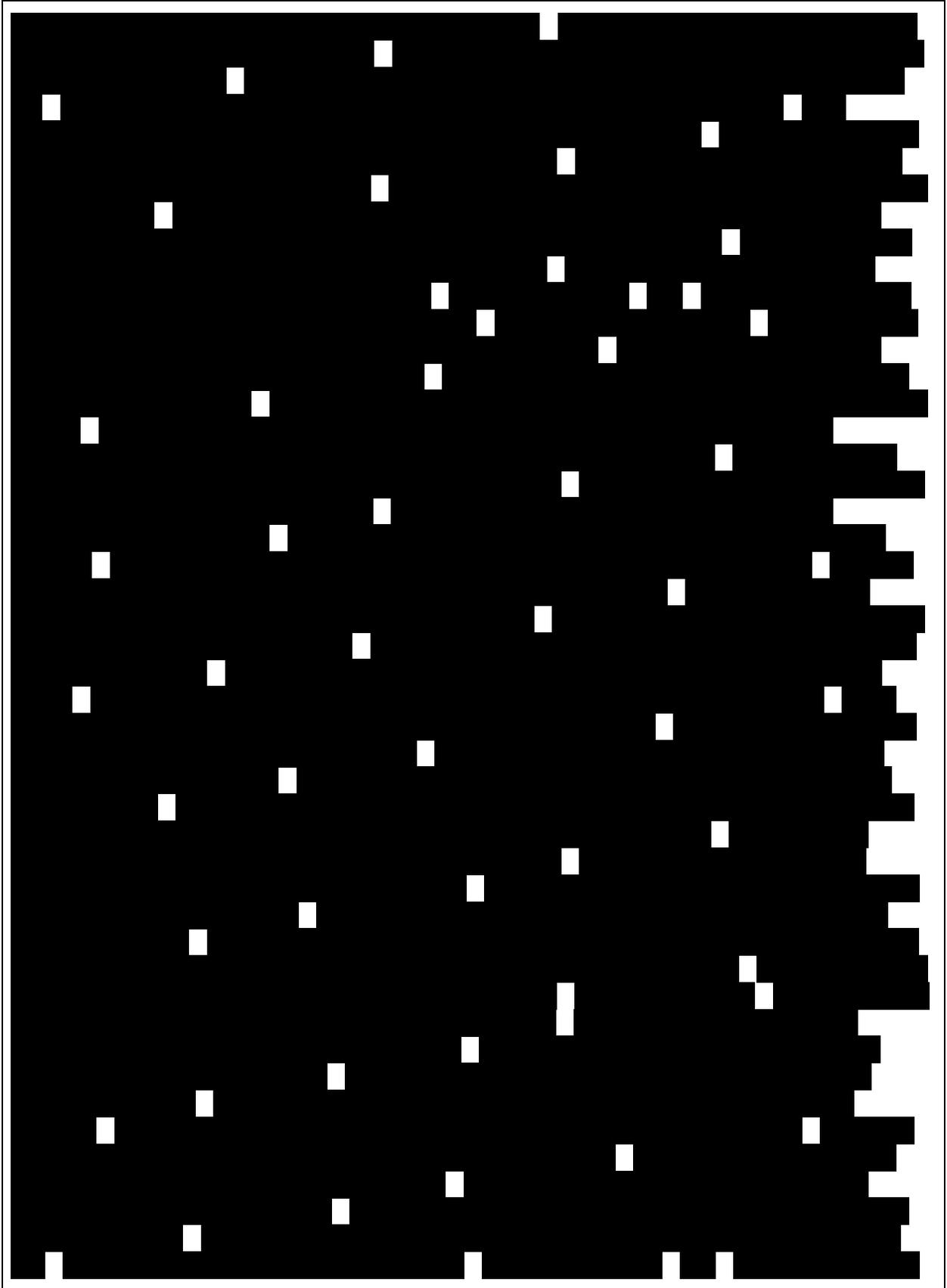
Have any of you that are reading these comments ever experienced Migraines? If so, I think you would definitely understand my desire to include them as a valid reason for the use of medical marijuana. If you still can't decide to include them, how about adding this to the defintion?: Migraines --- being treated for at least two years, or four years.

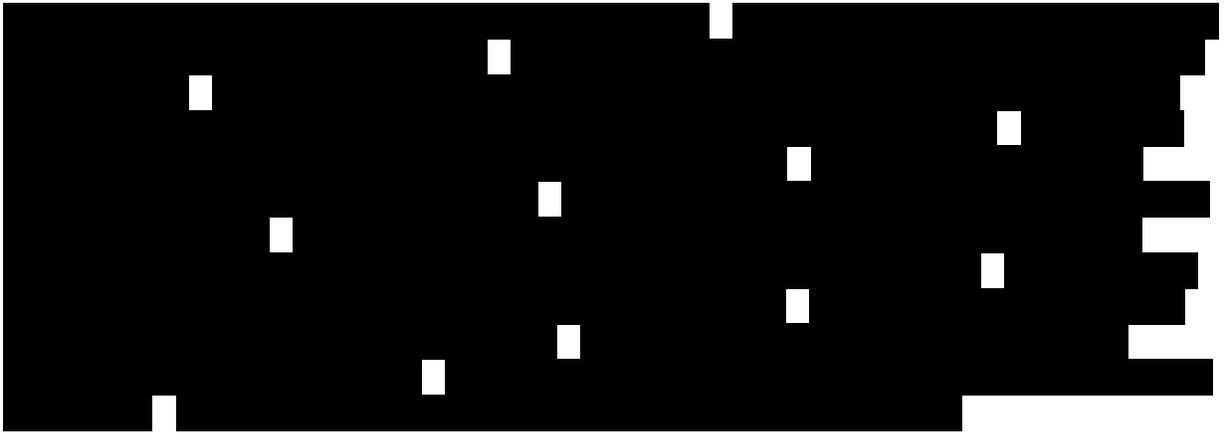
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[Redacted]

[Redacted]






outlaw any use of automated dispensing machines for medical marijuana. There is no way to ensure compliance with this method
Medicinal marijuana should be approved for the migraine syndrome
PTSD should be on the list too many people suffer from this and its the only thing that helps
Yes, as stated above.
Make sure "vending Machine" process is not allowed as an option in dispensaries.
1. There may need to be population based dispensaries! 2. The number of patients in the State of Arizona moves from 15,000 to 150,000 patients this is a real huge issue! 3. The Colorado and California MMJ is a mess because of poor planning! Please do not allow other dispensaries next to each other as Colorado and California.
Yes, as indicated above R8-17-101.21.b should contain childrens' parks or parks intended primarily for their use by person's under the age of 18.
Make sure there is language around employment screening and background checks for the employees that will be issuing the medical marijuana

As we have discussed in the preceding comment sections, we believe that a provision should be added to require dispensaries to have policies in place for the dispensary: 1. To submit medical marijuana to qualified laboratories for testing and disposal; 2. To select and use a qualified testing laboratory that is independent of the dispensary and that is capable by certification or other demonstrated means to enable the dispensary to assist registered qualifying patients with the medical use of marijuana by providing information about the medical marijuana available for sale at the dispensary. The rules also should include definitions for the following: A. A "qualified testing laboratory," which must have a quality system in place and which must be certified or be currently pending certification (such as ISO 17025) by a national standards body for: 1. Laboratory competency 2. Sample traceability 3. Document control 4. Customer communication 5. Equipment calibration and maintenance B. The "necessary testing" for medical marijuana, which should include: 1. Quantitative analysis of cannabinoid content including CBC, CBD, CBN, THC and THCV to help the patient select an appropriate sample for their specific medical use. 2. Visual evaluation by an individual trained to observe the presence of common foreign bodies including: mold, insects, dust, or other particulates of concern. 3. Qualitative microbiological screening to identify the presence of common non-visible pathogens including bacteria, mold and fungi. 4. Moisture content analysis to facilitate a consistent sample weight per dose. 5. Qualitative analysis to determine the presence of common pesticides including: DDE/DDT, Dspinosyns and Pyrethroids. We are available to offer further information or support to the Department in connection with the present rulemaking or a future rulemaking undertaken to more fully address the patient safety and product quality issues that are important to the success of Arizona's medical marijuana laws. Feel free to contact [REDACTED].

Are there rules around how the marijuana is dispensed? Should there be a paragraph that indicates that the person handing out the marijuana has to check ID and receive signature, etc?

See above

1. This is a new business in the State of Arizona. The law, rules and procedures should be easy to comply with under the statute. PLEASE KEEP IT SIMPLE!

I suffer from migraines and would like you to consider adding them.

Cover Migraines in list of approved conditions for marijuana

RE:R9-17-202.F.5(e) is still cruel, arbitrary, unreasonable, and usurps patients' rights to choose other providers or sources of information. IF YOU DO NOT DELETE R9-17-202.F.5(e) FROM THE 01/31/2011 DRAFT RULES, QUALIFIED PATIENTS WITH LIMITED FINANCIAL MEANS WILL BE PREVENTED FROM APPLYING FOR THE REGISTRY IDENTIFICATION CARD, DUE TO EVEN GOING TO A DOCTOR TO "ASSUME RESPONSIBILITY FOR PROVIDING MANAGEMENT AND ROUTINE CARE OF THE QUALIFYING PATIENTS'S DEBILITATING MEDICAL CONDITION..." WOULD MEAN ADDED EXPENSES TO THE PATIENT

I.E. PATIENTS WITH MEDICAL COVERAGE THAT DO NOT INCLUDE SEEING DOCTORS OUTSIDE OF THEIR COVERAGE I.E. VA MEDICAL PATIENTS OR UNEMPLOYED WORKERS ON STATE BENEFITS. IF QUALIFYING PATIENTS CAN JUST GO TO THEIR RECOMMENDING MARIJUANA PHYSICIAN TO SEE GET THEIR RECOMMENDATION AND KEEP SEEING THEIR REGULAR COVERED DOCTORS FOR THEIR ILLNESSES, THIS WOULD NOT DISCRIMINATE ON A LARGE POPULATION THAT WOULD BE QUALIFIED FOR MEDICAL MARIJUANA. PLEASE CHANGE THIS. YOU HAVE NO AUTHORITY OR RIGHT AS AN EMPLOYEE OF THE AZDHS (WILL HUMBLE DIRECTOR) TO PLACE YOUR OWN BIASED VIEWPOINTS INTO THE DRAFT RULES. (IN YOUR OWN WORDS ON YOUR OCT. 22, 2010 DIRECTOR'S BLOG " If we have the authority, I'd like to somehow craft some criteria that would make sure that some real assessment happens including a discussion of the range of medical management strategies that could be taken to help manage the patient's condition before a physician can hand out a recommendation. I don't know if we have that authority, but I sure hope so." AGAIN, YOU HAVE NO AUTHORITY AND PLEASE KEEP YOUR DRAFT RULES ALIGNED WITH WHAT THE VOTERS PASSED IN PROP 203. THANK YOU.

Make medical MJ easy to obtain, affordable, and without too many petty rules....for those in pain, please.

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

We also respectfully request that DHS implement an online reference website for patients, vendors, and financial institutions to verify the dispensary licensing, good standing certification, annual inspection results, and filed complaints. A site similar in nature to the Registrar of Contractors website we believe would be sufficient. It is vitally important that the financial institution banking a dispensary be notified if the operating license is revoked. If DHS requires dispensary operators to maintain the name of their depository bank on file with DHS, The Biltmore Bank of Arizona would happily supply a monthly report of all dispensary operating accounts on file. This information will also allow DHS to notify the applicable depository bank immediately upon revocation of a dispensary license.

We also respectfully request that DHS implement an online reference website for patients, vendors, and financial institutions to verify the dispensary licensing, good standing certification, annual inspection results, and filed complaints. A site similar in nature to the Registrar of Contractors website we believe would be sufficient. It is vitally important that the financial institution banking a dispensary be notified if the operating license is revoked. If DHS requires dispensary operators to maintain the name of their depository bank on file with DHS, The Biltmore Bank of Arizona would happily supply a monthly report of all dispensary operating accounts on file. This information will also allow DHS to notify the applicable depository bank immediately upon revocation of a dispensary license.

I hope to see the issue of edible/ infused product regulation be addressed in the final draft. Regulations in this area are currently seen by many as a "gaping loophole" and perhaps infused products should be considered at the same level as medication in flower form. I'd also like to see regulations on how dispensary licenses shall be transferred in the event of a business failure, (goodness forbid) loss of life, or simple interest in getting out. May licenses be sold or in such an event will DHS redistribute the license(s)?

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.

Add PTSD and ensure no taxation like we originally voted!

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Thank you for the opportunity to provide comments. [REDACTED]

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what's to keep anybody from saying they've got pain,getting a greedy dr to prescribe marijuana,then selling it into the illegal market? i would like to see very tough laws put in place to prohibit use in public places,or while driving or in the workplace,or in circumstances like the open container law.and test suspects just as they are tested for alcohol with just as severe penalties.

Yes, to R9-17-201. regarding Debilitating Medical Conditions, the following which effects many woman should also be added: A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes Endometriosis.

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RE: QUALIFYING PHYSICIANS Under section R9-17-312 or other pertinent section, Medical director, allowable medical director credentials should include L.Ac.s or licensed acupuncturists licensed by the Arizona board of Acupuncture examiners. Of particular qualifications are those physicians who are nationally board certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Chinese Herbology. These providers are in a unique position as authorities on the pharmacological effects of botanical substances and their interactions with pharmaceuticals.

Add PTSD and ensure no taxation like we originally voted!

Ways to develop infusion M.M. needs to be more extensive than baked goods, etc... Safety cameras that are monitored by the government, I believe will create more safety for the dispensaries and community. Please bring that back on board.

The market will demand that this stuff be quality controlled. I know that there are private labs around town that are interested in providing analytical services, as well as the out-of-town labs that are planning on setting up shop. Even if the ADHS is not going to require this testing, there will be a market for this voluntarily, the patients will require it. The question is how the labs can legally have this stuff on site. Maybe it's as easy as saying that operators of these labs who conduct tests on the medicine be allowed to do so, by being either patients or caregivers. It's a tough pre-req that these lab technicians be patients (although that's how it is in Montana). I think the easy way to do it is to add a subsection to the definition of caregiver. This type of caregiver, let's call it "Caregiver Type B", is specifically defined as an agent of an analytical laboratory - they don't care for patients (directly), so they don't grow plants, they are strictly limited to being allowed to handle medicine for experimental purposes within their employer's laboratory facility.

Can one entity be awarded more than one dispensary? Can a dispensary have an offsite cultivation

site in another CHAA? How will one dispensary create enough inventory and provide for potential qualified patients in a CHAA with a population of 200,000 residents when the city requires that it can be no bigger than 2500 square ft, including storage? What will happen to the people who have secured leased property as directed by the draft rules if the Dept. changes that requirement to the second application process? I'm sure there are many, many leased spaces across the state that will now have to be vacated and that was a huge expense for potential dispensary owners if the rules changed after the fact. There could be a hundred leased spaces in just one heavily populated CHAA (even in clusters, not knowing another candidate had leased in the same complex!) hoping for the ONE CHAA that is to be awarded. The Dept. had a tough job, but it could cost much more in the long run to remedy lawsuits, than it would have been to hire the manpower and create the resources to create clear, tested rules in the beginning. The other side of that is it's almost impossible to find a space to lease that meets city zoning requirements and the draft rules. They're either occupied or there just aren't any because the zoning is so strict. How will dispensaries really be built in cities that don't want them? Do they (cities) realize this will lead to virtually impossible to regulate home growing?

I strongly suggest that at some point during the application process you require the applicants to disclose their financial resources as part of the approval process. They should have to prove that they already have the resources or have access to them in order to get the doors open for business. I do not believe that applicants should be discriminated against, however I think there are a lot of people looking to apply that may not be aware of the true costs involved. I have put together some numbers on different locations for dispensaries and cultivation sites and the costs for tenant improvements alone could be as high as \$300,000 - \$500,000 or more.

I can't think of anything.

CHAA is too restrictive, who would put 250K into a business in rural areas. Let the qualified people in need grow in their homes and charge them for inspections of their grow area! Please do not let the few control this industry, the little guy especially if he has or had a condition that MM would have helped him have a chance of a getting a dispensary license.

I SEE PEOPLE ADVERTISING ALREADY, I BELIEVE IN THE BENEFITS. I HOPE WE LEARNED FROM CA. WHAT QUALIFIES AN ENITY OPENING A FACILITY, BUSINESS EXPERIENCE, MONEY TO OPEN ,AND PERSONAL GOALS.

I am concerned that: Physicians who compassionately certify patients will be restricted in the number of approvals they will be allowed to write in a year. It seems unreasonable to predict how many people will need this kind of medication. Many young people sustain injuries due to accidents & unforeseeable events. Also, I have heard testimony by many returning veterans who claim this is the

most effective treatment for their various injuries. and The cost of an ounce will be set too high for many who are experiencing hard economic times. Many people do not have insurance (if insurance will even cover this medicine) & will be denied ACCHS now with the new budget cuts.

Yes! A requirement should be included that strictly prohibits a person from operating a vehicle and/or heavy machinery to a dispensary if they have ingested marijuana within the last 24 hours. The drug has a very long duration of effects and impairs a person well beyond the euphoric "high" stage. Arizona already has an impaired driver from prescription medication problem with people operating their vehicles to pharmacies and does not need more of them on our roads while impaired by marijuana.

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

Please add Post Traumatic Stress Disorder to the list of medical conditions allowed to use Medical Marijuana. It is essential that they be included to be consistent with other states and allow those with PTSD to lawfully use Medical Marijuana in the State of Arizona. Thank You.

Fairness to would be applicants and qualified patients. Treating this like a business.

The rules are too complicated now. Less is more.

Rules for Testing and Measuring for toxicity and purity have been ignored

Mandatory laboratory cannabis testing.

One item that has been omitted is who is responsible for the moisture analysis and certification of the marijuana and marijuana products: The grower or dispensary? With any pharmaceutical product, moisture content needs to be measured. Moisture content can affect the quality and safety of marijuana from shelf life to possible mold or bacterial growth. Whether it is the responsibility of the grower or dispensary, moisture is something that needs to be measured to certify the quality and grade of the product. I propose that any moisture analysis of marijuana, or instrumentation used to measure moisture, be provided by, manufactured by, and/or serviced by an Arizona business. By

utilizing an in-state vendor for moisture analysis, there is no need to transport marijuana products or instrumentation used to analyze marijuana across state lines.
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Requiring bonding and insurance. [REDACTED] [REDACTED]
No
Please consider these points, I am thankful for the hard work that AZDHS has put into the regulations. Marijuana is an illegal substance. The citizens of Arizona need to be protected from the abuse that has occurred in other states. Patients with legitimate reasons to receive medical marijuana would be able to receive the drug, at the same time limiting abuse with these few additions to the regulations.
I'd like to see clarification on the following: 1. How many CHAAs can one apply in to increase their chances of being granted an approval? 2. The map needs to be more user friendly. It's hard to tell which areas are in a CHAA. Fort Mohave seems to include some FMIR reservation land. Yet there is a reservation CHAA. In Mohave County, there are areas where every other square mile is actually reservation land. 3. With regard to reservation land, can the reservation be considered twice - as a lessor of property and also as lessee? 4. Can an applicant apply with multiple addresses within a CHAA to increase their chances of being granted approval? 5. It would be great to inform us on the map how many areas remain that do not have successful applicants, once the process is underway.
A couple of additional things.Â Â DHS should consider the type of capital that will be required to operate a successful dispensary, and set minimum capitalization requirements.Â The more dispensary owners have to lose, the more likely they are to play by the rules.Â There is a great deal of precedent for government to require insurance, so that should be included in the rules as well. Â Â Lastly,

DHS should require that the respective jurisdiction certify compliance with local zoning laws. Just taking the word of an applicant is a recipe for people to manipulate the process by simply lying, and it's always harder to force compliance after the fact.

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Thank you for your time and hard work.

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

Please make costs low for the patient by (1) keeping dispensary costs down (2) keep application fees down (3) don't require a doctor for a dispensary (4) keep delivery costs down. (5) a truly needy patient doesn't need to pay a lot of costs for a marijuana doctor, one visit is enough. The patient should always come first. Thank you

What needs to be included is a way for current non profit organizations, which have been designated as such by the ACC for the Medicinal Distribution of Marijuana, to apply for an augmented Dispensary permit based on not having any housed or manufactured inventory. This stipulation would allow for the Multi-Million dollar non profit organizations a true opportunity to be under the strict auspice and supervision of the (azDHS) state. Furthermore, the role of Dispensary Agent to sick medical marijuana patients can be more safely exercised by augmenting the dispensary permits to include for agencies like mine that ensure the safety of not only the patient, but to lessen abuse by those who may be granted any permit dealing with Prop 203. This is crucial language to be added to the rules because the safety, care, and privacy of patients dieing or seriously ill must be respected. Once again, the limit of 5 patients under one caregiver must be changed to unlimited so that small non profits like mine can substantiate and cover costs involved with the actual delivery of goods to sick people. The cost of the permit should stay at \$5000.00 *****but, with additional terminology to allow opportunity for non profits, designated by the state for the distribution of medicinal marijuana, a chance to act as Agent and Caregiver to qualified patients as a delivery and instructional service for permitted users of medicinal marijuana. Thank You for your time and consideration. [REDACTED]

Limit the number of patients that a doctor can prescribe medical marijuana to no more than 100 per year. Do not allow minors into dispensaries. No alcohol in the dispensaries. No marijuana use in the dispensaries. Regulate the contracted agencies that infuse marijuana products the same as dispensaries to avoid mishandling of marijuana.
Yes, the process by which an unfilled application for dispensary might be released to a new organization should one be revoked under the law once they are in place.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
Depression
What about a delivery service to obtain medicine
Limiting number of patients a doctor can recommend for medical marijuana treatment.
A couple of additional things. DHS should consider the type of capital that will be required to operate a successful dispensary, and set minimum capitalization requirements. The more dispensary owners have to lose, the more likely they are to play by the rules. There is a great deal of precedent for government to require insurance, so that should be included in the rules as well. Lastly, DHS should require that the respective jurisdiction certify compliance with local zoning laws. Just taking the word of an applicant is a recipe for people to manipulate the process by simply lying, and itâ€™s

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

There are some conditions that have not been included: Gastroparesis (stomach paralysis) is a debilitating disease that involves serious nausea and vomiting much like the side effects of chemotherapy. In Canada, Medical Marijuana has been used for years to help with the nausea and vomiting with great success. All of our doctors have said it would be a valuable thing to try to help with the muscle action in the stomach, increase appetite and digestion. More information can be supplied. [REDACTED] Another condition, post herpetic neuralgia, which is a secondary symptom from shingles can be a life altering, painful daily condition that is controlled now with narcotics such as oxycontin which has its own intestinal side effects that can be debilitating. This nerve pain could be addressed with Medical Marijuana.

Multiple applications from the same individuals, entities will not be accepted. If an individual submits multiple applications all applications are automatically denied. Prop 203 sets up a medical marijuana fund. There is nothing in the rules that addresses that fund and what will be done with it. I think the rules need to address the used of the fund and what the Department of Health will do with those revenues. The program is supposed to be self-funding and those monies are not available to go into the General Fund.

I feel the rules are unclear on whether or not a permit needs to be obtained from the city/town where a potential dispensary will be located prior to submitting an application for an operating certificate to the state. I know that the Town of Gilbert began issuing permits for medical marijuana dispensaries on February 14th and the City of Tempe plans to begin issuing permits on February 28th. It doesn't seem to make sense that one can obtain a permit from a particular city/town without knowing if they're even going to be selected (whether through a lottery or some other application process) to receive a certificate from the state. Cities/towns are only giving a limited number of permits for medical marijuana dispensaries so what would happen if an individual secured a permit with a city/town but did not receive an operating certificate from the state? Would that individual's permit be revoked and given to someone that was awarded an operating certificate? What if you received an operating certificate from the state for a particular CHAA but the city/town that the CHAA covered had already issued their limited number of permits? Thank you for taking the time to clarify this information.

Less restriction. You are trying to legislate problems that don't exist.

Allow patients to grow their own no matter where they live. The 100% tax is ridiculous! It may be cheaper to buy it illegally. This bill should try to take the criminal element out of the sale market, however if it is going to cost twice as much to buy from a dispensary, then why would someone pay the extra money? Allowing those who can't afford the extra money for the tax should be able to grow it on their own. One should be able to purchase a growing license for a nominal fee. Perhaps it would be best to give a growing permit for a 2 year period then you would have to renew it and pay another license fee. Of course all that would be grown would be for that person's personal use only, not allowing that person to sell or give the product away.

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

YES. DELIVERY SERVICE. In looking over all the information this is one thing totally ignored. In other states where medical marijuana is dispensed they have patients that are too embarassed or, for any other reason, to go to the dispensary in person. The dispencerics will then deliver it to your home once all the proper paperwork is done on site the first time. This could be a control situation if not addressed. [REDACTED]

There needs to be a process for changing and/or adjusting a dispensary's policies and procedures and getting those changes approved by the department. As these are new businesses, we do not know exactly what will work in practice. Considering the requirement to comply with the approved policies, a dispensary should be able to inform the department of a proposed change and then have that change approved so it can make adjustments in response to real world issues that arise in the course of its business.

Absolutely! How is a dispensary or a patient to begin growing? Where will this initial seed or clone come from? That has not been addressed to my knowledge. From what I understand the start-up process will be against the law which means everyone will be coming a felony during their first grow.

there needs to be information on where to obtain cannabis genetics that will be used to grow medical marijuana. And dispensaries and caregivers should be allowed to obtain genetics from wherever they feel necessary in order to provide the best medication for their patients.

We need less rules, not more!

there is nothing in the rules that requires that the marijuana needs to be tested. herbal supplements usually have levels of active alkaloids, drugs all have a strength listed, this should have the same requirements. no testing facility exists in the state that I am aware of.

The idea of medical marijuana can be clouded at best. My most critical concerns do not deal with the law or procedures themselves. My concerns arise from any sort of "accidents" that could occur--such as a transportation accident involving a driver who is taking marijuana and driving at the same time. NO matter whether there is a prescription and education that person has obtained and experienced or not, if an accident occurs that causes bodily damage or death, there must be some sort of consequence. A person cannot have any charges eliminated because of the health issue. Nor can the use of medical marijuana be used as an excuse of any other sort of crime. Is there not a provision for using medical marijuana in pill format?

Anyone previously convicted of using, transporting or selling illegal drugs (of any kind) should not be allowed to have a card for medical marijuana or run a dispensary or grow marijuana. If after receiving a card and they are convicted of such crimes their card should be disapproved. Also there should be no city, county or state assistance to pay for those individuals who claim they cannot pay for their medicine (medical marijuana).

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

Arthritis should definitely be one of the medical conditions that Medical Marijuana can be used to treat its pain and suffering. Some days I can barely get out of bed because my joints ache so much, BUT I will not take "Prescription" Drug for this condition BECAUSE of all the possible side effects - LIKE DEATH! PLEASE include Medical Marijuana as a treatment for Arthritis -that does NOT kill the patient! Thank you.

People who already use cannabis to treat their symptoms should be allowed to do so legally and not have to start seeing a doctor who want to push the oxycotton, perkaset or other unnatural drugs. I want a healty natural alternative. Thank you i know this is a huge amount of work for a already overworked department.

I read in the paper, that they may put a Z at the end of a license plate for people who have DUI's. They need to do something like that for people who will be using a drug. So they can be monitored. I'm afrid that there will be more accidents which will harm people.

Marijuana Clubs set up as a "Bring your own" Bar

It should only be given to terminally ill people with much heavier prosecution on people who abuse it.

i was able to speak at both meetings and stay through out both meetings. the duplicity of the get rich, we want a dispencary and the rules are fines but must evolove was certainly eposedby 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 adressed that wih the various size plants can get and what they will yeild. personally,,, if these owner's can't see far enough ahead to produce the 8'-12' type plants that produces 2-40 pounds a year each i would rather not be forced to do ny thing that involves trust and my health with them. with those sort of conditions in mind i can't see where the patient should ever have a need to pay for anything but the card the state issues for all retirees and folks on gov assistance,,, ie medicare medcade. the testing and all can be done in home. they are now producing in pharmacy analizers,,, later as the rules revision continue allow pharmicies to provide those services. if the patient has no controll over the actions of caregivers and big dispensaries the patient may want the testing done on for themselves after delivery to see what , as the end user, they are getting. the other set up for fraud is when the growers have one test done then dispose of a whole section or batch,,, which may not carry any thing but what it should,,, be does away with iat someones expense and incoveinance. again a way to jerk around the state and patients. if these practices were committed against a racial group or religious group or an alt. life style group should be ht crimes. they should be hat crime protection guarenteed from the state when any kind of manipulation of the markets toward the disabled or heavily suffering from an impairment to the degree that marijuana has been recommended. i felt what i hope is a small in comparssion feeling of rights and freedoms grant me when the ada passed. i'm feeling that freedom again now but am deeply concerned about the undue expense and disrespect the patients may have to contide with if other states practices are allowed to cause influence hu an open giftfud to be spent as the director sees fit. iit's the hought i don't mind that rule but i don't have the 40 million i would stuff it with just to give you and your great staff enough room to take a breath of clean air and have a real look at what we can have for arizonans here. thank you all very much.

Reciprocity; Will there be a provision that allows for card carrying registered user from another state, that may be visiting to either obtain a temporary card or use the valid card from a different state to obtain the medical marijuana. ? without going thur hiring a doctor, getting copies of all paperwork etc. thank you
Dispensaries that provide medical marijuana, including infused edibles should not be allowed to have people ingest it on their property. Also they should not be allowed to obtain liquor licenses and turn themselves into lounges for recreational use.
1. Do away with the random lottery and implement a "GRADING" or "POINT" system. 2. Mandate BIOMETRICS and DATABASE that can be easily synched into the AZDHS's database providing REAL TIME data/transactions/monitoring.
Have you considered the many people who come to Az for the winter or those who live in AZ half the year or who have second homes here? Will there be a way for them to be allowed to be certified by a medical provider and then utilize medical cannabis in AZ? Will AZ accept recommendations from other states if the recommendations are verified by a dispensary or only those certifications from AZ? At present there are only two other states who accept recommendations from other states, I believe, Montana and Rhode Island
yes, eliminate the pot doc and have the AZ DHS control this industry.
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per year.

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I am terribly concerned about the DUI rules. I think they MUST be clarified. Will our police officers, bus drivers, and emergency workers be allowed to go to work with marijuana highs?

How is "chronic pain" defined? Is this physical pain only? I have a

[REDACTED]

██████████ Please open the terms "chronic pain" to include severe anxiety. Studies are showing marijuana can be a safer approach to treating anxiety, depression and ADHD and I can assure you these individuals are indeed in chronic pain.

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

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Will AHCCCS cover it or offer a discount for it? Can individual counties offer a discount card for MM like they do for chemical prescriptions???

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

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PTSD should be a qualifying medical condition.

*Needs to be a disposal process for the excess. *Dispensaries can only have 2 violations for selling unlawfully before their licence is revoked, enough of the excess of unlawful acts without great risk of loosing their licence. *All Dispensaries need to follow city, state and federal laws. *Limit as best as possible the large scale operation. This is what clearly established that is is truly not about medicine. None of this cultivation has to be tied to a patient in any way...amazing! *Raise the license fee, this should not be cosing tax payer a dime yet we are already in deep, they need to cover the costs. *Must have an existing Dr./Patient relationship for at least 6 months unless they can show proof of residency from another state with that Dr. recommending.

med. marijuana should be used to treat whatever the patient/doctor decides is effective....any

condition...it should be up to the dr and patient; not the govt to decide. depression, arthritis (both kinds), nausea,etc... any condition deemed disabling to the individual should have the right to and easy access of medical marijuana. ease up on all restrictions for prescriptions and growing...find a way for the state to profit and let anyone with med. conditions decide their drug of choice. no evidence has ever been found that marijuana is dangerous in any way. It has not shown to cause cancer or other negative effects....it is a natural herb with amazing medical uses and is highly effective in helping people deal with medical issues. Alcohol and all the other so called approved medications all have dangers listed that are a mile long....you do not see that regarding marijuana....more people are addicted to the medicines we "approve" in this country and are given out like candy and a natural and harmless plant...an herb is prohibited...that makes no sense. Please help those who are suffering from a variety of ills to have access to medical marijuana! Thank you.

Please add preventing medical marijuana usage in common areas of planned communities.

Inclusion of Nurse Practitioners as prescribers.

be very specific about the illnesses treated limit the number of prescriptions a doctor can prescribe per month limit the number of patients that can be treated by each doctor per month

I think persons suffering from other auto immune conditions (i.e., lupus, lou gerhigs disease, etc); as well as, persons suffering from chronic conditions such as hypertensionm should be included in cinditions accessible to marijuana tx. I think we should leave medicine out of the hands of politicians and be the example of how we trust and treat ou medical community and our citizens. Stop being a police state and give people their rights back, that is the very thing that makes AZ unique!

PRICES AND MAKING INSURANCE COPANYS PAY FOR IT.

Define the term "School" better, and state how the distance form a school should be measured, like from the front door of the dispensary to the property line (or front door) of the school. Define exactly what the department requires in R9-17-303 B. where the rules state: "4.Policies and Procedures that comply with the requirements in this Chapter for: a.Inventory control, b. Qualifying patient recordkeeping c. Security, and d. Patient education and support " I do not see where these requirements are defined in the rules so that an applicant for a dispensary can know what is expected of them. Again, minimum, but high standards need to be spelled out for everyone's

benefit.

PTSD include that on the list of conditions. We must take care of our veterans.... Need clarification on where the dispensaries can obtain their seeds?

Where is the budget (money?) to support seriously ill individuals on this scale. It seems logical that chronic patients could more afford to cultivate and donate excess to lower the cost burden.

Personal cultivation privilege within reasonable limits to only produce up to 2 and half ounces of dried cured medical marijuana to prevent any contaminants that possibly would come into their medicine from a 3rd party source. Another reason is to being able to choose their own specific strains that helps to alleviate their own medicinal conditions that the dispensary may not be able to acquire or have in stock at the time of medical need of the registered patient. This issue is a very important issue that needs to be resolved right away.

Protection of patients and caregivers privacy! Hello!

There needs to be a limit on how many applications can be submitted by one person, or organization. I suggest there be no more than two applications per person/organization. I understand a need for more than one possible location, because of the zoning regulations, but I know of groups planning on submitting a lot of applications. "The rich get richer". As a person who wants to open a dispensary the right way, but doesn't have deep pockets, limiting the number of times one can apply would increase my odds of being selected. Thank you.

What it means to be randomly selected

I'm concerned about how low income people like my self will be able 2 afford there medical marijuana medication .. I have seen the price of medical marijuana in other states and there is no way I can afford \$400 or more dollars a ounce the only way I will be able to have medical marijuana is to be able to grow my own I feel there should be some rule for low income people so they can grow there own if thats the only way it can be afforded ... I live on \$675 dollars a month so how am I going 2 be able 2 afford it my insurance will not cover medical marijuana so please put some thought into this problem

Allow physicians providing certification evaluations and ongoing care to have access to the dispensary database so they can monitor the patient's use of medical marijuana. Require a certification course for physicians providing medical marijuana certification evaluations. This would improve patient care by providing much needed continuing medical education in an area that is not taught in medical school or residency training. Monitoring the effects of medical marijuana is not standard of care in medical practice, so specialty training should be encouraged if not mandated.

Define random as it pertains to the lottery. Is it random, which there is no such thing as, or is it a lottery? Make it clear. What is a qualifying application for a dispensary? Specific details!!! Is it a not for profit, or is it a traditional corporation? Come on man! Simply state the objective, Transparency to the books, what is the point?

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.'

Please make costs low for the patient by (1) keeping dispensary costs down (2) keep application fees down (3) don't require a doctor for a dispensary (4) keep delivery costs down. Thanks. The patient should always come first.

Nothing that I'm aware of.

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.

Yes, whether or not other states with the same laws regarding medical use of Marijuana, ie.) California Medical Marijuana Patient licenses will be or not be honored while patient is visiting our state.

Due to exposure to dispensaries in Montana I know that there needs to be firm provision for revocation of license for use of marijuana outside on premises. Do we want potheads puffing away impudently thumbing their nose at law enforcement? Smoking of marijuana on dispensary grounds shall result in immediate revocation of the license.

There needs to be oversight of the physicians who recommend medical marihuana - there needs to be random audits of the medical records by a State Medical Marihuana committee.

Just the above window information

Only as noted above. Again, thank you for allowing [REDACTED] this opportunity to respond.

Where are the propositions/rules for real patients that will not be able to afford what you are proposing.

Allowing a town such as Tonto Basin to have a sub dispensary.

I do not see any thing about the number of cultivation sites a dispenceries can have. I know that cities have restrictions on the size of buildings, but I do not see anything in any town meeting that limits the number of cultivations site.

Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.
An infusion facility should have one purpose, and one purpose only.....to concoct marijuana edibles, lotions, etc. They should be licensed and regulated...
Any health professional that can prescribe dangerous prescriptions, ie; oxycodone, hydrocodone, adderal, etc. should have the ability to recommend medical marijuana.
Streamline the rules-----keep them simple, not convoluted.....
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.
Allow the individual to grow one or two plants for his/her own use.
Since at least a third of our patients have at least TRIED medical marijuana, we were happy to see that the state seemed to be serious about making this a MEDICALLY controlled substance, not a recreational drug. Now we find that the state is proposing that dispensary licenses be given out randomly. When did this become a lottery? All our nurses, pharmacists and physicians have to meet SOME kind of medical standard, drug certification and ongoing medical education. Even then, we need to be tested regularly. The fact that anybody who fills out the paperwork, leases a building and

pays the application fee can do this is a disservice to patients expecting to be treated like a medical patient rather than a customer for legal weed! The current medical requirements are too skimpy to meet even the minimum standard of care for cancer patients. Please give some thought to adding more patient and community relevant requirements to the licensing process. A random drawing seems a tremendous mistake!

there should be a regulation of (low income) price controls to allow people on SSI and SSDI (low-fixed income) to be able to afford marijuana without bankrupting them. With all your requirements it looks like it's going to be very expensive to produce and dispense, leaving the truly sick people who cannot work unable to afford the medicine they are entitled to, as we know insurance companies or AHCSS won't pay for it. I do like the part where low income licenses (for patients) are reduced. Atleast require dispensaries to stock a low income-budget type of marijuana for those unable to afford high dollar strains (types of plant). I have seen the prices in other legalized (medical) states and in no way can I afford the medicine I need for my terminal illness.

I think all dispensaries should be required to donate a percentage of their gross revenues to substance abuse prevention education and programs in the communities where they are located. I also think if dispensaries are allowed to operate growing operations in communities other than the community where their dispensary is located, they should be required to donate a percentage of their gross revenues to the community where their growing operation is located. Regarding page 42 E., I think any dispensary found out of compliance with the department should be closed until the violation is remedied. The way it is written will lead to situations of dispensaries operating while continuously being in violation. There needs to be much stronger incentive to operate within all the rules, all the time.

Why can't pharmacies dispense medical marijuana?

Is it possible to apply for a certificate for just a cultivation location? How will the money be returned for those who are not considered qualified? From the time that you have your inspection within the

required 60 day timeframe how long after that will you get your permission to operate? Will there be a notification of the CHAA areas still available? And will have to reapply if I am considered qualified, but get turned down a different location or can I have my application moved to the open CHAA? What will happen to the CHAAs that fall on Indian land if they decided that they not want them in their community?

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

No

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

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

Yes. A very BIG thing, since this proposition has been passed by the people of Arizona (again), nothing is stated in the draft about price, whether or not the state AHCCCS program is going to include Medical Marijuana in their formularies, and a list of Doctors that are willing to stick their neck out and recommend MM for the patients that could benefit from it. I also would like to see that people who are receiving benefits from Social Security Disability, and have a qualifying ailment(s) for MM based on the info in the draft, be able to get it without having spend a year of treatment with one doctor.

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.

R9-17-302.B. The method of allocating Dispensary Registration Certificates described in the draft

rules ensures there will be no concentration of dispensaries in any particular area of the state. Given this process, it seems there is an opportunity to give local governments (cities, towns and counties, depending on the location of the Dispensary within the CHAA) a voice in the selection of the dispensary. This would be similar to the role local government plays in the issuance of liquor licenses. It is unclear why you would want a less rigorous process in selecting medical marijuana dispensaries that in selecting liquor license recipients. The process to obtain local government input could be a simultaneous process to the state's review of applications to ensure they are complete. R9-17-309. A.4. This section of the rule establishes the need for all employees and volunteers of the dispensary and the food production site to possess a dispensary agent registration identification card, which as we understand it requires an annual \$200 fee. If the food production site is restaurant kitchen or catering kitchen, this has the potential to be a very large number of individuals. We suggest you consider a group discount once the number of employees and volunteers reaches six (6). This number does not include principle officers or board members. R9-17-317.D. We suggest you add marijuana edibles shall be transported in a protected manner to avoid contamination during transportation. R9-17-321.C. With the rule that now ensures only one dispensary within a CHAA, it is likely in the rural areas of the state that there will be substantial distances between dispensaries (except in the metropolitan areas). If the state were to revoke a dispensary registration certificate, the individuals who are served by that dispensary would need to travel to another dispensary to obtain their medical marijuana. While they would be 25 miles from the next closest dispensary and, therefore, able to grow their own plants, this could not be accomplished within a two week period. Has any consideration been given to enabling patients to purchase a larger quantity in this circumstance only, to avoid having to travel long distances (it could be up to 4 ½ hours in this county) every two weeks? Also, will the qualifying patient be able to start growing their own, in this specific circumstance, while still obtaining the medical marijuana from the next closest dispensary. which as we understand it requires an annual \$200 fee. If the food production site is restaurant kitchen or catering kitchen, this has the potential to be a very large number of individuals. We suggest you consider a group discount once the number of employees and volunteers reaches six (6). This number does not include principle officers or board members. The rules continue to be silent on the use of vaporizers or hookahs in public places. We believe this use should be prohibited in public places and the rules should state this.

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

you must address the need for a practical method for the legal acquisition of cannabis strains.

Provisions for testing labs. Of course you know that you have no provision that would address an issue for a single applicant if he suddenly died. Does the family notify the state immediately, within 10 days, the next renewal period? What happens to potentially pounds and pounds of medicine in the meantime? I was told at the hearing that the license/business would go back to the state. I can envision many of probate lawsuits against the state if it attempted to take a decedent's legal business

that had been created and built given that the state has no provision for the estate to submit an application with a new, qualified licensee so that the state could inherit the business.

Capital requirements are a must have. If a dispensary applicant can only raise the application fee of \$5000 with the intention of seeking funding afterwards it will draw in predatory lenders that will hijack the dispensary right out from under the "lottery" winner. I have analyzed cash flow charts several different ways, and any amount of funding less than \$100,000 will cause the dispensary to fail. \$200,000 is the minimum needed to do a combination of dispensary and cultivation. These are very conservative numbers. Underfunded operations will fail and cause even more hardship on AZ DHS. It will be a smooth process if the vast majority of applicants actually succeed and stay open. This will reduce the follow up hours that DHS will have to spend if dispensaries go under due to lack of funding.

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 their 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 their own medical marijuana law. Thank you

HOA common areas (and other public co-op living/activity centers) need to be listed as prohibited from marijuana use, not just apartment common areas. Also, the rules need to limit the use of consuming marijuana on private property where the effects of such use can be felt (ie smelled) by users of adjacent private or public properties.

To adhere to the law, the initial cultivation will have to be started with seeds since they are not considered to be usable marijuana. It will help to clarify this in the rules so that cultivators are not confused into using clones which would have to be illegally acquired. "Seeds are not considered to be usable marijuana. Seeds are to be used for all initial cultivation. After initial cultivation, clones may be used so long as they are legally acquired within Arizona."

Yes, restrictions of use (see other two comments)

How does, say an auditing company, get a dispensary agent license?

Yes. Where does a caregiver or patient get seeds or clones to grow their marijuana?

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.

Please disallow the use of smoking marijuana outdoors in residential areas I believe in allowing all persons freedom and liberty. This law gives medical marijuana users the freedom to consume marijuana, but the very act of doing so then limits my freedoms. Example, when the law becomes effective, my neighbor will have the ability to legally smoke a joint in their backyard. The smoke then carries over a few feet into my backyard, which will then force me to have to remain inside if my choice is to stay marijuana smoke free. Is it right to allow this new freedom to trump existing freedoms? Please disallow the use of smoking marijuana outdoors in residential areas.

Please limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year - so we don't end up with "Pot Docs." Thank you.

I want to state my frustration that DHS chose to hold public meetings only during business hours. By refusing (or failing) to hold public meetings in the evening or on weekends, it assured that you would get minimal attendance from the average working class citizen.

I am writing in regards to the medical conditions that qualify. I have been diagnosed with transverse myelitis (which is a precursor to Multiple Sclerosis) I get numbness and muscle spasms on a daily basis. I do know of many others in my support group who use medical grade marijuana and it has changed their lives!! So I was curious if you would add that condition to the list. Thanks! It has helped my mom and sisters tremendously who have also been diagnosed with transverse myelitis. Thanks again for consideration.

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

per year.

Limit the number of applications per applicant Also- What are the drug testing requirements of pharmacists and pharmacy assistants? Mimic this requirement too.

Quality control for the medicinal cannabis products is missing from the regulations. I'm not sure at what level this should occur but laboratory controlled tests should be performed so that the consumer is getting the level of medicinal potency they and their health care provider would expect. Other environmental factors such as contaminants or other foreign substances also needs to be assessed to avoid any harm or negative impact. Appropriately certified, accredited and independent laboratories should be identified for this testing so it is thorough, consistent and reasonably priced. The identified laboratories should be given regulatory approval in a manner that would not place those entities at risk for penalty from either federal or state agencies as long as they stay within the pre-established guidelines. As a citizen and qualified voter in Arizona I would hope the regulations for quality control and consumer protections of medicinal cannabis fall in line with other medicinal products of the same caliber.

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

Transfer of dispensary- Is one private property or a license, a permitted act? Limit the applications per applicant to one. remove the operator restrictions on tax bills and judgements

Remove restriction for cultivation beyond 25 miles from a dispensary.

There is a huge emphasis on security, zoning and finance. There is relatively little discussion on medical qualifications, quality control or patient care. What happened?

As a local business man, and entrepreneur, don't you think that having money in the bank should be a requirement to applying for a dispensary certificate? As stated by the AZDHS, the amount of money to open a dispensary could exceed \$100,000 dollars with the high tech security system, biometrics patient registration, medical director, computerized inventory systems, electronic point of sale, and that is even before the doors are opened. Plus the monies to be able to operate, keep inventory, and pay agents for the first year. So why not require applicants to provide financials, showing not only just in the business plan, but in the bank, the ability to open, operate, and maintain a successful, well secured, compliant medical marijuana dispensary. This would separate those who may not be able to complete, or afford to operate a dispensary, and allow those who have the ability, the opportunity to correctly, and compliantly adhere to the forth coming laws.

Why has been no provision been made to be able to track the product from seed to sale to protect those who consume the medicine?

More definite, specific ways of enforcement.
I'm sure there are, but I am no expert.
Consideration of all the other citizens in the State of Arizona who will have to share the public roads with "chronically debilitated" individuals who are driving while impaired by marijuana.
The usage of marijuana in closely shared living arrangements: apartments and condos. Even cigarette smoke can be smelled through shared walls. While it may be legal for those in one unit to use the product, it is not legal (or desirable) for others to inhale the fumes. I would contend that usage in such situations be limited to non-smoked products (infused in foods, etc).
See above.
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.
please look at Iowa rules and regulation they have good control on medical marijuana on the other hand in California most of dispensaries has been shot down.
EVERYONE'S BEST INTEREST Given the timeline in the second draft: 60 days from certificate to operation The "Qualifying Applicant" NEEDS TO SHOW AND PROVE: #1) IMMEDIATELY AVAILABLE CAPITAL to create, build, and be completely operational in the 60 days REQUIRED by the state. #2) SHOW MONEY IN EXCESS to fully support ALL operational needs of the dispensary in its first year. Otherwise valuable time and state resources are wasted! Everyone wants Arizona to set an example of how to do this right. Lets give ourselves the very BEST

odds and make sure our "qualified applicants" are TRULY QUALIFIED.
See above.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year
There should be some requirement to report financial results on an annual basis back to the state to monitor the "not for profit" presumption. These should be at least "review" level financial statements and possibly "audit" level financial statements prepared by and independent certified public accountant
stronger medical database w/ e-verify type review & id requirements to ensure "patients" do not go to more than one "doctor" to get supply.
Ensure that the number of patients a physician can recommend for medical marijuana is limited to no more than 100 per year.
The state should implement policies for grow facilities and dispensaries to utilize solar energy and efficient water usages as to give energy back to the system and not become a strain on local resources.
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Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year.

The ability to start cultivating with known genetics, clones from known quality strains. The state needs to make available the conduit to aquire such clones from other states.

Sarcoidosis is a chronic disease which needs to be added .

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

Please allow licensing for an infusion business. Tinctures are an incredible way to provide medicine to patients especially those who are unable to easily eat or swallow as well as any other medical

marijuana pt. It provides symptom relief easily without having to smoke or vaporize. It is created from the trimmings etc so there must also be rules to allow one to purchase or use the necessary product in order to develop the tincture. Edibles would also fall under this same infusion license.

The current draft includes an additional fee for moving the location of a dispensary and also regulates the amount of time a dispensary is required to stay in a particular location. With the volatility of the real estate market a dispensary may be forced to move in a quicker time frame of 36 months and not have the opportunity to stay in business if a move of location is necessary. Given the current term of 36 months for a single location dispensaries have no latitude for possible business necessities to move a location. Several occurrences can affect the existence of some of the new dispensaries such as landlord foreclosure, fire, natural disasters, building and construction failures. The current draft needs to include a flexible time to accommodate any of these possibilities.

Please consider separate licenses for growers. There could also be a growers association to help ensure quality. Testing and analyzing for quality, mold, pesticides, as well as CBDs and THC will help to ensure high quality and standards as well as hopefully one day make way for true, allowable research

See, "how can draft rules be improved".

Consideration or priority should be given to applicants which can demonstrate a proven commitment to Cultural and ethnic diversity both with management team and board of directors. Priority points should be awarded in the review of applications with a leadership team that has documented experience in non-profit management and service provision. Priority should also be given to plans which provide for commitment to partnerships with other non-profit service providers including agencies providing services to potential customers including low-moderate income patients.

N/A

What is to be done with the revenue generated from reviewing and denying dispensary registry certificate applications. This money could go into reducing the randomness in the lottery system by forming an educated, experienced, unbiased committee who can create a rating system and determine which applications are best the fit. This money could also back to the patients by lowering the application and/or renewal fees. Thank you!

yes

As a nonprofit, many of the proceeds from the medical marijuana should be used in the community that the dispensary is serving. By requiring the operator of the dispensary to be a resident of the community, town, or city in which the dispensary is serving, the funds could then be applied to the places where they are needed. This has the opportunity to be greatly beneficial to each area a dispensary is located, and by "keeping it local" the dispensary could become a respected, and highly active member of the area in which it is providing care. Having outside sources, people, or groups applying for certificates in areas and communities where they are not located, or involved, is unfair to those who will stimulate local business, and apply monies to specific needs of the area in which they all live.

I believe patients should have to see a physician every 90 days to renew their referral card.

I think each dispensary should have a pharmacist on call to review medications to make sure there won't be any drug interactions. I also would like to see a sworn statement that the dispensary owners are state residents and have no ties (business or financial) to dispensaries elsewhere. I get the feeling that people from Colorado and California are coming here because it is close so that they can replicate what they have already done. I think this is a mistake because they have NOT done a good job! The medical marijuana dispensaries in California are a joke and are basically just head shops that now carry the main ingredient! Arizona has a chance to do this right! Please pick viable and upstanding Arizona citizens to show the state how Arizona is organized and can get this done well!!!

Not really. Make the rules 8000 pages long for all we care, they will be just as effective as the 1937 Marijuana Tax Act, nothing less than complete legalization will mean anything. The credibility of the State crumbled when Jan Brewer, previously quite rational, took a stand against this referendum and rules, so obviously catering to the cartels it revealed her cowardice if not ignorance,-it was too arrogant and defiant to tolerate. The credibility of the Legislature evaporated when the \$5000 fee for dispensaries appeared. WE cannot and will not trust you. We cannot support any such plans, nor be so dishonest as to suggest compliance. In fact we SUPPORT DEFIANCE and everyone's right to control their own bodies. WE ARE NOT SLAVES. We support revolution. We demand you all leave public office immediately. LEAVE. GO!

Not that I know of, but I'm sure there are plenty of things missed. I have not had enough time to research all states, but what I do know is that those states that did not allow patients to grow have all changed except for New Jersey which doesn't seem to have a clue what they are doing.

Please see above.

I has a sister in law in Wisconsin that had terminal cancer. Along with a pain pump installed in hew abdomin, pot was the only thing that truly made it possible for her to live day to day. I would like to see provisions in the law to allow out of state patients to come to AZ to buy. They may have to stay here to use but there must be an easy way for them to get what they need.. Like Their Dr talking to an Az. Dr...

Under the section R9-17-102 FEES There should be a Fee for Growers License/ Cultivators License
Under the section R9-17-101 Definitions There should be a definition for Grower or Cultivator and there should be a section comparable to that of the cultivation site attached to the dispensary although the cultivator/grower should not be required to be attached to a dispensary, contrarily they will act as their own agent. capable of acting as a distributor/ mediator to work with dispensaries, caregivers, and qualifying patients, as well as being able to supply product for edibles if they so choose. Thank you for your time and effort

No regulation for cultivation. We need the best possible medical marijuana to service the patient, free from hormones, infestation safe and clean. I would like to suggest a "cultivation license". This allows us (the horticulturist) the freedom to provide and develop a more intimate human / plant relationship. Cultivators should be allowed the right to act as distributors and mediators for caregivers, patients and dispensaries equally. I believe true wellness extends beyond the individual, but into the community as a whole. As cultivators, it is our deepest joy to support not only the people we serve, but the programs we feel elevate society and inspire our larger culture. Marijuana is agricultural based, just like cotton. No cotton farmer sells t-shirts, does the gap grow it's own cotton? Why should the dispensary be in charge of their products. Does CVS make their pills? Please re-consider the decision to leave this part of the process to the experts.

It is important that Arizona choose from the most qualified candidates to grow & dispense marijuana to ensure well operated facilities, inventory control, high security, up to date technology, top quality patient recordkeeping policies & commitment to prevent fraud and misuse. In order to do this it would be in Arizona's best interest to use a scoring criteria to choose the applicants who can best meet the high standards Arizona needs to implement to ensure a secure, safe industry is in place. It would be detrimental to Arizona's interests to allow minimum standards and a lottery-type system. Being a frequent visitor to Montana I've observed the lack of organization, quality control & inconsistent standards. It appears to me that it's a bit of a free for all ripe for black market

trade. A solid business plan is necessary to ensure all aspects of running a dispensary, legal, security, product control & record keeping are covered and therefore should be part of the rubric scoring system. As a teacher who has applied for and received many grants, I know that I am rated on the quality of the proposal I submit. They just don't give educational grant money by drawing names out of a hat. I must provide a plan, budget, goals & objectives to prove I will use the money for the benefit of my students. Arizona should do the same with their dispensary application process. The residents of Arizona deserve the best, safest, most efficient system available which, is what they will get if the applicants are screened and the best ones chosen. Adding biometrics, fingerprint technology, would greatly reduce the risk of fraudulent use of medical marijuana. I do not want to see medical marijuana on the black market for purchase. It's hard enough to steer our kids in the right direction without making it possible for them to access medical marijuana illegally. If Arizona chooses to go with a random selective process it is very important that every name that goes in the hat is qualified & capable of preventing fraud & theft. All applicants should prove they have a high security plan for the system and be able to ensure that medical marijuana will only be given to qualified residents. All applications should be completed in detail, accurately and with all components meeting the high standards Arizona is hoping to achieve. Otherwise you'll end up with a hodgepodge of "weed shacks" such as I've seen pop up in Montana. One way to raise the bar for operating a medical marijuana dispensary is to enhance the current security requirements. Dispensaries should be required to store medical marijuana supplies that are stocked in a dispensary during the day in a safe or other locked, limited access area during non-work hours. Security features such as the use of biometrics when dispensing medical marijuana and requiring an electronic tracking and inventory system that can interface with a DHS monitoring system to allow DHS real-time tracking of all dispensaries' medical marijuana inventory from seed to sale become increasingly more important if dispensary registration certificates are awarded by random selection. Electronic inventory monitoring from seed to sale of every medical marijuana plant by the State will prevent medical marijuana from ending up on the illegal drug market and black market activity, prevent document fraud, and aid the government by accurately monitoring and controlling medical marijuana supplies and dispensing. It will also save the state time and money and reduce man hours required to enforce the medical marijuana law and regulations thus freeing employees' time to focus on other Department priorities. Electronic monitoring is the most efficient oversight that the Department could implement and will assist the Department to monitor the transfer of medical marijuana between dispensaries.

Nurse Practitioners should be able to recommend MM. If Homeopaths can do it, a medical professional grounded in real science should have the same privilege.

Multiple applications for all of the CHAA's in a geographical area appear to be allowed. Can one group apply for each of the CHAA's under a different name while maintaining? Can a Medical Director work for multiple dispensaries?

only as mentioned above.

People should only be allowed one permit per entity and no board members should be the same on two dispensary permits. Places need a back door for fire escape..
Tranferance or sale of license If you are going to require a medical prof, allow natural, wholistic, homeopath, P.A., R.N., etc., to participate, widen the scope!
Only one dispensary permit per entity should be issued. there should be an option for two or three nonprofits to apply together for a permit is a single CHAA Any CHAA with less then 20,000 population should be reassigned to the closest urban area.
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.
Tax treatment as deductible medical expense per IRS and state.
Possibly the rules governing the sale of clones, unless they are considered not useable marijuana
I have not seen anywhere the amount of plants a dispensary cultivation site may have ? State , county or city.
Include Migraines in your list of acceptable reasons for obtaining medical marijuana. Migraines can be extremely severe and debilitating. Many of the medications currently used for migraine headaches have significant side effects and often do not prevent or relieve all of the symptoms. Many patients who suffer from migraines, found out on their own that marijuana either prevented or lessened the intolerable pain from this condition. Anti-Convulsive medications and Narcotics, along with a plethora of other drugs used greatly in the treatment of migraines have significant downsides.

Issue: How to legally obtain initial seeds, seedlings, cuttings and inventory to dispense to patients. Comments: Not addressed anywhere in the Draft dated 01/31/11. How is process started? Once seeds or cuttings are acquired, it's still a 2 to 3 month process before any inventory would be available for dispensary to offer for sale to patients. Solution: Allow dispensaries to purchase seeds, seedlings, cuttings and purchase-ready inventory from currently operating legal dispensaries located in other states (for instance California and Colorado dispensaries).
None
I would like to propose a possible solution to the Rules that would show everyone the AZDHS has done there job with equal fairness to all applicants. The only fair way to award Dispensaries would be to SCORE the best 500 applicants SMALL PEOPLE ALSO especially if they have a debilitating condition!!!! And pick the 124 successful applicants from a LOTTORY! It relieves the AZDHS from any possible LAWSUITES is FAIR and the common citizen has a chance. ██████████ is only about HIS wealthy clients... they want to knock the average person out of every being in the MM business by there demands to YOU WILL... that only the wealthy are deserving of this Industry! Please Sir, don't make folks go through the penalties of having to put up against the likes of the ██████████ organization and there proposals of you BETTER have a surety bond or show 200K to play with us. It's not necessary score the applications, take into consideration that folks will be able to raise funding after they know they have a dispensary license and a REASONABLE amount of time to complete the second phase of qualifying the application. Landlords are already trying to charge three time what a shoe store would pay in the same location and NON-REFUNDABLE deposits if you fail to get a license for a dispensary... you don't have to do the same thing to the average citizen with your RULES. Thank You
Stronger sentences for fraudulent representation. I recently found out that I was scammed into sending all of my personal medical information to an outfit in Scottsdale that had used a dummie website page over the true AZMMCC examination office. I kept questioning them and they kept postponing me for three months until yesterday when I travelled to the correct office only to be turned away because I did not have an appointment. Catch these slick crooks and make them pay restitution. Prison sentence should be mandatory.
Limit the number of patients a physician can recommend for medical marijuana to no more than 100 per year

Encourage professional presentation and appearance of the dispensaries. They should be as professional as a neighborhood pharmacy. Treatment of legitimate patients is the goal. Professionalism is the key. They should be clean, well lighted places. Patients should not be embarrassed to come to a facility. They shouldn't be intimidated or afraid. Thank You [REDACTED]

Who has permission to cultivate for the dispensaries? How does all that work? How will the dispensaries be provided with legally grown herbs? How can deliveries of large amounts be legally made to dispensaries from cultivation sites?

It is unclear to me how the "Medical Director" will play a role in the Dispensary. If the Medical Director cannot write scripts, does someone pay the Doctor for an Office visit? If the Doctor prescribing Medical Marijuana doesn't take the time to explain alternative medication, how and why would an explanation from a Doctor that is overseeing the dispensencing of marijuana be necessary? I understand this is Medical Marijuana and not recreational Marijuana, but as it is, Doctors are reluctant to prescribe MJ.

No, seem very complete

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

No. If AR9-17-302 is deleted and CHAA zones removed, the rest of the rules should have the necessary and intended effects.

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.

See above!!!!

Saturday the dispensaries should be closed

A physician cannot recommend medical marijuana to more than 100 patients per year.

The only thing I think I feel may have been left out is not even the rules section but your frequently asked questions. If my dummy's guide is not an option expanding upon the FAQ's might be the way to go.

February 16, 2011 Mr. Will Humble Arizona Department of Health Services 150 N. 18th Avenue Phoenix, Az 85007 RE: 2nd Public Comment Period Medical Marijuana for Tourette Syndrome suffers Dear Mr. Humbel, I am pleased to be given the opportunity to comment on the new medical marijuana rules. I am respectfully asking that the department make medical marijuana available to people with Tourette Syndrome. Below are excerpts from various sources like the National Institute of Neurological Disorders and Stroke, and the Journal of Clinical Psychopharmacology. What is Tourette Syndrome Tourette Syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations called tics. The disorder is named for Dr. Georges Gilles de la Tourette, the pioneering French neurologist who in 1885 first described the condition in an 86-year-old French noblewoman. The early symptoms of TS are almost always noticed first in childhood, with the average onset between the ages of 7 and 10 years. TS occurs in people from all ethnic groups; males are affected about three to four times more often than females. It is estimated that 200,000 Americans have the most severe form of TS, and as many as one in 100 exhibit milder and less complex symptoms such as chronic motor or vocal tics or transient tics of childhood. Although TS can be a chronic condition with symptoms lasting a lifetime, most people with the condition experience their worst symptoms in their early teens, with improvement occurring in the late teens and continuing into adulthood. National Institute of Neurological Disorders and Stoke What are the symptoms? Tics are classified as either simple or complex. Simple motor tics are sudden, brief, repetitive movements that involve a limited number of muscle groups. Some of the more common simple tics include eye blinking and other vision irregularities, facial grimacing, shoulder shrugging, and head or shoulder jerking. Simple vocalizations

might include repetitive throat-clearing, sniffing, or grunting sounds. Complex tics are distinct, coordinated patterns of movements involving several muscle groups. Complex motor tics might include facial grimacing combined with a head twist and a shoulder shrug. Other complex motor tics may actually appear purposeful, including sniffing or touching objects, hopping, jumping, bending, or twisting. Simple vocal tics may include throat-clearing, sniffing/snorting, grunting, or barking. More complex vocal tics include words or phrases. Perhaps the most dramatic and disabling tics include motor movements that result in self-harm such as punching oneself in the face or vocal tics including coprolalia (uttering swear words) or echolalia (repeating the words or phrases of others). Some tics are preceded by an urge or sensation in the affected muscle group, commonly called a premonitory urge. Some with TS will describe a need to complete a tic in a certain way or a certain number of times in order to relieve the urge or decrease the sensation. Tics are often worse with excitement or anxiety and better during calm, focused activities. Certain physical experiences can trigger or worsen tics, for example tight collars may trigger neck tics, or hearing another person sniff or throat-clear may trigger similar sounds. Tics do not go away during sleep but are often significantly diminished.

National Institute of Neurological Disorders and Stroke Can people with TS control their tics? Although the symptoms of TS are involuntary, some people can sometimes suppress, camouflage, or otherwise manage their tics in an effort to minimize their impact on functioning. However, people with TS often report a substantial buildup in tension when suppressing their tics to the point where they feel that the tic must be expressed. Tics in response to an environmental trigger can appear to be voluntary or purposeful but are not.

National Institute of Neurological Disorders and Stroke MARIJUANA AND TOURETTE'S SYNDROME *Journal of Clinical Psychopharmacology*, Vol. 8/No. 6, Dec 1988 Although a variety of pharmacological agents have been reported to attenuate symptoms of Tourette's syndrome (TS), the pathophysiology of this disorder remains unknown. Apart from the presence of disabling motor and vocal tics, TS patients often experience behavioral disturbances including obsessive compulsive thoughts, anxiety, depression, abnormal sleep disturbances. (1) Drug abuse to obtain relief from the chronic anxiety may be common among these patients. (2) (3) We recently encountered three patients with TS who experienced incomplete responses to conventional anti-TS drugs but noted a significant amelioration of symptoms when smoking marijuana. The first patient was a 15-year-old boy who, in addition to motor tics, had obsessive compulsive and self-mutilatory behavior improved with administration of imipramine (37.5 mg/day) combined with the oral opiate receptor antagonist naltrexone (dose range 50 to 100 mg/day). During recreational use of marijuana (1 to 2 cigarettes/day), he noted general relaxation and marked lessening in his urge to tic. According to the patient's mother, motor tics had decreased by about 50% and there was also some reduction in the frequency of the self-mutilatory behavior. The patients had been smoking marijuana for 4 weeks, and upon discontinuation, noted rebound exacerbation of symptoms within 12 hours. The second patient, age 17, had had severe motor tics since the age of 7 years. He had frequent jerk-type movements of his neck muscles associate with infrequent vocalizations during stressful situations. His management had been difficult as he was unable to tolerate haloperidol or clonidine. Administration of naltrexone (150 mg/day) reduced his anxiety level and the urge to tic; this was the only drug he could tolerate. On several occasions, he had smoked marijuana and noted generalized relaxation accompanied by reduction in the severity of the motor tics and improvement in attention span. He volunteered that smoking one cigarette reduced the frequency of his motor tics by about 60% to 70%, which was sustained over several hours. The third patient was a 39-year-old man who had had symptoms of TS since the age of 9 years. His symptoms included frequent jerking-type movements of his neck and upper extremity muscles, facial grimacing, frequent blinking, and leg jerking. Vocalizations were not noted except during extreme anxiety. In addition he was troubled by chronic insomnia and hypersexuality. He reported no benefit from haloperidol, clonidine, or

benzodiazepines but experienced some relief after consuming large amounts of ethanol. He also admitted that marijuana smoking (1/2 to 1 cigarette/day) produced relaxation with subsequent reduction in the severity of the motor tics along with marked attenuation of his hypersexuality. From 1842 to the turn of this century, several reports in the literature have indicated that marijuana smoking was used extensively as an analgesic, sedative, and hypnotic agent. (4) Moreover, oral cannabis preparations were useful in the management of diverse neurological conditions including convulsions and chorea. (5) Much more recently it was reported anecdotally that patients with dystonia improved with their alleged cannabis smoking. (6) The cannabis constituent cannabidiol was reported efficacious in reducing symptoms of dystonia. (7,8) and Huntington's chorea. (9) In experimental animals, cannabidiol has been shown to exert anticonvulsant and antianxiety properties and affect apomorphine-induced turning behavior in rats. (10) The latter report suggested that cannabidiol exerts antidyskinetic effects through modulation of striatal dopaminergic activity. Tetrahydrocannabinol (THC, the active compound of marijuana) may exert GABA-ergic as well as antiserotonergic effects. (11) A recent report has demonstrated that THC reduces opiate receptor binding sites and modulates opiod receptors in a noncompetitive manner. (12) THC may also exert effects on the cholinergic system. (13) Considering evidence that marijuana may exert effects on a large number of neurotransmitters, it is difficult to speculate on its mode of action in attenuating symptoms of TS. It is reasonable to assume that the effects of marijuana in TS may be largely related to its anxiety-reducing properties, although a more specific antidyskinetic effect cannot be excluded. Should marijuana compounds prove to have specific actions in TS, chemical modifications which eliminate the psychoactive properties while retaining the antiduskinetic effects (e.g., cannabidiol) could promise a new class of drugs useful in the management of TS. Further studies are clearly needed in both the clinical and basic laboratory realms to further characterize the effects of cannabinoids in TS.

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There are pharmaceutical drugs available like the following list, however the side effects of these drugs are dangerous are far reaching as shown below. Tourette

Syndrome, ADHD, ADD and OCD Click on Name of Medication for More Information Neuroleptics Antidepressants Antianxiety Sedative/Hypnotic CNS Stimulants Haldol Anafranil Buspar Cylert Orap Effexor Tranxene Dexedrine Mellaril Lithobid Valium Ritalin Navane Luvox Xanax Prolixin Norpramin Risperdal Paxil Stelazine Prozac Thorazine Tofranil Wellbutrin Zoloft Anticonvulsants Antihypertensive Alpha Blockers Antihypertensive Beta Blockers Calcium Channel Blockers Klonopin Clonidin - Catapres Inderol Procardia XL Tegretol Tenex Isoptin Adverse Effects: Motor drug-induced parkinsonism, akinesia, akathisia, acute dystonia, tardive dyskinesia, oculogyric crisis, extrapyramidal reactions, restlessness CNS sedation, drowsiness, decrease in cognitive function, anxiety Autonomic dry eyes/ mouth, urinary retention, diaphoresis, hypersalivation GI increase appetite, weight gain, anorexia, constipation, hepatitis Other dysphoria, social and school phobias, heat stroke, polydipsia, impotence, photosensitivity, rashes, galactorrhea, hyperpyrexia, anemia, leukopenia. I appreciate your consideration in allowing medical marijuana as relief for those people who have suffered so greatly already. If you have ever witnessed an individual with Tourette Syndrome it would be difficult to deny those people any form of relief possible. Thank you so much for your consideration

Add PTSD and insure no taxation as the law stated when passed

Add PTSD and insure no taxation as the law stated when passed

Add PTSD and insure no taxation as the law stated when passed

See above, more specifics about caregivers.

A provision needs to be made to allow laboratories to test for things like mold and THC levels.

Big OVERSIGHT. There is nothing that addresses the ability to get seeds or small starter plants. Since growing currently is illegal in Arizona, there is no inventory. This encourages underground acquisition or illegal activity to come up with plants or seeds to begin to grow in Arizona. I am sure this is not what you want. Would gifting from a grower outside the state be allowed? Why not allow LEGAL marijuana growers in Arizona to obtain seeds and starter plants from a grower in another state if that state allows for the legal sale of seeds or plants to legal growers in another state. Chain of custody requirements. Can't believe this was ignored.

Social anxiety disorder article,

[REDACTED]

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.

Has anything been left out that should be in the rules?

Open-Ended Response

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.

• R9-17-312 - Add a physician for on call basis, we can't expect the medical director to ALWAYS be available. Need a "backup" physician. • Each dispensary should have a pharmacist they use for counseling. Doesn't have to be in house, but a pharmacist is needed to review prescriptions. • Each applicant for a dispensary should sign a sworn statement stating they are local owners, have no ties to dispensaries in other states and no financial investors from other states. This will ensure we are giving better chances to local groups that live in Arizona become part of our community and not allow big companies from other states come here just for the income opportunity • R9-17-310 - Each dispensary agent should be a resident of Arizona for at least one year. This will assure that out of states individuals or groups will not have themselves as agents and be actual partners • Cultivation as a separate business – rules & regulations.

When my Mom got cancer my sister had to buy her pot so Mom didn't puke constantly. If the nonsense of limiting the distribution is so severe that its another aspect of "Only outlaws have guns", well then that is who will end up the suppliers to the real needs- dope guys from mexico. We have to keep the price in the dispensary far below the price in the street or else the street continues to win the drug war and the legit patient becomes a criminal. Think cigarettes in vending machines in NYC- hijacked off trucks in North Carolina and sold for dimes on the dollar in bars and small shops with fake tax stamps. The criminals won in both regards. Good luck- though issue. I think we should be more lenient at first and then perfect the law and distribution methods.

EMPLOYMENT SPECIFICS THAT ARE NOT ALLOWED THIS MEDICATION, AS WELL AS INDICATORS OF HOW HIPPA LAWS WILL REMAIN INTACT, WITH DATE BASES, AND ONGOING ISSUANCE OF MEDICATION.

See above

An explanation of why you would want to prevent the unemployed from finding employment, why

are people who have at least 500K the only ones who have the ability to open a dispensary while only the rich will be able to by their meds from the dispensaries. The spirit of this prop is being destroyed. We voted in order to make medication legal AND affordable to those who need it. By using the CHAA to create halo's to prevent caregivers the will of the people is being ignored in order to help big buisness (anyone who can afford to gamble 500K is a millionaire, thus rich). The rules need to protect these caregivers becasue they are the ones busting their asses just to ensure that vets and other ill patients are able to afford their meds. Also, as soon as the caregivers are gone dispensaries will raise their prices becasue patients have no choice. But this is not true, there is still the black market and you will be forcing these patients to deal with shady dealers with subpar medicine.

Our parent group was approached several months ago by a group wishing to open a Dispensary in our community. We were persuaded to support these individuals after they presented a rather detailed plan involving a multi-specialty medical advisory board, community education forums, research contracts with local hospitals and universities, a registered pharmacist and a charity program for hospice patients. Several of these programs were added in response to our own suggestions. When Mr. Humble posted the link about psychosis and marijuana use, one of their medical people responded to our questions IMMEDIATELY. We were impressed. In an update meeting with this group we were told that the state has decided to NOT evaluate Dispensary applications on merit but will simply do a random drawing among applicants who have completed all forms, provided a business plan and paid the application fee. How is this ensuring that our community has the best possible medical supervision of a law designed to regulate a medical substance? Our guess is that the State is worried about lawsuits over any subjective judging on their part. We feel that it is the responsibility of the State to provide EXACTLY that kind of oversight. Either contract with an out-of-state firm, local university or third-party review commission. Or make the requirements QUANTITATIVE rather than QUALITATIVE (i.e. submit a plan for community outreach, submit a plan for charity care, submit a plan for physician education etc., rather than submit the BEST plan) Good suggestions could even be used in future revisions of the State plan. Please reconsider the random drawing!!!

You need to limit the number of "recommendations" a doctor can prescribe to 100! It is the ONLY way the AZ DHS is going to have any control this industry. Otherwise we will have those in the medical profession abandoning their profession to become "POT DOCs" like those in California.

How do you get a dispensary agent license if you don't work at a dispensary? Are there going to be problems with setting up a co-op?

Where will people be allowed to smoke the medical marijuana? How will the secondhand smoke be controlled so it does not affect others? I live in a residential neighborhood in Peoria and the house behind me is an Adult Healthcare home [REDACTED] and the patients smoke in the backyard all day long. This smoke carries over the wall and is so heavy that we are unable to use our backyard or even open our windows on a nice day. I am concerned that once these patients get medical marijuana, will they be allowed to smoke it in the backyard too, and will I have to smell it all day also. [REDACTED]

Make it so ANY patient can grow there own medication. Insurance will not cover marijuana and it will

be far to expensive to purchase from a despencery.

Please clarify how a grower can obtain seeds. If a patient lives twenty five miles or more from a dispensary but the care taker does not, can the care taker still cultivate for that patient?

Qualifying patients that do not have their US citizenship or have not been naturalized have been left out, There needs to be an allowance for persons that are classified as permanent resident aliens.

No one should be able to have interests in, or sit on the board, or be a principle officer or employee of more than one nonprofit dispensary at a time, this includes medical directors, in fact there should be no medical directors, this should be replaced with the formation of a nonprofit Board of Dispensaries. Doctors, medical professionals and citizens should sit on this board bringing uniformity to the way dispensaries are run, educated, and governed. Much in the way the Arizona Board of Pharmacies governs prescription pharmacies.

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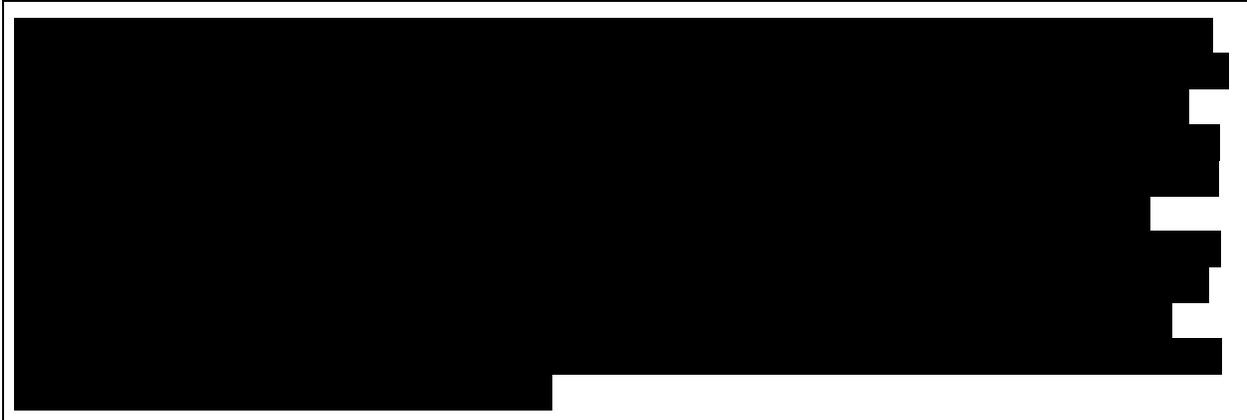
When and how can physicians become licensed to prescribe and dispense medical marijuana in Phoenix? And what is the process they need to go through from start to finish? Is there an application they need to fill out? Is there a fee they must pay? When and how do they do this?

See above: spread out the locations of dispensaries, instead of concetrating them in Maricopa county.

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1)Yes. R9-17-102 Fees. This should be revised to say: Or a person whos only income is disability income and whos only medical insurance is medicare and medicaid when the income and insurance requirement both apply. Many disabled people who are medical marijuana eligible do not qualify for a food program.





See comments above please.

What about charity contributions?

a scoring system should be put into place for selecting dispensaries for permitting

Where does it note what requirements the dispensary owners have to have in order to receive a permit? There is some information about the medical director, but is there more about what their background has to be?

Please make costs low for the patient by (1) keeping dispensary costs down (2) keep application fees down (3) don't require a doctor for a dispensary (4) keep delivery costs down. Thanks. The patient should always come first.

I don't see anything that describes how much money companies have to give the charitable organizations. I also don't understand if companies still have to be non profit or if they can just be an llc

add more information regarding security and safety of dispensary. Add a section with requirements for the companies to be stable, licensed and bonded

Nurse Practitioners and Physician's Assistants can prescribe Narcotics. They should have the capability to recommend the use of Medical Marijuana. If the medical industry trusts them with writing prescriptions for habit forming narcotics why can't they recommend the use of Medical Marijuana? This is very perplexing to me.

Rules addressing one database for accessibility by all counties and cross referencing usage.

There is no definition of specific type of providers to give certifications (i.e. MD, DO, Naturopathic physician, NP, PA, Chiropractor, etc.) . This needs to be crystal clear. If this provider needs specific education or certification, this also needs to be outlined as specifically as possible.

ARTICLE 2. QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver A. Except for a qualifying patient who is under 18 years of age, a qualifying patient is not required to have a designated caregiver. B. A qualifying patient may have only one designated caregiver at any given time. C. Except for a qualifying patient who is under 18 years of age, if the information submitted for a qualifying patient complies with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department Question: How young can a patient be to receive medical marijuana treatment? Additionally, second hand pot smoke in the home will have an affect on minors like cigarette smoke.

Our Company (a machine shop) has a Substance Abuse Policy in effect. Are there any regulations requiring the employee to report and submit documentation to the employer that they are a registered medical marijuana user? Otherwise during random testing if that employee is selected for the random they will test positive. How can the employer distinguish from a registered user and a non-registered user? This becomes a safety issue in certain businesses. As an employer I will not know to what extent I can go to handle this so as to be in compliance with the labor laws.

Please all all Registered Nurse Practitioners to certify patients for medical marijuana. My specialty is Women's Health 27 years ago but I have extensive experience with palliative care, pain management, hospice, cancer and degenerative disease for both men and women. Please do not limit the quality care a patient will be able to receive Please allow NP to be Medical Directors of Dispensaries. We do have as much if not more education and privileges than NMDs. There is not mention of Delivery Services that I see in order for a dispensary to deliver to those clients that prefer delivery or that are unable to travel. Have you considered how you are going to license vendors in order to make edibles or other oral products in order to provide/sell them to the dispensaries for their clients? Have you

considered scientific laboratory analysis of the medical marijuana and hemp? Laboratories already exist in other states which helps to ensure the quality and purity of a product. Thank you

See above

Stricly verbalize that anyone without documentation for legal citizenship shall be turned over to the proper authorities and prosceuted to the full extent of the law.

You need to add retinal diseases such as retinitis pigmentosa and macular degeneration to the list of qualifying medical conditions. Medical marijuana helps so many people who suffer from these types of eye diseases.

Yes, there is no provision yet for allowing 3rd party analysis of medical marijuana or edible food products as defined in the Arizona Medical Marijuana Act.

Where is working with the local police and municipalities to make sure these dispensaries are properly patrolled, theft and violence around the dispensaries are not increasing, etc?

"common areas of planned communities" be included in the definition of "public place".

Add a better method for permitting please

No, other than noted above. Thank you for the many hundreds of hours expended on this project.

What about growth facilities? Are thy allowed to be in the dispensaries, or do they have to be away from them? How about heightened security for those locations that keep and grow the marijuana in the dispensary?

Rethink the way you are handing out permits

Clarify acquisition of initial product.
yes, that the dept should clearly stop attempting to thwart the will of the voters
Common areas of HOAs should be added to the definition of public places.
I think that physician assistants and nurse practitioners should be able to recommend the use of medical marijuana. Migraines should be included in the acceptable diseases that warrant the use of medical marijuana.
Migraines should be included in the list of maladies that permit the use of medical marijuana.
keep costs low for patients and dispensaries...no doctor is needed for the dispensary just like no dr. is needed for a pharmacy...don't forget the state wants to tax MJ high which will make costs high...low patient app fees, low dispensary fees, make mj easily accessible for patients in need, don't restrict delivery for those homebound

Extreme penalties for those who attempt to sell California medicine at their dispensaries. Which you made easy by their ability to get medicine from each other. There will be a lot of falsified accounting to hide that they will be buying lower quality and cost non-medicine quality product. The dispensaries will not be able to keep up with supply without doing business with illegal California dealers. One way to keep Arizona medicine Arizona grown is to allow the caregiver to sell their excess medicine to the dispensaries, if not California "medicine" will be the product available at Arizona dispensaries.

Guidance to hospitals on how they are to handle patients being treated with medical marijuana has been left out of the rules. As a pharmacist, and Director of a hospital pharmacy department, I would like to see the law/rules addresss how we are to handle patients being treated with this therapy. With the current rules, marijuana is being used as a medication, but is not being regulated as a medication (it is not suspect to board of pharmacy inspection, and a pharmacist is in no way involved in the therapy of the patient). This leaves hospitals in a position where they can either A) allow for the use of medical marijuana in their hospital, but at the same time be in violation of the state board of pharmacy (which still considers marijuana as a Schedule 1 controlled substance), or B) not allow for the use of medical marijuana and potentially deny a patient their right to appropriate medical care as deemed by the state of Arizona. I would appreciate some verbage that clarifies the situation, either exempting hospitals from being found in violation of the Controlled Substance Act by the state board, or by not allowing the use of marijuana in the hospital. Either way there needs to be clear guidance. Thank you.

Limit amount of applications a company can apply for

Growers that have been growing under the 25 mile rule should be able to easilly become a supplier to the dispensary when one opens up "down the road". This sounds like a fair answer to someone that has a subatancial investment. to the "grandfathering" issue.

compassion... How about the poor american citizens who need help. How about giving the poor their license or permits for free, that's compassion!

Small municipalities have the perception that they can limit the rule that if there is NOT a dispensary within 25 miles they can make it illegal to cultivate the 12 plants allowed.

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.
What happens if the dispensary breaks one of the rules? Are there different levels of infractions like an employee not washing his hands vs. The dispensary buying marijuana from other states vs. The dispensary being off of the 70/30 mark and end up as 65/35 vs. not keeping security up to date?
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.
1. Make medical marijuana easy to obtain for those defined as qualifying. 2. Make it easy for those who have been on pain pills for at least a year to switch to medical marijuana. 3. Make medical marijuana delivery easy (with proper ID) as many patients are shut-ins or have major disabilities and can not travel or do not have caretakers. 4. Many doctors are prohibited from recommending medical marijuana by their clinic or hospitals, so make it simple for a patient to see a 2nd doctor, a medical marijuana doctor. One visit a year is plenty since most of these patients are dirt poor. Do not put too much paperwork requirements on these doctors. Help keep these costs down so a poor patient doesn't have to pay too much to get their recommendation. 5. Do not legislate. This bill was passed to help patients in need. 6. Do not assume the negative. Medical marijuana has far more benefits than pain pills and aspirins which are slowly killing patients. 7. Keep application fees down, especially for the poor. 8. Keep dispensary administrative costs down as the price of medical marijuana will rise to not being affordable if you require a doctor for a dispensary, or have other bogus requirements. Keep in mind that Arizona will also tax marijuana maybe as high as 300%. We don't want medical marijuana just for the rich. 9. Always keep the POOR patient in mind when any rules are set up. 10. Do not force poor patients to continue buying their marijuana off the streets because of costs or rules.
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.

Please add : Common areas of Planned Communities in the definition of "public places" . Thank you

I don't think so.

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:

[REDACTED]

In his introduction of the draft regulations Mr. Humble opined that you drafted the regulations for the "good" of the opponents of the Arizona Medical Marijuana Act, a bizarre concept akin to "Segregation is no longer the law, but the department is obliged to draft rules to satisfy segregationists." The repugnant fundamental assumptions of the original draft regulations remain. Mr. Humble believes:

- 1) The lives of Arizona's citizens belong to the State; the State, not the patient, will decide if, when, and what care patients will receive;
- 2) The department of Health Services is, as its spokesperson has indicated, above the law, may persecute patients and physicians, and may disregard the 1998 Arizona Voter Protection Act to usurp authority;
- 3) The department will patronize the wealthy and elite to their advantage and to the disadvantage of the suffering, dying, and good citizens at large; and
- 4) Policemen and bureaucrats, not doctors, should determine when and what medicines are to be used.

Go figure. The Law requires that medical marijuana be treated as medicine, but Mr. Humble has sought guidance not primarily from physicians, but from policemen. We wonder if Mr. Humble will have the sheriff perform his heart bypass when the time comes.

PTSD.

Yes, were not the criminals and should'ent be treated as such, we don't lobby the drug industries that want us to stay on pharmaceuticals and keep the for profit hospitals in business, if anything we want to keep the cost of medicare or medicaid down as the governor cuts us off it and we have to suffer since Wall Street and the big Banks profit on the backs of the less fortunate. Marijuana has been used in countries around the world for over 5000 years and I don't see any major problems. The war on drugs has been costly and expensive and Nancy Reagan answer was to just say "NO" as she consumed the most toxic of all drugs"alcohol". Caring and compassionate care for those of us that need it. A lot of us are senior citizens or baby boomers that lost everything we had in 08' and 09'. We worked paid our taxes, did things the right way and now when we need it they are taking our right to a pain free life away. Thanks for your time,,,,,,,,,,,,,

There should be less of them
Add PTSD and language to insure protection to the patient from taxes in any way shape and or form.
None at this time.
<p>There needs to be a method for employers to validate the authenticity of cards for employees and candidates. Maybe something similar to e-verify if the state is not comfortable publishing a list of names on a website that can be publicly accessed, like the Arizona Board of Nursing. I have concerns that purchasing fake cards will become a big business to cover up recreational usage. Additionally, I don't see a way for an employer to report a cardholder as being impaired at work. I recommend a monitoring process here so that the department can decide whether to revoke certification if a "patient" clearly violates Arizona drug-free workplace statutes and employer policies. There should also be a way for non-employers to report abuse or impairment - especially if a "patient" is driving under the influence or other such violation - the police should be able to report the patient so the department can review and consider whether to revoke cardholder certification. There needs to be some way to determine impairment. Employers are in a real quandary in balancing the risk of being sued by an employee fired for being under the influence and not able to prove it and protecting our customers, patients, co-workers, the public, etc. from someone who is impaired and could be a danger to him/herself or others. There will be lawsuits and employers will spend millions of dollars and look to you for answers. We all hope "it won't be my company". Instead of allowing the fights for the next 3-5 years, your guidance now will help avoid some of that. This will also be helpful to the police and others for driving and public impairment violations. Previously, any presence of marijuana or THC in someone's system clearly indicated the presence of an illegal drug. This is changed and there is no clear distinction between impairment or under the influence and simply remnants from prior use in a safe environment. I don't see anything in regards to a physician writing too many written certifications or any type of monitoring physicians. I fear that there will be those physicians who provide written certifications without the thorough review intended by this law. It won't take long for the "patients" to figure out who they are, creating a new industry for physicians. Thank you</p>

for taking public comments. I hope the law can be improved to be less confusing as well as more difficult to bypass the system for creative recreational users.

A lot of shut ins or seriously ill patients won't be able to travel to get their medical MJ. It is my hope that you will make it easy to have it delivered, of course with proper id.

Cultivation only operations.

Please add to the list of definitions of "public place" the phrase "common areas of planned communities."

A caregiver is not allowed to grow marijuana if they reside within 25 miles of a dispensary. Caregivers must undergo a minimum of 8 hours of training on medical marijuana health and safety issues.

Marijuana should be prohibited in public places including common areas of planned communities as well as common areas of condominiums and apartment buildings. Planned communities should be included in the wording.

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 separation between cultivation sites and dispensary sites. The rules should include and address more information about cultivation and a separate fee.

All qualifying persons have the right to grow their own medication.

No opinion

I want to be a grower for dispensaries (a subcontractor that grows for a specific group of dispensaries) What guidelines apply to me?

I believe a person has a right and should have the ability to grow up to 5 plants in his or her home after getting a recommendation from a doctor stating the benefits and condition of said patient. Only a few well off owners will profit from this very biased and over regulated law that we the people have enacted to benefit our own. It is kind of sad that the law allows it but sets it up to disallow the poor from helping themselves. It makes it a crime to grow your own when it should NOT be if you need it.

I think that in the edible food products section there needs to be some kind of additional label requirements as to where it was produced, the approximate value of medical marijuana in it along with all of the standard labeling laws for foodstuffs, including nutrition facts and allergen warnings. I also feel that the food service establishments making the foodstuff need to have a secure location (a safe) to keep all regulated medicines from employees not involved in the making of the foodstuffs and from theft by other means. I don't know if this means an application to produce foodstuffs with medical marijuana in it or something else, but i feel that while everyone would be cognoscente of the potential theft it could become a problem down the road. I believe that ADHS should know where all of the Marijuana is located at any given time for security and safety. This is coming from someone who is hoping to open a bakery, and after getting established produce foodstuffs for dispensary's

Nurse practitioners should be allowed to prescribe since they treat the same conditions as medical and osteopathic doctors.

ADD PTSD

Yes. I see no provision for 'grandfathering in', patients who are cultivating their own medical marijuana, before a dispensary is operational in their 25 mile radius. There is a great deal of expense involved with cultivating indoors; and it would be a great disservice and undue economical hardship to patients, if you strip them of their right to cultivate after a dispensary decides moves into their

area, and you then force the patients to purchase their medicine at whatever price the dispensary chooses, and whatever tax rate the State of Arizona imposes on the People.

It is a shame that people have to have a building rented months in advance with the chance of losing the money but I do understand the reasoning. People should show they can afford to run a dispensary. Just so you guys know that anyone submitting an application already has quite a bit invested. No one I know who is trying for a license is taking this lightly. They are educating themselves and are in it for the big picture. Please pick the 124 licenses FAIRLY. THE PEOPLE WITH THE MOST MONEY ARE NOT THE RIGHT CHOICE FOR THIS PARTICULAR FIELD. PLEASE DON'T LET OUT OF STATERS IN ON THIS ARIZONA THING. PLEASE SHOW THAT MY FAITH IN MY STATE IS DESERVED. WE HAVE SUFFERED MANY SLAPS LATELY-PLEASE DON'T GIVE IN TO FAVORITISM OR POWERS TO BE. YOU HAVE TO KNOW THIS WILL LOOKED AT CLOSELY. DON'T EMBARRASS US!

Delivery should be an option for patients that do not have the ability to transport themselves like those in nursing homes or people that are homebound.

Smoking should be allowed only inside a user's closed private residence. Neighbors should not be exposed to odors or smoke from users.

When making rules to responsibly regulate Arizona's medical marijuana program, some general guidelines are obvious to create a responsible marketplace. 1. The State must know who the patients are and make sure they are eligible for the MMJ program. 1a. The State must also know all growers, doctors and sellers (dispensaries and caregivers) to help control the system. 2. The State must make sure the medicine is safe for human consumption. 3. The State must provide a safe place for the sale of all marijuana, as well as ensure that it is grown safely and kept safe during transport and storage. 4. The State must keep track of all plants and goods so no medicine falls into the wrong hands. 4a. Track plants from seed to sale, as well as the destruction of any excess or bad product. 4b. Trying also, to make sure patients do not overpurchase and resell excess marijuana. 5. The State must provide a system where officials and law enforcement can access the information needed, when and where it is necessary. 6. The State must protect the rights of individuals, and guarantee that their private information cannot be compromised. [REDACTED] makes patent-pending USB Identification Cards that can help ensure all the above criteria are accomplished. Here is a link to an overview video explaining how they work. [REDACTED] The

cards contain the latest technology for tracking and storing information ultra-securely through the internet. The ID Cards and tracking system were first designed for the banking industry to remotely identify people for secure money and stock transactions. And because the cards can be printed with patient's photos and identifying information, they are perfect for regulating state-run medical marijuana programs. The cards track Plants, Products, Patients, and Taxes in REAL TIME. [REDACTED] proposes that everyone throughout the system be registered and use a card. This includes growers, caregivers, dispensary workers, doctors, and patients. The cards require no additional components by any party outside of a basic computer with a USB port, attached to the internet. Patients carry their ID Cards, which when put into an active dispensary's, law enforcement's, or doctor's computer, would only access information which is relevant to THAT party's inquiry. Identities are doubly checked, both externally and on the computer screen. The system is HIPAA compliant since vital patient information is kept secure at all times on remote servers, and not accessible by anyone without proper authorization. If a card is lost or stolen, nothing of any relevance can be accessed from a regular computer. Every card and computer throughout the system can be immediately turned off and denied access if officials deem it necessary. The system automatically alerts sellers, regulators and law enforcement if any improprieties or discrepancies occur. It can work with video security systems to provide the ultimate security with redundant tracking and remote time-stamping. And because all sales are instantly tracked, a patient cannot go down the street in one day to make multiple purchases. If everything is to be securely tracked and accessed in real-time, the [REDACTED] Media USB ID Card is a powerful tool that is worth the recoupable investment. We look forward to answering any questions or providing any needed proposals. Respectfully Yours, [REDACTED]
[REDACTED]

The City of [REDACTED] would respectfully request the Department of Health Services consider measures be put in place at medical marijuana dispensaries to limits access only to those individuals who carry a qualifying patient or designated care giver card. This measure would enhance security for both patrons and employees of the facility.

Please ensure that "common areas of planned communities" are included in the definition of "public place."

see above

Az State Taxes for previous 3 yrs as Proof Of Residency rather than just a signed attestation.

As a resident of [REDACTED] AZ. I request that the "common areas of planned communities" be included in the definition of "public place". Thank you for your time and consideration. [REDACTED]

AZDHS must establish a system that will closely monitor physicians writing medical marijuana certification.

I am concerned about qualified patients smoking marijuana on the common areas of planned community associations. I am requesting that "common areas of planned communities" be included in the definition of "public place." Thank you.

How can greenhouses be used to grow in?

See Above

the az health dept should inform the public better with the facts of legal marijuana's effects on society and people(physical, mental and adictiveness). there are plenty of studies out, most of which show the less harmful effects than people are lead to believe. inform the public about the much more negetive effects of things they support as compared to marijuana like liquor, tobacco and even caffine. even macdonalds has worse long term effects on people. debunk the reifer maddess!

I am a disabled Veteran Titinaium steel bolts and rods up my spine..My drug dealer has been my local mail man since 1997.he has delivered hydrocodine 5/acetaminophen 500mg's, darbocette, tylo3, percocette, Gabepentin, methocarbomal, doxepin,salsalate,ibuprophen just to name a few... My primary care Doctor since 1997 recently retired from VA service (REDACTED) (REDACTED)..spoke often to me of the risks to my liver of prolonged use of these man made medications. I have been hammering my liver with with all these different man made drugs since 1997 and the VA has amended its postion to lets vets have a choice in states that have medical MJ.. I need a choice prolonged use of all these pharmacy drugs are destroying my liver and this state with its 1950's propaganda beliefs of the dangers of MJ are trying to impeded my rights under the voter protection rights passed by our state in 1998...do we as voters need to seek legal routes to impliment law that was voted and passed more then once in our gvreat state?

I did not see information in the rules concerning the time frames for the patient card renewals or the

type of documentation required (from the patient or healthcare provider involved with the recommendation) at the time of card renewal.

Yes. Patient should be free of harassment by ADHS and its agents. Patient should have a process in place that would allow easy registration of complaints by patients. Harassment should have disciplinary consequences, up to and including termination.

not allowed to smoke pot in common areas

Yes.... Please include.... common areas of planned communities in your definition of a public place. The members of our community are overwhelming in favor of such a move. Thank you. [REDACTED]

Why do the walls for outdoor growing need to be so expensive? It seems like a less expensive material should be able to be used with the same effect.

To Whom It May Concern: We ask that the Arizona Department of Health Services (ADHS) considers the 1,000,000+ indigent Arizonans living below poverty the level. Our organization, the [REDACTED] believes the spirit of Proposition 203 was to provide patients a choice when considering their health care treatment. Unfortunately, due to the high cost of unsubsidized medicine, state fees, physician visits, and sales tax a natural option can be put easily out of reach for those patients who could potentially benefit the most from medical marijuana. On behalf of the indigent community who often lives on less than just a few hundred dollars per month, we respectfully request that the ADHS consider waiving all related state fees and associated sales tax for qualified indigent patients. Sincerely, [REDACTED]

What about patients traveling to other states, or vice versa? Of course, they take a risk of criminal prosecution in states that do not have a medical marijuana act. However, Arizona is surrounded by four states that have similar rules. Will there be a consortium among the states to allow non-residents who are qualifying patients from other states to possess their medication legally?

What about patients traveling to other states, or vice versa? Of course, they take a risk of criminal prosecution in states that do not have a medical marijuana act. However, Arizona is surrounded by four states that have similar rules. Will there be a consortium among the states to allow non-residents who are qualifying patients from other states to possess their medication legally?

See above
ADD PTSD
add ptsd
add ptsd
add ptsd
See previous box, I've suggested some language that should be added to protect other Arizona citizens, especially minors.
Do applicants for dispensaries need to have the proposed property under lease or purchase agreement or an option, or do they merely have to identify where they would operate it if they obtained a license? It seems unduly burdensome for a middle class guy like myself, as an attorney, along with a doctor and CPA who are interested in applying for a dispensary with me, to have leased property on the gamble that we might be drawn out of a hat for a license in a given CHAA. That provision in the application process could be explained better.
DUI standards Substance Abuse Counselors should be assigned as clinical directors in each licensed dispensary and trained to educate physicians, law enforcement, and patients on the risks and benefits using the medical aspects.
Addictive, coercible marijuana.
Allow card holders or care givers to give living plants & finished product to dispensaries so they can have better variety of medicine.
The draft rules do not address requirements, licensure or registration of private laboratories intending to perform analytical analyses of medicinal marijuana. Please include all regulations to be followed by

such establishments.

Under Definitions: Please describe the use of the word "randomly" and the process by which said "random" selection shall be made. Without a definition of the word "randomly" , the regulation for selection of applicants for dispensary certificates appears to be unconstitutional since it is void for vagueness .

Add rules to prevent profiteering and backdoor defeat of the non-profit provisions of the law. Dispensaries will use "management companies" that they "hire" in order to obtain profits which violate the spirit of the law Arizona voters approved. Create limits to regulate contribution to administrative expenses similar to California health insurance regulations where a company can only use 20% of sales for administrative expenses and the rest must be spent on patient care. In meetings I've sat in on they anticipate making \$1,000,000 profit per dispensary per year by using "management companies" to circumvent the non-profit provisions of the law.

Stress relief from autoimmune disease such as multiple sclerosis.

Please include Common Areas of planned communities, condo complexes and apartment complexes in the definition of "public places".

include COMMON AREAS OF PLANNED COMMUNITIES in the definition of PUBLIC PLACES.

Add PTSD

Need to address where the seeds or clones will come from for the initial supply for growing

"Common areas of planned communities" be included in the definition of "Public place".

Not as of yet.
<p>(A RESIDENT IS A RESIDENT. NO RESTRICTIONS FOR ARIZONA RESIDENTS.) (AT MINIMUM; RESIDENTS IN STATES WITHOUT MEDICINAL MARIJUANA LAWS SHOULD NOT BE RESTRICTED TO (3) YEARS OF RESIDENCY.) *There are 15 Medicinal Marijuana approved states plus DC* (PROCON.ORG) a.Residency Requirement - 12 of the 15 states require proof of residency to be considered a qualifying patient for medical marijuana use. Only Oregon and Montana have announced that they will accept out-of-state applications. It is unclear if non-residents will be able to apply to be qualifying registered patients in Arizona until the rules are determined by ADHS. b.Home Cultivation - [REDACTED], told [REDACTED] email that "Patients and their caregivers can cultivate in 13 of the 15 states. Home cultivation is not allowed in New Jersey or the District of Columbia and a special license is required in New Mexico. In Arizona, patients can only cultivate if they live 25 miles or more from a dispensary." c.Patient Registration - [REDACTED] stated the following in a [REDACTED]: "Affirmative defenses, which protect from conviction but not arrest, are or may be available in several states even if the patient doesn't have an ID card: Rhode Island, Montana, Michigan, Colorado, Maine, Nevada, and Oregon. Hawaii also has a separate 'choice of evils' defense. In California, ID cards are voluntary, but they offer the strongest legal protection The states with no protection unless you're registered are: Alaska (except for that even non-medical use is protected in one's home due to the state constitutional right to privacy); Vermont, New Mexico, and New Jersey." d.Maryland - Maryland passed a law that, although favorable to medical marijuana, does not legalize its use. Senate Bill 502 (72 KB), the "Darrell Putman Bill" (Resolution #0756-2003) was approved in the state senate by a vote of 29-17, signed into law by Gov. Robert L. Ehrlich, Jr. on May 22, 2003, and took effect on Oct. 1, 2003. The law allows defendants being prosecuted for the use or possession of marijuana to introduce evidence of medical necessity and physician approval, to be considered by the court as a mitigating factor. If the court finds that the case involves medical necessity, the maximum penalty is a fine not exceeding \$100. The law does not protect users of medical marijuana from arrest nor does it establish a registry program.</p>
See above
pretty comprehensive although there should be left open the opportunity for addendums.

Patient Privacy rights. Altogether a pretty good job. Good work. Excellent considerations. Glad to see the fine effort.

legalize it

I believe people coming from other states that have medical marijuana dispensaries and a card need to see an Arizona doctor before receiving the medical marijuana here in our state. Also people in our state that go out of state to get the card by a doctor that prescribes medical marijuana easily should be not accepted here in our state to prevent abuse of this medical marijuana and that they need to see an Arizona Doctor that prescribes it.

As a board member of a large HOA, I request that "common areas of planned communities" be included in the definition of "public place."

As an example I am disabled and on Medicare. I have at least 4 conditions that would allow me to get a Medical Marijuana Referral. I would be unable to afford the known astronomical prices such as dispensaries will charge, (however non-profit they want the general public to believe, the people opening these outfits are not doing for humanitarian reasons they are doing it for profit) I have heard numbers ranging from \$500.00 to \$1200.00 per week for some patients. It is unfair to have a 25-mile distance rule when some of us cannot afford to purchase it from said dispensaries, therefore those of us that can prove hardship should be allowed a small amount of plants for personal use that we could grow in our homes. If this is not doable, perhaps a part of the dispensary license process should include a sliding fee scale for those of us on Medicare and/or AHCESS. Good luck taking that to the Non-Profits. In the meantime those of us w/o means and on Disability may have to seek guidance from a court, which could decide whether there was possible collusion between the State and these dispensaries in depriving a good portion of eligible patients from obtaining a medically proven substitute to opioid pain meds and other liver killing drugs which as of now we cannot do without. Thank you seeking public input on this matter before moving ahead.

I think there should be mandatory testing to ensure the amount of THC, along with any harmful chemicals

In the definition of "public places", please include the common areas of planned communities .

For purposes of measuring the distance between a school and a dispensary, is anything proposed to clarify whether the distance is measured building-to-building or property line-to-property line? It would be good to define this since the question will undoubtedly come up.

All references to local health departments (environmental service departments) involvement with infusion of medical marijuana into food products. Respectfully Submitted [REDACTED]

"common areas of Planned Communities", should be included in the definition of "public place".

We are favor of doing away with medical directors as written and replace them with the creation of a non profit board that would include doctors and citizens and would govern all dispensaries, keeping all education and hand outs of information uniform through out the medical marijuana program.

I would request that "common areas of planned communities be included in the definition of "public place". [REDACTED]

THERE IS NO MENTION OF PEOPLE ON SSDI, THE HANDICAP, PEOPLE WITH NO TRANSPORTATION,

Can dispensaries deliver to homebound patients?

I want to see "planned communities" added to public places

the ADHS should allow doctors to increase a patients ability to consume cannabis, which would allow for more plants. simply allow those patients the ability to cook and infuse their foods with their medicine.

What has been left out is the vast number of patients who can't or won't be able to afford using the dispensaries. The private growers. A discreet number of people (for many reasons) who just want to be left alone because of our pain and discomfort.

What has been left out is the vast number of patients who can't or won't be able to afford using the dispensaries. The private growers. A discreet number of people (for many reasons) who just want to be

left alone because of our pain and discomfort.

A dispensary should be allowed to cultivate as much Marijuana as needed to supply their personal demand.

See item 1) of the email with Pinal County inserted in "How can the draft rules be improved?"

common areas of planned communities should be included in the definition of public place.

Planned communities should have the rules also not to smoke at public areas. Like by the pools and gym areas Etc. To bad that this was allowed.

protecting patients from high pricing. the state should not be able to tax medical marijuana at all!!!!
drop the 25 mile grow rule so patients can grow their own if they cant pay the prices of the dispensaries. smoking areas need to be opened up!

See above comments regarding the inclusion of common areas of planned communities in the definition of public place.

Ya licences will be given out on an agenda basis, if your agenda is to get rich, you will not be accepted, if you want to help the sick, you will get a licence

Adding PTSD as the community has asked before. Don't ignore us
Yes, please a more business friendly resonanable draft rules would be very much appreciated. Thank you for hearing us and making reasonable changes accordinally.
Yes, as noted.
I did not see anything in the draft on where you are supposed to get the seeds for cultivation. Where are the seeds to grow marijuana supposed to be acquired from? When an application is submitted for a dispensary, will the site for the cultivation, for incorporating edibles and retail have to be set up in full detail and be sitting idle for some time in order to be considered a viable and complete setup. The nonprofit organization is supposed to have all this ready first and foremost at considerable cost to the investors without them even knowing if they have a chance. This seems like an investment risk if your initial overhead costs and application fees will be lost if you do not get accepted. Please comment.
The pricing of the medical marijuana purchased at the dispensary. Discribe unusable marijuana that should be given to law enforcement. R9-17-102 Protection laws for card holders. Limits on how much marijuana can be moved from one dispensary to another, and how often. Excess usable marijuana should have a compassion center to donate to. Limited income may prevent legal patients from obtaining medication.
The proposed rules do not mention "common areas of planned communities" that should be included in the definition of "public places".
No restrictions please. If a Dr. says a patient needs medical marijuana, it's on the dr., not the patient. Since many clinics restrict their doctors from making medical marijuana recommendations, the secondary dr. doesnt need to give a physical exam, especially for those confined to their homes due to lack of mobility, let them make their decision based on a phone interview and with the patient's medical records. Keep med marijuana costs down. Don't put unnecessary restrictions on dispensaries. Some lawmakers want to charge a 300% tax so KEEP COSTS DOWN!
see above
See my specific language comments

Number of Dispenseries applied for - - - If an individual can only have one dispensery, and they loose the lottery, is it possible to put in for two or three dispenseries in order to cover if one or two are lost in the lottery? If the individual received three dispenseries, then they would have to drop two and keep whichever they chose.

Actually---what has not been left out??? Overcharging for fees and micromanaging the system are all going to make us look even sillier to the rest of the country....and deprive patients of what they are legally entitled to.

For a \$5,000 application fee one can expect a qualified review and final decision making process based on the most qualified dispensary registration certificate application per CHAA and not a final random selection. Which dispensary registration certificate application adds the most value to one the five CHAAs / communities in which they are planning to operate? A random final selection will never support the best solution for each CHAA / community. Being able to apply for up to five CHAA's would essentially also give the applicant five times the chance for a qualified final decision in one of the CHAA's listed. Assuming that Phoenix, Tempe, and Scottsdale will see the most applications chances might be really slim in these areas especially considering the fact that some people will submit multiple applications through other people, and the general political ramifications usually playing a role in these type of decision making processes.

yes. you should put that (ANYONE WHO WHO WANTS A CARD , CAN GET ONE.)

Common area of planned communities should be included in the definition of "Public places".
I request that "coomon areasm of planned communities" be included in the definition of "public Place"
N/A
Need a statement to protect nurses and other license holders against disiplinary action from the state licensing board for participation as a caregiver.
Smoking should be restricted to private areas as to protect children and other humans, pets, etc. from the ill effects of breathing smoke.
YES PAIN WITH LUMBAR DEGENERATIVE DISC DISEASE AND LUPUS
Please include Ankylosing Spondylitis, Sleep Apnea, and Insomnia to the list of ailments that can be treated with medical marijuana. Sleep apnea and insomnia frequently occur together. Medical marijuana has been proven to help people sleep through the night, and it will help both of these conditions in a way that is much safer on the liver than over the counter and prescription sleeping medications.
i am a doctor . every day i have litigation for with the people (regular to fireman and nurses) because i don't want to give them narcotics. the people who voted for the marijuan themselves are addicted.there is a MAFIA behind the curtain that before vote even determin where should be sold , they open [REDACTED] they organized conferences in ASU how to sell the marijuana. god help us.
See above regarding use of marijuana in the public areas of planned communities.
49.999% of the voting public voted against this pot legalization law. We Do Not Want To Smell or See

Persons Using This Plant nor Do We Want to be Forced To a Agree Pot Is OK With Us.

Is there going to be any seperate permitting for edible and infusing establishments that are not part of a dispensary? I would like to open such a business and so far the information is vague and almost non existant regarding this type of business.

"common areas of planned communities" be included in the definition of "public place."

I request that " common areas of planned communities " also be included in the definition of a public place, just as apartments and condominiums are. [REDACTED], AZ

Common areas of "Planned Communities" should be included in the definition of "Public Places".

Do whatever you can to make it easy for qualified patients to obtain marijuana at the LOWEST possible cost. Do whatever you can to make it as easy as possible for dispensaries to operate at the lowest possible cost, so marijuana prices will be low as possible for the patient.

HOA Common Areas should be included in the areas that are defined as Common Areas where smoking of Marijuana would be prohibited. Our seniors are very concerned about this.

Please include that the "common areas of planned communities" be included in the definition of "public place"

Please include public places in Planned Communities as areas in which the marijuana cannot be smoked. Many planned communities have large outdoor and indoor public areas, the smoking of marijuana should not be allowed or legal in those areas. Thank You

PUBLIC PLACES SHOULD INCLUDE PLANNED COMMUNITIES. WE LIVE IN A RETIREMENT COMMUNITY AND DON'T ALLOW SMOKING IN CERTAIN AREAS. WE WANT NO DOUBT THAT THIS ALSO INCLUDES A LEGALIZED "MEDICINE".

Common areas of planned communities should be included in definition of public places

Permitting the smoking of Marijuana outside of the user's home.

How about the users going back to San Francisco!

I request that "common areas of planned communities" be included in the definition of "public place."

Please see comments above.

NO SMOKING OF MARIJUANA IN ANY PUBLIC AREA NO SMOKING OF MARIJUANA IN THE PUBLIC AREAS OF A PRIVATE PLANNED COMMUNITY I DO NOT WANT TO BE SUBJECT TO SECOND HAND MARIJUANA SMOKE NO SMOKING OF MARIJUANA IN CONDOS APARTMENTS OR EVEN PATIOS WHERE THE SMOKE OR SMELL WILL EFFECT NEIGHBORS

I request that common areas of planned communities be included in the definition of public place

Please include common areas of planned communities to be included in definition of public places. I have COPD/asthma and do not want to walk through lobby to exercise area through marijuana smoke.

In order to avoid monopolies, it will help to only allow a person's name on a maximum of 3 boards of directors. This will help to keep market prices fair for patients. If a smaller number of people control the majority of the market they may be inclined to engage in price fixing.

no smoking marijuana in "common areas of planned communities"

"common areas of planned communities" be included in the definition of "public place."

Driving under the influence of MJ. If a person is stopped for a traffic violation or for some reason and the police want to take blood test and you come up positive for MJ, but the last time you smoked any was the night before. How is that going to work, when it stays in your system for days?

Yes. Public areas should also include common areas in planned communities such as the one we live in, [REDACTED]. I don't think we should allow the smoking of marijuana in these common areas. Thank you for allowing us to speak our opinion.

"common areas of planned communities" be included in the definition of "public place."

I'm concerned about people using this in public areas. If they want to smoke it, fine, but I do not, either first hand or second hand. [REDACTED]

to specify that where ever smoking is not allowed (restaurants, etc) this ruling shall not over ride any existing law and that the smoking of marijuana will not be allowed in those areas, either. Also limitations of a reasonable distance from schools, daycare, sport facilities and any where a person

under 18 may be present.

Please be sure that "common areas of planned communities" be included in the definition of "public place." There are many Planned Communities in Arizona. And we don't want people who qualify for this Medical Marijuana Act to be a nuisance and smoke this awful stuff in public places. I sure hope this also includes public restaurants, parks and any other places that the general public might go and expect not to be subjected to this. I think that anyone smoking this substance should do it inside of their home and nowhere else. I might have been better able to respond to parts of your inquiry if you had a link to the full set of the 'rules'. But since all I had was the link, this was the best that I could do. Good luck making this awful thing happen in our Beautiful Arizona.

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]

Common areas of planned communities should be included in the definition of "public place."

I suggest strongly that Common Areas of Planned Communities be included in the definition of Public Places. There is no rationale whatsoever for the use of marijuana for medical purposes in any area of public access. I am greatly in favor of use of medical marijuana in private situations, such as one's personal home or apartment, or in medical environments, as it is a excellent pain reliever and in cases of cancer, and certain treatments for that condition, it has the decided benefit of lessening the nausea which accompanies those treatments. Allowing the use of medical marijuana the Common Areas of Planned Communities, which consist of sports facilities, relaxation areas, eating areas, and other areas which would, under other circumstances be defined as Public Places could not be construed a medical in nature, but purely recreational, as recreation is what the intended use of Planned Communities' Common Areas. Please include language in the rules for use of medical marijuana to preclude its use in Planned Communities' Common Areas. Additionally, under no circumstances should the use of medical marijuana be permitted in a vehicle, be it a private auto, public conveyance such as a bus, taxi, or train (or plane too for that matter), or commercial or private truck.

Yes. Please include "common areas of planned communities" in the definition of "public places" where medical marijuana cannot be used.
Planned communities like Sun City Grand in surprise should be included as no smoking in the common areas of the community.
Include planned Community Common areas in the definition of "Public Place"
Common areas of planned communities should be included in the definition of "public place".
Please include that common areas of planned communities be included in the dedfinition of "public place." Thank You
Outlaw growing, smoking, consuming, in any public/common area of any community planned/closed/open.
Yes I believe that people with serious chronic headache/migraine pain should be included on your list as people to qualify for a card. There have been numerous studies done and books published, relating to it's use for headache/migraines and I believe it is a very effective way to treat chronic headache/migraine pain.
I request that "common areas of planned communities" be included in the definition of "public place." Our planned community needs the same legal ability to prohibit marijuana smoking in our common areas as is being proposed for Condominimums and apartment buildings. We do not wish to be exposed to marijuana smoke through second-hand smoke ingestion while enjoying our common areas. The right to smoke medical marijuana ends when the medical smoke enters our noses and bodies without our consent.

Please see above - draft rules be improved.

I am very concerned about the possibility of those qualified to use medical marijuana smoking it in the common areas of planned communities. Please include "common areas of planned communities" in the definition of "public place."

yes, making sure that the "planned communities" be included in definition of public places. second hand smoke is as bad as smoking it yourself and has been proven it can be as deadly. it also has this smothering ordor to it just as bad as cigarettes. thanks.... :)

I strongly urge you that "common areas of planned communities" be included in the definition of "public place." . Since other public places of condos and apartments are considered public places, it is only logical that common areas of planned communitis be treated the same way. Thank you.

Please ban smoking medical marijuana in public areas of Home Owner Associations.

The crux of matter is that federal laws classify Marijuana as a schedule I drug (no therapeutic benefit), whereas states like Arizona wisely have deemed it functionally as a schedule II by assigning defined medical use for it. As such, the regulations will benefit greatly from applying existing regulations for schedule II drugs to the dispensing of Marijuana. There will still be need for many of the provisions in this draft (due to nature of Marijuana requiring cultivation, potency issues, etc); however the public will be served better by professional pharmacists with clinical knowledge and established record of preventing drug misuse and diversion. The alternative, as evident from other states' experience and the situation on ground, would be involvement of many non-professional personnels and a rather dangerous mixture of health with drug/money. The best regulations on paper will not prevent a structurally-flawed approach. I think the dispensary permits should initially and preferentially be offered to pharmacies. If there are still un-met needs, then conditional permits may be issued, however the Health Services should develop a mandatory training course in medical management and pharmacology of Marijuana. The requirement for a dispensary should also include a clearance from any prior felony and drug misuse. Respectfully Submitted, [REDACTED]

YES. Homeowner Asssociations should be classed as as Public areas. We do not want smoking of marijuana in our common areas. Thank You.

Public Areas of Planned Communities - needs to be added to PROHIBITED areas included as common areas of condominiums and apartment buildings.

See Above
None.
The truth about marijauna use. " It should be noted that POT kills!"
I am requesting that "common areas of planned communities" be included in the definition of "public place".
The common areas of planned communities should be included in the definition of public places.
Common areas of planned communities should be included in the definition of public place.
COMMON AREAS IN PLANNED COMMUNITIES SHOULD BE APART OF THE PUBLIC AREAS THAT SHOULD BE EXCLUDED FOR SMOKING MEDICAL MARIJUANA.
Big Mistake
That"common areas of planned communities" be included in the definition of "public place."
JUST WHAT I HAVE WRITTEN ABOVE SHOULD BE THE RULE
Yes, reference to the common areas of Planned Communities
If a card holding patient living more than 25 miles from a dispensary begins growing marijuana in their own home, they should be allowed to continue growing if a dispensary is subsequently established

within 25 miles. Cultivating in one's home would require a locked container with internal lighting and ventilation. Purchasing or building such a container could be very expensive. It does not seem fair that someone would suddenly have to cease growing because a dispensary was established nearby. It would mean that the patient sacrificed hundreds of dollars on a chamber they are no longer allowed to use. There should be a grandfather clause which allows those who acquired their card earlier to continue cultivating if a dispensary is later established within 25 miles.

Yes please don't let people smoke in common areas

We request that "common areas of planned communities" be included in the definition of "public place."

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."

Planned communities

Yes! Common areas of planned communities MUST be included in the definition of "public places". Otherwise, planned communities will have to endure such activity in their picnic areas, clubhouses, pool areas etc. - areas that are heavily used by families and children.

I have been a diabetic for the last 30+ years. During that time I have lost a Big toe to infection and many minor surgeries related to the diabetes. The one thing that I have a major problem with is neuropathy. When the pain attacks it feels like someone is running a serrated knife in my foot. This can happen daily, wake me up at 3am. Presently I take the highest dose of meds for this and when it gets too bad I take vicodin. Taking this makes it illegal to drive and has side effects. Marijuana eases than pain to the point that I can sleep. Please allow neuropathy be included as a need for the marijuana

Request that common areas of planned communities" be included in the definition of "public place."

"Common areas of planned communities" should be included in the definition of "public place."

Please be sure to include "COMMON AREAS IN PLANNED COMMUNITIES" in the definition of Public Place. There is no way the majority should be subjected to the obnoxious fumes of marijuana when trying to enjoy outdoor eating, outdoor sports, etc. Medical marijuana should be smoked AT HOME and not while driving either.

Include planned communities and home owner associations.

In order to have the best public policy and implementation of Prop 203, you MUST have some qualitative criteria to judge potential applicants. The random lottery method of assigning dispensary certificates has many unintended consequences that I don't think you've considered. First, you have now opened the door for organized crime to enter this field. Organized crime is now recruiting potential applicants to put in as many applications as possible. I know this for a fact. Organized crime recognizes that many people who apply for and receive dispensary certificates (under your lottery scheme) will not be financially able to complete the buildout and necessary infrastructure to successfully operate a dispensary. They will contact those dispensary certificate recipients and lend them the money. I probably don't need to tell you how organized crime works in the lending business. Because this is an industry that traditional banks will not lend to, there will be only two financing sources - self financed or mob money. You need to understand this simple fact. You are randomly handing out dispensary certificates to people who may not have the competence or financial ability to operate this type of business. This does nothing to serve legitimate qualified patients and it opens the door for corruption and crime. In addition to organized crime, the law enforcement community would like to see a qualitative process. Nobody understand better than the police the type of people this business is likely to attract if there are no qualitative standards. You could even let the police department handle the grading of the applicants. I have no doubt that they will find the manpower and resources to do this. They realize that by doing so they will have honest upstanding citizens as dispensary operators rather than thugs and criminals. It is in their best interest to be a part of the solution to the dilemma you face. They WANT to be involved. Reach out to them. Ask them if they will assist in grading the applicants. They will help you. Call Phoenix Police Department. The municipalities (especially Phoenix) also recognize the folly of a lottery system. They share all of the same concerns that the police departments to. Reach out to ██████████ in the ██████████. She will help you. So far you have shown fear from idiots like ██████████. You were appointed to your position to be a leader. Be a leader. It is obvious that you are put into a difficult position to complete a task that is not what the Department of Health Services was created to do. In addition, you don't have the manpower, resources or budget to complete it as you would like to. That is understandable. I don't envy your position. However, to simply throw your arms in the air in defeat and declare "Lottery!" will not solve the problem of how to implement good public policy. If you don't know what you're doing (self admittedly you don't), then ask for help. Reach out to the police department, reach out to ██████████ and others. The consequences of a lottery system are simple - a broken system, and public policy and legitimate patients not being served. Right or wrong, fair or not - you will be held accountable for medical marijuana implementation. At the very least, ensure that applicants have the financial ability to successfully open and operate a dispensary. A rough estimate of the capital needed to open a dispensary is \$250,000 (the same amount required to open a Baskin Robbins ice cream parlor). Any individuals without this minimum capitalization simply cannot successfully run this type of business. The successful implementation of Prop 203 is critical. It is critical to legitimate patients across the state. It is also critical to your department. It is critical to the success of your career. A dispensary system run amok because of a lottery system is not likely to be forgotten by our state legislature nor our governor.

<p>There is nothing about what will be happening the first year. I have heard that due to the rules of 70% to be grown by the dispensary that everyone will be able to grow for the first year until they are up and running. Is this correct? Would also like some clarity about growing for a dispensary. If you are growing for a dispensary do you still need to live 25 miles from it?</p>
<p>Rules regarding patients/caregivers growing their own will have to be changed to keep the dispensaries honest. Current medical cannabis costs in other states run from \$350-\$400. There is no reason to think the price will be any lower in Arizona due to the prohibition on growing it yourself within 25 miles of a dispensary. The law as written is weighted in favor of dispensary owners; they will have no competition except from the illegal growers and street dealers. If this program is to survive, something will have to be done to address this matter which goes to the heart of what the law should be: a way for sick people to receive their medication at a price that is affordable and in a way that is safe and legal. As the cost structure now stands, it could easily cost a patient nearly \$25000 (that's twenty-five thousand dollars) per year based on 5 oz. per month! Any reasonable person can see that this is cost prohibitive for people who, for the most part, are living on fixed incomes to start with and have other major medical expenses. If we truly want to take the danger and humiliation that buying on the street currently forces patients to endure, they should be given the option to grow their own. I believe ADHS has the power to make modifications to the process, please consider all that I have written here.</p>
<p>User should have full medical work up- blood, lungs x-ray, heart and mental work up prior to receiving medical marijuana. Perhaps a class for users. Once the dr. says your fit for use, and then requires an educational class on the risks and benefits. After completion of the class, users will be able to receive their ID for medical marijuana. In addition, Arizona access should not pay for any new mental, or physical medical related issues from the use of medical marijuana like lung cancer, stroke, fatigue and paranoia or disease related to weight gain.</p>
<p>See above</p>
<p>Broaden the employment categories in which medical marijuana use can be cause for termination to include healthcare workers.</p>
<p>I believe ADD and ADHD should be looked at as a medical condition also Migraine</p>
<p>Yes, I believe migriane or severe head aches should be considered as a medical condition it has been</p>

the one thing that is certain to stop the pain. California has listed migrane as a condition and I think Arizona should at least consider it also.

White Paper: Commentary on approval of Proposition 203 regarding Medical Marijuana December 1, 2010 It is not the intent of the [REDACTED] to take a position on the legalization of marijuana for medical purposes. There appears to be sufficient evidence that for medical conditions where there is intractable pain not relieved by conventional means that marijuana may have merit. We are concerned however with the impact this legislation will have on the availability of and exposure to marijuana relative to our children. There is a plethora of evidence of the abuse potential and negative impact of illicit marijuana use upon the health and welfare of our youth (and adults). It appears that a new industry is being formed to capitalize upon this legislation that could lead to widened exposure and take this agent outside the stringent control that its illicit use demands. Rather than to comment on the various strategies that are being used to bring the medical marijuana to market, we would like to pose an alternative for serious consideration. There are many controlled substances that are used for medical conditions prescribed by physicians. The patient is treated in a physician's office, the physician determines the best treatment approach for the patient, prescribes the appropriate drug therapy by writing a prescription for the drug(s). The patient then has a variety of established sources to use to have that prescription filled. The most frequent method is to take that prescription to a local pharmacy to be filled by a licensed pharmacist. The pharmacies are fully regulated to deal with controlled drugs as well as non-controlled drugs. The pharmacies themselves obtain the drugs through a licensed drug wholesaler supply chain and the drug wholesalers acquire the drug from licensed manufacturers. There are regulations in place from the Federal Food and Drug Administration in managing the security and storage of controlled drugs. In other words there is a controlled drug distribution system and network in place to deal with the medical marijuana just as any other controlled drug. The system and network has proven its ability, durability and value. The system already has the necessary controls in place with what would be just another controlled drug. Since this system is in place and has worked well for decades, why establish a new, untested system that more aligns with a direct retail consumer approach? Growers/suppliers of the marijuana should be licensed like any other drug manufacturer. The primary pharmaceutical supply chain can then be used from that point to bring the processed marijuana to the local pharmacy for dispensing via a prescription. The hospital pharmacy and medical clinic pharmacies also use this same drug supply chain distribution system. Therefore, the entire drug distribution and dispensing system would be covered under this existing approach. All controls, reporting mechanisms and safeguards are in place if the pharmaceutical supply chain methodology is adopted. There would be no need to adopt medical marijuana dispensaries and the host of legal and regulatory considerations that they would engender. No new zoning considerations, standards, conditions, application requirements, fees or other related matters concerning medical marijuana would be necessary. It is our position that using this pre-established drug distribution system with the registered pharmacy as the dispensing agent would be the best approach to what could be a very complicated and potentially less controlled approach that could lead to more exposure by our youth.

Man up and let the recreational users know this is not a recreational program but a medical program for the true ill

In rural az because of the mountainous terrain even if your 25mi. from a pharmacy in a lot of situations you still have to drive 40 to 50 miles which is an extreme hardship for the homebound and elderly, especially during the hot months

A commitment to make this prop 203 fair and financially affordable to the infirm by allowing those who can't afford the health risks of travel, or the loss to their social security, to grow their own.

I live in a state that allows medical marijuana and understand that my current physician's signed statement or registry card would make me a visiting qualifying patient, should I travel to Arizona. I don't see anything in the draft rules that addresses the needs of such patients. It would be illegal for me to transport marijuana from my state across state lines by motor vehicle, or any kind of public conveyance such as a commercial airline. I understand that I would not be permitted to purchase medical marijuana from an Arizona dispensary, but hopefully I could have a caregiver help me obtain my medicine?

Yes...go back to two year residency.

Please consider adding Meniere's disease to your list of debilitating conditions. This is an awful disease that has no cure. The symptoms are terrible and include severe nausea and vomiting. Medical Marijuana also helps for the Tinnitus (non stop ringing in the ears) associated with Meniere's disease. It also helps with appetite loss many Meniere's patients suffer from. Thank you Doctors say cannabis treats Meniere's disease September 30, 2006 — Mahakal / מאחאל California doctors routinely approve the use of cannabis by Meniere's patients who say that it helps ease their symptoms. "Meniere's causes dizziness, dizziness causes nausea, cannabis relieves nausea," says [REDACTED] MD. "I wouldn't be surprised if the symptoms caused [REDACTED] to be a little depressed and of course cannabis helps that, too." [REDACTED], MD, corroborates: "I've issued many recommendations for Meniere's, as well as tinnitus [ringing in the ears]. It works well enough to make a significant improvement in patients' lives, i.e., symptoms not gone but much abated so they can function and carry on their daily activities, instead of sitting and suffering. It also aids sleep." [REDACTED] MD, has given some thought to how cannabis might help in the treatment of Meniere's. "Three possible mechanisms come to mind," he says. "Number one, the anti-anxiety effect of cannabis would be very useful to a Meniere's patient. These people are anxious as can be when they hit the ER. When they get an attack it's as if they are wired — that's why Ativan is one of the treatments, to bring them down. Two would be the anti-nausea effect. Duh! You're barfing and there's a drug that offers relief in 10 seconds. The third is slowing down the vertigo itself — the sensation of spinning caused by the inner ear problem. My patients say cannabis is as good as Benadryl, which is the classic treatment. I recall reading that the auditory nerve does have CB1 receptors. I don't know about the cochlear structure itself. GEL Says: November 16, 2006 at 9:50 pm Ah, very interesting. I need to read and digest this when I'm not sleepy. My graduate degree is in audiology so I've had patients with Meniere's Disease. For now, I'll say that I feel there are many good reasons for the legalization of cannabis in certain cases, particularly for pain management, but I am not a doctor and am not current with the literature on this issue. [REDACTED] Says: March 1, 2007 at 4:24

pm As one who suffers with all of the issues of Meniere's Disease, I came to find out about how helpful Cannabis can be for the symptoms, etc. from a suggestion (actually a joking suggestion) by a friend. I had (mis)used Cannabis as a teen, but left the drug behind in my 20's as did most adolescent users. I had -0- use of the drug until recent years when the Meniere's was becoming nearly disabling. One of the more difficult "symptoms" of Meniere's Disease is when the inner ear, due to excess fluids inside, caused pressure to build up. This causes pressure in the head, but not really "pain" in the classical sense. It does make simple things, like THINKING, a real challenge. This (in my case) often precedes a more severe Vertigo attack, and I can feel it building up throughout the day. I do believe much of this is caused by work & life related stress. I discussed the possibility of trying MJ for this symptom with my wife first. She had little/no experience with MJ, but told me if it had a chance to make me better then "Go for it!". A couple days later I had severe fullness all afternoon, and once the day was over I stepped outside and took just 2 puffs of MJ. Within seconds (literally) the feeling of the fullness was reduced by at least 75%, and within 5 min. it was gone entirely. Prior to this time I had been experiencing 2-3 severe Vertigo attacks weekly....most times these attacks would last 2-5 hrs. before abating, or I used a Phenagren suppository to stop the vomiting. Valium has litte effect once an attack had begun, and I refused to take it on a regular basis due to the severe withdrawl asociated with stopping regular Valium use. Spending 2-5 hrs. at a time in the bathroom, most of it leaning over the edge of a hard porcelain toilet bowl, is no fun at all. (we called it the "Vomitorium" as I had spent so much time there). Since I started regular (once daily) metered doses of MJ I have had -0- (that's right not one) severe episode, and no vomit level episodes in over 9 months. (that's heaven for me). I use less than 1/2 gr. of a specific type of MJ, daily, and am told this is much less than the average MJ user for other medical issues. I am definitely NOT in remission, as I still experience very mild vertigo at times, and the fullness seems to show up every 2-3 days and remind me that, while I may be knocking down the physical discomfort of the symptoms, I still have the disease. My ability to hear continues to be less and less with each hearing test I undergo. I have shared this (openly) with my doctors (ENT and Neurotologist). My regular ENT was supportive (asked questions) but didn't want to touch the legal issue associated with Medical MJ, and the other (a noted specialist) acted like I had leprosy and wanted nothing more than for me to get out of his office. Sad part was, I had taken the time to travel 200 miles to this guys office, sat and waited for 2 hrs, then a 1 hr. audio test, and FINALLY get to see the man and he doesn't come any closer to me than 5 ft. He acted like I had some incurable and highly contagious disease just because I was honest and straight-forward about the use of a drug I believe could help thousands of Meniere's suffers. I am a male, business professional and in my late 40's, and using Cannabis to treat my Meniere's has allowed me to NOT have to take any more Valium, Phenagren or other drugs like them. The disease had been so severe that at the time I decided to try the Cannabis, I was also trying to determine if I should sell my firm as I was honestly afraid I would soon be fully disabled, and no longer capable of representing my Principals properly. Other than a slight loss of motivation in the mornings, I have noted no adverse side effects from using the Cannabis daily. The only remaining approved medical treatment options (as explained to me by a Neurotologist) were either to surgically cut the vestibular nerve, or destroy it chemically with injections of Gentamiacin. Either of the above require extensive therapy to re-gain balance and motor skills, and I would be permanently deaf in the ear treated with either option. It (medical cannabis) has truly given me my life and my career back. I find it sad that the social stigma surrounding the use of Cannabis has clouded the potential of it as a medication to the point that most MD's I've met are terrified to even go near the subject for fear of government retribution. I, for one, refuse to stay sick when there is a safe, highly effective treatment that exists. [REDACTED]

yes, fair taxes are needed, remember this product is going to keep their job

R9-17-315. Inventory Control System-The disposal of medical marijuana that is not usable marijuana including the: i. A description of and reason for the marijuana being disposed of including, if applicable the number of any male, failed, or other unusable plants; ii. Date of disposal; iii. Method of disposal; and iv. Name and registry identification number of the dispensary agent THE WHOLE PLANT CAN BE USED AS COMPOST, which should be an option. marijuana is just a PLANT- like a tomato...

Don't listen to the recreational users

Explain how people can grow in greenhouses.

What dose RANDOM appointment of dispensary application by AZHD'S really mean? Who would do this and how would the Public and applicants know it is not fixed??? Take the most qualified 500 applicants and put them into a Public Lottery is the only way I would believe "Little People" would have a chance.

No, I think you have every rule possible, except dispensing to animal.

How greenhouses can be used in growing for card holders.

I live on my Social Security Disability and have zero other income. Please consider people in situations like mine. I have some very serious pain issues with my spine and I also have lost over 40 pounds in weight due to a lack of appetite because of hepatitis C. I used to work for the hospital system in Mesa and I got a needle stick from an infected deceased patient. He had hepatitis C. I am not a drinker or drug user. I have been on several very heavy pain meds for over eleven years...until I just quit! I absolutely can not take any more of that stuff in my body. I also have thirteen brain implants due to bleeding into my brain from thirteen veins in the dural layer of my brain. I also need surgery on my lower spine very soon to continue to be able to 'walk'... Seems like you are all trying to make things so difficult for a 'lot' of us to be able to afford the card and then purchase the medicine with extremely expensive HIGH TAXES on everything that we will most likely go to the black market side to purchase inferior products "illegally". This is not funny either! This is serious for the patients who could benefit from LEGAL Medical Marijuana. Please do not price us out of the medication which could help so many that do not want anymore "pain" pills when there is a perfectly legal alternative. You all are in charge of this thing and you have the ability to actually HELP sick and injured people pass through some serious pain. For goodness sake have some compassion. [REDACTED] in Mesa.

There doesn't seem to be any rules on how a patients personal information will be safeguarded. The word "privacy" does not appear a single time in the entire document.

I'm really glad that this is being given so much thought. I have a cousin with Terminal cancer in California that truly could benefit from the medical treatment and I'm glad Arizona is finally getting the same

pricing protection for patients. and explain to me where i smoke if i have kids and live in a apartment?

patient protection on pricing. a price cap of \$50(fifty)per ounce should be very fair to both patient and dispensary. smoking areas also need to be changed. some patients will live in apartments and condos with kids where do they smoke? should we smoke in the same room as our kidsor indoors with them?

You elude to Multiple Sclerosis. Don't elude, define! MS patients fit many of the definitions you 'require' and several symtoms that marijuana doesn't eleviate. Show some empathy & compassion. You are making this a 'regulation' embarrassment. This has become so complicated; I would be constantly updating paperwork for your office. I am sorry for your lack of humanity & I fear that all of your restictions will drive people right into the black market. Enable the drug cartels; this is on YOU!

Issues pertaining to legal protections for individual patients and providers in compliance with state laws but found in violation of federal laws.

SUBMITTED 02/02/11 10:40PM (HAS ANYTHING BEEN LEFT OUT OF THE RULES) R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver ... F. Except as provided in subsection (G), to apply for a registry identification card, a qualifying patient shall submit to the Department the following: ... 5. A written certification dated and signed by a physician within the last 12 months that includes: a. The physician's: i. Name, ii. License number including an identification of the physician license type, iii. Office address on file with the physician's licensing board, iv. Telephone number on file with the physician's licensing board, and v. E-mail address; b. The qualifying patient's name and date of birth; c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient; d. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition; e. (DELETED) f. A statement, initialed by the physician, that the physician: i. Has established a medical record for the qualifying patient, and ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297; g. A statement, initialed by the physician, that the physician has conducted an in-person physical

examination of the qualifying patient appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed by the physician; h. A statement, initialed by the physician, that the physician reviewed the qualifying patient's: i. Medical records including medical records from other treating physicians from the previous 12 months; ii. Response to conventional medications and medical therapies; and iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database; i. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient; j. A statement, initialed by the physician, that the physician plans to continue to assess the qualifying patient and the qualifying patient's use of medical marijuana during the course of the physician-patient relationship; k. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition; l. A statement, initialed by the physician, that, if the physician has referred a qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary; m. An attestation that the information provided in the written certification is true and correct; and n. The physician's signature and the date the physician signed; SECTION 5. HAS BEEN CHANGED TO READ "A written certification dated and signed by a physician within the last 12 months that includes:" (AZDHS HAS NOT PROVIDED ANY FORMAT FOR THE CERTIFICATION AND THE AZDHS HAS NOT CLARIFIED IF A PHYSICIAN'S WRITTEN CERTIFICATION THAT WAS SIGNED AND DATED GREATER THAN 90 DAYS PRIOR TO SUBMISSION OF THE QUALIFYING PATIENT'S APPLICATION, WILL STILL BE ACCEPTABLE, AS SOME PHYSICIAN'S WRITTEN CERTIFICATIONS ARE DEEMED VALID FOR A PERIOD UPTO 12 MONTHS. SECTION e. HAS BEEN DELETED ALLTOGETHER (AZDHS HAS NOT PROVIDED ANY DEFINITION OF 'RESPONSIBILITY' VS. 'PRIMARY RESPONSIBILITY')

SUBMITTED 02/02/11 10:40PM (HAS ANYTHING BEEN LEFT OUT OF THE RULES) R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver ... F. Except as provided in subsection (G), to apply for a registry identification card, a qualifying patient shall submit to the Department the following: ... 5. A written certification dated and signed by a physician within the last 12 months that includes: a. The physician's: i. Name, ii. License number including an identification of the physician license type, iii. Office address on file with the physician's licensing board, iv. Telephone number on file with the physician's licensing board, and v. E-mail address; b. The qualifying patient's name and date of birth; c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient; d. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition; e. (DELETED) f. A statement, initialed by the physician, that the physician: i. Has established a medical record for the qualifying patient, and ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297; g. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed by the physician; h. A statement, initialed by the physician, that the physician reviewed the qualifying patient's: i. Medical records including medical records from other treating physicians from the previous 12 months; ii. Response to conventional medications and medical therapies; and iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database; i. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient; j. A statement, initialed by the physician, that the physician plans

to continue to assess the qualifying patient and the qualifying patient's use of medical marijuana during the course of the physician-patient relationship; k. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition; l. A statement, initialed by the physician, that, if the physician has referred a qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary; m. An attestation that the information provided in the written certification is true and correct; and n. The physician's signature and the date the physician signed; SECTION 5. HAS BEEN CHANGED TO READ "A written certification dated and signed by a physician within the last 12 months that includes:" SECTION e. HAS BEEN DELETED ALLTOGETHER

I would like to see Tourette's Syndrome and Obsessive Compulsive Disorder added to the list of qualifying diseases. I would like; specific, easy to understand rules in place that would protect the Doctors who recommend medical marijuana. Without this there will be far too few doctors that will recommend, which would cause a burden on the sick people who will have to travel to another city, this is a big state.

No more taking direction from fools and liars! "Marijuana is NOT Medicine" That was the slogan for [REDACTED] and [REDACTED] in the campaign against Prop 203. Anyone that chooses to ignore the scientific facts, the thousands of statements and testimonials from sick and dying patients and their loved ones and their Doctors; and instead chooses to blindly hate a flower off a plant that grows like a weed on nearly every corner of the globe is an ignorant fool! I'm tired of hearing about this being a narrow victory! In 1996 2/3rd of Arizonans voted in favor of medical marijuana and their voice was unscrupulously and unethically silenced! Medical Marijuana passed by a landslide here in Arizona and now it's finally time to put it into affect! Not to mention the law we passed in 1998 to keep those crooks from ever being able to undermine our rights again, and in fact that binds you to NOT attempt to undermine the will of the voters NOW! Please stop doing exactly that, it's blatantly obvious and in a word disgusting!

Are you suppose to be able to cross state lines for marijuana seeds and clones and product? Are the warehouse (growers only) going to have a different kind of license? Can they grow for multiple

dispensaries without a dispensary certificate?
N/A
WE SHOULD ONLY NEED TO SEE A DR. ONCE, NO MORE THAN TWICE A YEAR, UNLESS WE ALREADY SEE OUR REG- DR. MORE THAN ONCE A YEAR, A MEDICAL MARIJUANA DR. DOES NOT NEED TO SEE ANYONE MORE THAN TWO TIMES A YEAR, HE CAN GET OUR MEDICAL UPDATES FOR OUR PRIMARY DR. OR OUR CANCER DR'S. NO ONE CAN SELL MEDICAL MARIJUANA FOR OVER \$150.00 AN OZ. AND THATS FOR THE BEST A PATIEN CAN GET !
YES
I see nothing in the new guidelines that addresses how employers are to work with employees. Where is the safety net for those who must work with and around employees who use medical marijuana? There is nothing in the new guidelines that gives Law Enforcement or Employers a way to keep those who do not use safe. There are laws for alcohol with limits of .08. Why not marijuana? Thank you
Hello... The rules left out the business side of the industry. How much, what's next, where can we set up, who can be involved, why.....etc. So much is informatin is needed. I'll be at two of the public hearings this month. I am hoping these questions will be answered during the Q&A part of the town hall meeting. See you there....
I am at a loss where to put this comment, here goes. I seem to get a feeling of weight toward dispensaries' other than self growers. Why the push for dispensaries over me growing my measly 12 plants in my basement. I am not bothering anybody. I certainly am not nor ever will be set up to make money off of anybody as dispensaries are. Since this is not a recreational product there would be no tax revenue lost either way.You have to keep in mind this is a medicine and in no way similar to buying a beer. It seems this whole process is more like MacDonald's Corporation coming in and opening 125 new locations and each of the dispensaries is really a franchise purchase. Please keep this process away from all the capitalistic trappings to keep the little guy out of getting help. How much would 2 1/2 oz. cost and would an average sufferer be able to afford it every month???
I would like to request that the common areas of planned communities be included in the definition of "Public Place"

Are video cameras and panic buttons really enough security? In my research of other cities/states some require security guards at each location to ensure the public's safety. Also to ensure that other people who do not have ID cards don't come in to try and steal marijuana or cause harm to the ID card holders as they leave the facilities.

How will the first patients, caregivers or dispensaries acquire their first genetics? Where do the seeds come from?

Will authorized dispensary agents be able to carry firearms

From the Landlords perspective what happens if they default on their lease. The landlord can not lock them out or retake possession of the space because the Landlord does not have the right to possess Marijuana or have a license. Some sort of program needs to be implimented for landlords to contact to remove marijuana from the space in the event of a default.

I have a couple concerns being a person thinking of using this form of alternative medicine: 1. What regulator agency will be outlining the proper guidelines for growing medical marijuana? 2. Who will be checking the quality of medicine distributed in the Dispensaries? 3. Will the medicine be certified ORGANIC? How else can one be sure it is free of unwanted chemicals, GMOs, Fungicides, Herbicides,etc. I suggest that the patient be allowed to grow their own medicine if proper safety measures are not incorporated into the dispensaries.

I have not seen very specific language regarding where dispensaries can be located. A dispensary in a residential neighborhood can destroy the serenity, security, and property values of those who live nearby. There should be VERY EXPLICIT LANGUAGE (known to all) that forbids the growing or dispensing of marijuana in any residential neighborhood - NO EXCEPTIONS. The public should know that anyone engaging in the growing or selling of MJ that is not officially sanctioned will be charged with a crime and their operation immediately confiscated. News media have not made known to the general public that there are the restrictions mentioned above. I would imagine that some people are already gearing up for their growing and dispensing operation in the hopes that the rules will either be too lax or not vigorously enforced. I have read about specific communities in CA where homeowners have had their serenity, security, and property values negatively affected by the proximity of a dispensary. Make place restrictions known to all NOW before there is a rash of

unauthorized operations.

I know that much has been submitted on the requirement that an applicant for dispensary/cultivation license must have a certificate of occupancy prior to said application. This does NOT serve the Public. It places an undue burden on the applicant. The cost of obtaining a Certificate of Occupancy for a space to operate a dispensary will be \$75,000-100,000 in construction costs. The costs for constructing a "medical grade" growing facility will range from \$150,000-200,000. This is a completely unfair burden on an applicant who is going to be randomly drawn for a license.

overly restrictive as the rules are now written.

Please see above---

Is there any funding for people on medicaid to pay for drug, will they be able to grow some plants even if they are less than 25 miles from a dispensary?

Continue making costs low. Make MJ affordable for the very poor by not overregulating dispensaries.

See above.

This is in the rules but seems to be overlooked.... 36-2801. Definitions 17. "VISITING QUALIFYING PATIENT" MEANS A PERSON: (a) WHO IS NOT A RESIDENT OF ARIZONA OR WHO HAS BEEN A RESIDENT OF ARIZONA LESS THAN THIRTY DAYS. (b) WHO HAS BEEN DIAGNOSED WITH A DEBILITATING MEDICAL CONDITION BY A PERSON WHO IS LICENSED WITH AUTHORITY TO PRESCRIBE DRUGS TO HUMANS IN THE STATE OF THE PERSON'S RESIDENCE OR, IN THE CASE OF A PERSON WHO HAS BEEN A RESIDENT OF ARIZONA LESS THAN THIRTY DAYS, THE STATE OF THE PERSON'S FORMER RESIDENCE. 36-2804.03. Issuance of registry identification cards C. A REGISTRY IDENTIFICATION CARD, OR ITS EQUIVALENT, THAT IS ISSUED UNDER THE LAWS OF ANOTHER STATE, DISTRICT, TERRITORY, COMMONWEALTH OR INSULAR POSSESSION OF THE UNITED STATES THAT ALLOWS A VISITING QUALIFYING PATIENT TO POSSESS OR USE MARIJUANA FOR MEDICAL PURPOSES IN THE JURISDICTION OF ISSUANCE HAS THE SAME FORCE AND EFFECT WHEN HELD BY A VISITING QUALIFYING PATIENT AS A REGISTRY IDENTIFICATION CARD ISSUED BY THE DEPARTMENT, EXCEPT THAT A VISITING QUALIFYING PATIENT IS NOT AUTHORIZED TO OBTAIN MARIJUANA FROM A NONPROFIT MEDICAL MARIJUANA DISPENSARY. Please make a permit available to your visitors with proper paper work and payment of the fee.

Growers, who do not want to own or operate a dispensary (farm)

Adding conditions such as depression, anxiety, ADD, ADHD would all benefit a great number of patients who are left suffering in the illegal market trying to get their medicine.
Explain how a greenhouse is able to be used for growing for card holders & caregivers.
Please include Registered Nurse Practitioners as medical providers allowed to assess and provide recommendations for appropriate medical marijuana patients.
I am on permanent disability with only Social Security to get by on. WHY should I pay for my meds with my limited income when I can grow it in my backyard. I should be spending my money on food and survival, why should I be forced to pay some lucky entrepreneur. I would gladly pay an annual fee/permit to grow my own medicine, please take this into consideration. Am I forced to move twenty five miles away from a dispensary to save money ?? I hope not. Thank You, [REDACTED]
If a patient is diagnosed with a chronic illness where there is no cure, does he/she have to renew every year, or will a different type of card be issued?
no lottery
NO on Lottery!
Who will write the curriculum for patient and caregiver classes? Who will be allowed to teach these classes, and where?
way too many rules for a drug much less harmful than alcohol!

Language that prevents a dispensary from being located in close proximity to all entities that serve children

The second draft seems to present and protect the dispenser businesses, the user and the general public with one exception - disposal. What will be the dispenser's and growers' recourse on disposing of plant pots, soil, stems, seeds, etc. Will they toss this material into their trash container? Will they be required to hire a registered biohazardous medical waste transporter to transport the material to a treatment facility? Will DHS regulate the disposal side or will ADEQ?

I think you should make more specific regulations about how the dispensaries are set up inside. I think there should be a mandatory wall and closed door between entry to the building and where the marijuana is purchased. That way, if people bring minors with them - ie parents with young children - the children are not seeing the product as they walk in. This will allow the parent to leave the child in an enclosed waiting area while the purchase is made. We do NOT want parents leaving children in the car while making their purchase - especially in the hot summer months. This will also eliminate the possibility of a dispensary having windows where, from the outside, people can just look in and see the product (again - we need to think about the minors). Also, mandate that the cases where the product is sold be locked and be made of bullet-proof glass. There are lots of mandates on the product being grown, transported, etc but very little on what our expectations are regarding the INSIDE of these dispensaries.

There should be an allowance for approved cultivators who are not dispensaries.

I think the burden should REALLY be placed on the Doctors to do the right thing! I'm sure that there will be some abuses but at a certain point we have to trust somebody to be professional. Consequences for abuse should be swift and sure for crooked Doc's who greedily write thousands of recommendations for a quick buck.

THE ROLE OF A PHARMACIST IN DISPENSING OF MEDICATION!! THE WAY THIS IS TREATED IS THE EXACT OPPOSITE OF GOAL OF MAKING THIS MEDICAL MARIJUANA, BY RANDOM SELECTION, AND LACK OF PHARMACIST PRESENCE IT MAKES IT A RECREATIONAL DRUG, WITH RULES ALONG THOSE LINES, NOT THOSE OF A PROFESSIONAL MEDICAL DISPENSARY. THERE IS NO CRITERIA FOR EVALUATION OF DISPENSARY OWNERS, OPENING THIS UP TO RANDOM SELECTION IS OPPOSITE OF THE INTENT OF LIMITING THE NUMBER OF DISPENSARIES. WHAT A JOKE HAVING A MEDICAL DIRECTOR NOT HAVE A LIMIT TO NUMBER OF DISPENSARIES ONE COULD OVERSEE, AND NOT ALLOWING PHARMACISTS IN THE PROFESSIONAL REALM OF THIS MEDICAL MARIJUANA VENTURE. GUESS IT DID WHAT IT WAS SUPPOSED TO, IT WEEDED OUT ALL THE PROFESSIONALS AND LEFT IT UP TO "RANDOM" POLITICAL /FINANCIAL SELECTION... SO BIG MONEY WILL GET THE DISPENSARIES

AND UNQUALIFIED INDIVIDUALS WILL GET THE OTHER LOCATIONS. SUCH A SHAME...

I just want to make sure that students attending a K-12 school can't come to school under the influence, even if they are 18+ years old.

Testing for ALL marijuana that is to be used for edibles,tinctures,consumables,topical,etc. with labeling on all packages containing those products with the test results. As a healthy alternative medicine to many pharmaceuticals, consumers should be able to know exactly what they are putting in their bodies. Pathogen free, mold and mildew free and at the very least the Chromatographic imaging to determine the THC "foot print" of all marijuana. Any pesticides that had been used should also be noted.

Are you going to give full rain to the doctors what about doctors who refuse to participate will we have to find new doctors and go through another long and expensive process?

I did not see where it states where/how Medical Marijuana can be used (maybe I skipped over it,) but I have copied and pasted Colorado's rules of use of medical marijuana (public vs. private use) definitions. I would like to see AZ adopt a rule that Medical Marijuana can not be used in public, similar to Co ruling. But, with an addition that limits the use to not be in the presence of minors. I also did not see an approved amt. of medical marijuana that a person can have in his/her possession at one time. Nor anything regarding the applicant being an Arizona resident when applying. I included language that is used in Colorado's ruling regarding medical marijuana. I also did not see anything that mentioned the patient not being able to distribute the medical marijuana. There needs to be a very specific section where the rules of usage are clearly outlined. From the amt of marijuana that one can have on self to where the patient is able to use the medical marijuana. There needs to be defining language on the inability for a patient to distribute medical marijuana that has been issued. I would also like to see heavier requirements and standards for doctors. I would like to see a per doctor database established that the state could keep track of patient applications by doctor. This would cut down on many doctors who may be persuaded to write unnecessary perscriptions.

What does "chosen at random" mean? Please clarify the process. Please use a non-biased 3rd party to do the random drawings. Please make this public, so we can watch it be done. Please review each dispensary certificate application THOROUGHLY... Check where the sources of money come from! If they are from sources outside of Arizona, that should be noted! Check the criminal history of each board member. Many entrepreneurs from California and Colorado, especially, are viewing Arizona simply as a market. Out of the respect of the Arizona citizens who passed this new law, please discriminate against outside sources who simply want to take advantage of the patients and make the most amount of money they can.

What happens if that person gets pulled over by police but has lost their medical card or left it at home with marijuana in possession? Since the police can't access our medical records without our permission, that person shouldn't go to jail because of that.
Provisions in the rules that allow an applicant to grow and supply dispensaries with medical marijuana but, not operate a dispensary? This would also apply to the dispensing of the medical marijuana and not growing and supplying it.
Rules for growing plants at home and also rules as a medical marijuana patient's card ability to work in other states with legal medical marijuana card such as Colorado or California. I know a lot of people take vacations to these areas and need their medicinal marijuana and shouldn't have to re-register with that state to go to a dispensary there if they are only going to be there a few days is very frustrating. Also decriminalizing it for possession of an ounce or less should be implemented as well because that amount is usually just for personal use only. Taxpayers pay way too much money for sending people to jail for such a small possession of marijuana. It would help boost the economy that AZ drastically needs right now, and will be able to shift the police focus on REAL crime and make each city a lot safer.
There is still an issue with transferrability. The rules simply state that the license isn't transferrable. What happens in the case of a single applicant who builds a relatively large dispensary when s/he dies? What will happen to the dispensary if there is no opportunity for a designated heir to apply for a license? Does the dispensary revert to the state? Who becomes responsible for any cannabis in the dispensary while the estate is being resolved? There MUST be some provision for succession in the event the licensee passes away.
I was disappointing to see in this draft that the state has still not addressed how caregivers, cultivation facilities, and patients will be allowed to acquire their first "batch" if you will, of medicine. Where are you expecting all of this marijuana to come from? As it is currently still illegal to possess in the state of Arizona, you have to know that it will come from underground sources, unless you specifically dictate that it can be brought in from Colorado or California. Otherwise, it will come from Mexico illegally, and there will be no way to regulate what kind of medicine patients are receiving after it gets here. Mexico has no regulatory agency in place governing what is an illegal drug trade. If you allow for cultivators in the neighboring states, who are regulated, to supply to Arizona; it will provide a safe and proven method of delivering high quality and quantifiable product.
A Local Selection process rather than picking the Applicant by random drawing.
do what Colorado did, video surveillance should be a must.

Did you forget about cultivation completely in this draft???Or am I missing something.
Yes,I need to know,that being from another state, will I be safe and not be arrested in Arizona? please answer,,very concerned.
Anything to reduce dispensary costs is important....as the state is already proposing taxing MJ at 300%. A poor person will have trouble buying medical MJ at those high rates. I know that is not your fault or area, but it should help motivate you and staff to not have to high a burden for dispensary owners. They don't need a medical doctor to head their operations or any unnecessary bureaucratic regulations
As a disabled person, I believe your list of cronic illnesses doesn't include the ones that no longer are in the spotlight. Many folks have POLIO etc, WHICH IS EXTREMELY PAINFULL and doctors will load folks like my self with all kinds of opiates etc but exclude Medical Marijuana. Maybe now we can throw out the opiates and relay on something that helps without becoming additive.
Thanks for the oppotunity to comment, I will be applying for all three levels.
Why don't you put dispensary's" 25 MILES OUT OF CITY LIMITS."
I am not seeing anything for businesses that deal with dispensaries. What if my business provides a service for dispensaries all over the state and we would need to go into all these dispensaries? How do I get a card for that?
How do visitor card holders get their medication?
What about our insurance paying for this. It is a prescription.
I would like to know about the food preparation. How will the food companies get their marijuana to produce cookies/candies etc? [REDACTED]
Where does it address the physical security of marijuana? You only mention alarms and video but nothing to safeguard like a safe or vault.
ADD PTSD

Add PTSD
Ability of Nurse Practitioners to legally prescribe and manage patients using this substance.
no
With respect to section R9-17-316 D: the Department should specifically provide for allowance of analytical services by qualified laboratories for the purpose of assaying potency (cannabinoid levels) or presence of contaminants or pathogens. Dispensaries and regulated food producers should have available commercially offered quality control services in addition to those currently specified in section R9-17-316 D. CLIA certification should be adequate evidence of qualification for such analytical laboratories for the purposes of these regulations. This suggestion would complement the proposed regulation stated in section R-17-309 A (1) e.
Yes, What about the Federal laws? The Food and Drug Administration and the Federal Department of Transportation. Remember it is still illegal to buy, sell, use or transport any marijuana in this country. So that really needs to be addressed. Plus how safe is this operation going to be? Will the state back up the dispensary if they are broken into? How far away from schools, businesses, State and Federal Buildings and most important, how will the dispensary work? Will the dispensary have to take appointments for those who are purchasing it, the hours and not to mention the inventory and how the State wants these dispensaries to actually operate. Can they do any advertising or offer discount coupons? Plus does there need to be a security personal at the actual dispensary to monitor who is coming in and leaving. Also will the dispensaries be able to sell other products like pipes, papers ect? All this needs to be addressed before anyone submits an application Correct?
yeah the part where you stay out of our buisness!!!!!!
Some aspect of 70/30 rule
If a patient is taking strong medication like Oxycontin, Percodan or Morphine and all are under prescription from a medical pain specialist doctor for pain relief, they should be able to qualify for medical marijuana without having to see the doctor throughout the year to just qualify for a medical marijuana card.
The security requirements are insufficient. In California it is standard to have a security guard. It may cost more but you can not put a price on a life, and in Tucson armed robberies occur for as little as \$1000. Also having a security guard on the site will have the effect of the police involvement will be minimized.
The 12 plant limit should read 12 budding plants. The female plant is the only sex desirable for use.

They are normally 50% of any crop unless buying (for a hefty price) feminized seeds. You could have spent 4 months growing a crop and finding out that only 3 or 4 of the plants are of any use. The cost of growing 4 or 12 plants is about the same so you would have wasted a vast amount of electricity in lighting, for example. What about allowing 20 plants (immature) to make cuttings off them to force blossoming to see what the sex is. After determining the sex at an earlier stage you could then halt the needless growing of male plants and replace them with the clones that were determined to be females until 12 females are produced.

I really have a problem with something omitted from the reading. It seems there is ample information concerning the design and operation of dispensaries. It is set out that if they follow the rules, they get to operate indefinitely. On the other side, the Patient, the one who is sick and on disability and have movement limitations has no guaranteed future of any kind. For example: a patient is outside of the 25 mile radius and no dispensary is planned for the future in the area. The patient spends up to \$10,000, making his cultivation site operable for the state and the viability of growing a good strain of Marijuana. You need to realize this is not a backyard garden venture. A population growth naturally happens and a dispensary opens up nearby. What would happen to the patient and all his investment. A system of some sort of Grandfathering HAS to be available.

Cost. Shouldn't there be a rate chart of some kind. There also needs to be a way to tax, YES TAX but not overcharge the consumer. The state could make sooooo much money. Except the registration fee see above

a big big part is nowhere in the rules have you addressed paraphenalia. Pipes, papers, vaporizers, etc etc. Yes we cant get in trouble for possessing our allotted amount of medical marijuana but can we still be arrested or fined for paraphenalia possession? This is a HUGE are that needs to be addressed.

Where is a Caregiver or Dispensary supposed to acquire seeds or clones to grow their plants legally?