

While talking to some of these people here I find out we have growers and sellers from other states.

What are you doing to keep them from coming here and running this industry? Seems like they are circumventing the law by hooking up with locals.

I hear on the streets that Rose law has a client that intends to control this market - I suggest no one have more than two dispensary permits - and no grower can grow more than 15,000 sq ft. Otherwise this state could be taken over by cartel/mob like characters - certainly grower from other state should not be allowed to grow or sell in any fashion.

This Rose law client claims it is going to grow in 500,000 sq ft. and that is plan wrong.

Q I think Marijuana should be Taxed
Every thing is tax - the state should have
the ~~benefit~~ Benefit of this Resource.

A Make the Care Giver Have a
40 mile radius Not 25
Also Care givers should Not be able
to supply Dispensaries because there would
be zero control - Care givers should
only be able to sell or supply only
to their patients.

AZDH should not be able to
say which patients should have medical
cards - its Not your job. However
you all should keep track of who
has a card.

I Believe in the CHRA system
Just so you know!

I Also Believe there should be
more than 124 permits - seems
more lucky AZDH could manage the sales
without worrie of Caregivers selling
out the Back Door

Putting Video Cameras is a Violation
of Privacy

NZDH Should Stay of the Money
Part - its Not Your Business

How about a provision that will
allow a poor person to get this
medicine at $\frac{1}{2}$ price, maybe Based on
the fact they are on food stamps etc.

Applicants should be able to
Run a small mom & pop operation
as well as an Applicant that wants
Run a larger operation - Just NOT
to Big -

Do Not Allow Applicants to
own and operate more than 2
Dispensaries and Do NOT Allow a
grow site to be larger than
15,000 sq ft. per Dispensaries otherwise
they will end up with marijuana take
over - Rose Law is Doing an
Injustice to this proposition

John Garr 520-883-4444 garr001@earthlink.net

First I would like to thank this department for the effort you are putting into making these rules. Your response to the first round of comments was very gratifying.

Your implementation of the law that we voted into existence has been very good with only a few exceptions that concern me as a taxpayer of Arizona.

First is your requirement for each dispensary to have a medical director on staff. Nowhere in the medical marijuana act is a medical director required, allowed for or even mentioned. If my doctor were to recommend that I take medical marijuana he would do everything for me that a medical director would do making the medical director redundant. Any person that *shops around for a pot doctor* obviously doesn't listen to medical advice making the medical director pointless. I feel the requirement for a medical director is likely to result in legal action which will cost all of us by further reducing funds available for our roads, our children's education and all government activities that effect the quality of life in Arizona.

The second factor of the rules that concerns me as a taxpayer is the "catch 22" that appears to be built into the rules. By catch 22 I mean that there is no specific way allowed in the rules for patients, caregivers and dispensaries that receive authority to grow marijuana in April of this year to legally purchase the seeds and/or cuttings of the various strains of marijuana they will need in order to plant the first crop. While I don't think that the purchase of these seeds and cuttings is expressly prohibited in the medical marijuana act or these rules, by not creating rules to allow for these purchases you are not fully implementint the medical marijuana act. This will lead to a great deal of confusion among patients, caregivers, dispensaries, and law enforcement as to which purchases during this time frame are legal and which are illegal. Many patients who receive permission to grow their own marijuana will not know where to buy their seeds or cuttings and may be subjected to arrest and a great deal of trauma because of this confusion. If this department fails to create rules which clarify where and how seeds and cuttings of the various strains of marijuana may be purchased during this initial time frame, before the first crops are harvested, you will be creating the *implication* that you are responsible for supplying the seeds and cuttings of all of the various strains of marijuana along with the cards that give permission to grow these marijuana crops. I think it is **very** unlikely that you will do so and there will problably be many legal actions, including legal actions against the state of Arizona, which will result in the costs to all of us that I have previously stated.

corporations and other not-for-profit entities of the same structure, that pay wages and salaries commensurate with the CHAA they are applying for, the financial incentive for corruption and violations of this law as well as the cost of the medication will be reduced. This one rule, which I think would stand up to any legal challenge, would do more to reduce corruption than any other rule I can think of. Of course, renewals would have to give preferential consideration to those that limit wage and salary increases.

Thank you for your time. If you have any questions for me please contact me at the phone number or email above.

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.

These two conditions should be allowed for the use of Medical Marijuana:

***Migraines with or without nausea.**

There is no cure for Migraines. Individuals, including myself, are prescribed many combinations of drugs, both prophylactic and abortive. Sometimes they help, other times they do not. And in most cases they have negative downsides. Migraine patients also utilize many alternative therapies to augment their drugs. Just look at all of the numerous Migraine/Headache sites and blogs and you see the need for additional help. Everyone is

different. What works for one person, may not work for the other. I am not under the illusion that Marijuana will eliminate the pain and nausea, but it most certainly will help in the management of this insidious disease. And with the anxiety and depression that this chronic illness causes, just knowing that there is another possibility out there in the medical arsenal ~~does help with the anxiety and depression that accompanies many~~ *immensely* ~~migraine/headache sufferers~~. Yes, we have *many pain* ~~many~~ anti-anxiety drugs and many anti-depression drugs, but why not add another potentially promising natural drug that may ameliorate the need for so many other combinations of drugs that we migraine sufferers must take.? Many Migraine patients take many, many harmful drugs, and by doing so contribute to Rebound Headaches--and the Migraine/Headache cycle continues unabated.

medications

By either eliminating some and/or lessening the dosage of other drugs, the addition of medical marijuana would be a blessing to all of us sufferers. Give us the chance to the see if

it helps. Please include Migraines/Headaches in the list of acceptable conditions/diseases that allow for Medical Marijuana.

***Restless Leg Syndrome**

Unless you experience it first hand, it seems like a condition that the drug companies made up to boost their sales. This is far from the truth.

It is an insidious disease and drastically interferes with sleep. Even with medications, there are many nights that I have to pace the floor until the very unpleasant condition stops. I have tried many sleeping medications, but I have had very unpleasant reactions to them.

Medical Marijuana would be very helpful in the restoration of sleep, which the lack of or poor sleep may have direct effect on my migraines.

Medication and Therapies I've Tried for Migraines that didn't work:

Effexor

Cymbalta

Neurontin

Depakote

Topamax

Botox - 4 different times

Feverfew

Vitamin B -2

Magnesium

Combination of the above three

Ginger

Papaya Enzyme

Gelstat

Fibrocare

Cranialsacral Manipulation

Reflexology

T.E.N.S

CoEnzyme Q10

Compounding Pharmacy Gel

Verapamil and Elavil

Hypnotherapy

Physical Therapy

Massage

Chiropractic

Accupuncture - 4 different times, each 6 or more sessions

Dr Hysons Headache system

Non- Steroidal Trumeel Injections-Arizona Pain Center- 4 different times

Butterbur

Cayenne capsules

Steroid injections in neck and head at Ahwatukee Sports and Spine

De-KA Titan---got all of my money back

Cobra Venom

Currently use Percocet, Excedrin, Cambia, Maxalt

Use Verapamil, Elavil as a preventative

Researching the web, & reading headache blogs I have come to the conclusion that I probably represent a good percentage of Migraine/Headache sufferers- Ones that have tried many different things in order to get some relief. Still waiting on the device,or the drug ,that can give me some consistent relief.

Please Include Migraines

Dispensaries are necessarily located inside City Limits Proposition 203 has Cultivation Sites also located inside City Limits

I propose that Proposition 203 be modified to allow individual Cities to mandate that a Rural Common Cultivation Site be designated by that City Proposition 203 expressly authorizes Cities to enact their own Regulations. As an example: Tucson has adopted Ordinance 10850 If Tucson came on board with this Proposal, Ordinance 10850 3 5 8 Section items 1-7 could be eliminated.

B

I represent Blue Moon Ranch, 40 acres located in Graham County between Bonita and Klondike This Ranch is remote and zoned agricultural. Site would be Proposition 203 and Graham County Zoning Ordinances compliant

Green Owl Growing, LLC, would be located on 4 acres of Blue Moon Ranch Blue Moon Ranch has been owned by Jeff Kerley for 6 years

My goal is to convince Arizona Department of Health Services to modify Proposition 203 to allow Cities the option of mandating a Rural Common Cultivation Site A Licensing Fee Agreeable to Arizona Department of Health Services would be paid by Green Owl Growing (\$500 per Dispensary?)

Advantages of Proposal:

- Law Enforcement, Code Enforcement, and costs associated with these processes would be cut in half
- Transporting Marijuana from Green Owl Growing, LLC to Dispensaries would be accomplished with an armored vehicle, operated by bonded security personnel
- Green Owl Growing, LLC would cultivate, process, package, and securely deliver Marijuana for all Dispensaries contracted
- Code Enforcement and Audit Trail of Marijuana transactions would be reduced by a factor of the number of Dispensaries contracted

Larry D Cook
Consultant Green Owl Growing, LLC
515-230-1215

Jeff Kerley
Owner Blue Moon Ranch

DHS public comment

Hi, I'm _____, and I have lived in _____, Arizona for the past _____ years. I've been working hard for the past few months to meet the necessary requirements for a dispensary, but was really discouraged when I found out that DHS was going to just arbitrarily hand out licenses based on a lottery rather than looking at the merits of each individual application. I would request that DHS drop the lottery in favor of a selection process that allows only the best owners to own dispensaries.

I've talked to a lot of different people about this issue, and one of the biggest concerns I've heard raised is security. Now, we all want these facilities to be safe and secure so that no funny business happens, but I am concerned that just giving licenses away at random will undermine that goal. Instead, DHS should focus on security as a real requirement to the license application process, and not just a formality where someone submits a "canned" report issued by some out of state security vendor. I would hate to think that my application would be passed over for someone that is not absolutely committed to the safety and security of my community.

To address these concerns, we need to make sure that dispensary operators work together with law enforcement by sitting down and planning on how to keep trouble away from these on a continual basis, not just a one-time lip service thing. One idea would be to require that the sheriff department for each county (or local police) review the security plans prior to application and then have DHS only consider those that will actually work and get approved by the sheriff. I have a feeling that if someone is not willing to go in and sit across the table with the sheriff on a regular basis, he or she should not be allowed to run a dispensary in our community.

Plus, dispensary owners really must be able to show that they can perform. I think that the best way to show this is for them to put skin into the game – to require a surety or some proof of funds like a letter of credit that DHS can draw from if they fail to implement their plan properly. If you've ever run a small business, you know how difficult it can be to start up and get going, and I'm afraid that there are many that are just jumping into this and not realizing that it will take a significant investment. Requiring proof of funds will prevent a dispensary from underfunding their security operations in order to pay other expenses, and make sure that only the most prepared dispensaries get licenses

Thank you,

DHS comment 2

My name is _____ and I am an Arizona resident that is interested in operating a MM dispensary and making this available for the benefit of medical patients. Probably the most troubling part of this process occurred just about two weeks ago when the new DHS rules outlined its "lottery" selection process within the CHAA geographic areas. At the same time, the minimum requirements for opening a new dispensary were lowered, and this doesn't encourage the types of high-caliber, responsible people that the state needs to be operating these facilities. I just can't see how the lottery is the best way to make sure these facilities are set up properly from the beginning. While this system may give an equal chance to all, this is not in the best interest of the state, the community, or the patients that will rely on these facilities. We would be far better served to have potential dispensary operators be selected based on merit rather than a random lottery.

If the state is adamant about keeping a random selection process in place, DHS should really adopt a more substantial set of "minimum requirements" for the license application process. This could help to at least ensure that those getting a chance for a license truly are the most deserving and best qualified, and that they can serve the needs of patients. Number one, new dispensaries should be able to show that they have the capital reserves to implement their business plan and security requirements, rather than having to add new partners or round up money after "winning the lottery."

Further, a community give-back benchmarks should be established as part of the minimum qualifications, since after all, these are non-profits we are talking about. Partnering with other not-for-profits should be part of the business plan for each applicant, and the dispensaries should be required to report each year on their contributions and donations, and whether they have met their benchmarks or not.

I know there are a number of very well-qualified, local professionals that want to do good things under the new law, and we just need the opportunity to do it. I'm sure there are other ways the state could sift through the riff-raff and only consider the most qualified, serious candidates, and we welcome those ideas too.

*25 Mile rule should be waived
for first year.

Dispensary
Limit Applications to
only one per entity.

OTHERWISE; BIG MONEY WILL TAKE
OVER INDUSTRY AND WILL BE INHERENTLY
UNFAIR. Please avoid monopolies.

322402

Thanks

ADHS: Thank you for reading this and listening to the people's opinions.

HELLO AND GOOD AFTERNOON, MY NAME IS LEE GAINES; I AM REPRESENTING MYSELF AS SOMEONE WHO WANTS TO BE INVOLVED IN A DISPENSARY OPERATION. I'VE BEEN AN ARIZONA RESIDENT MOST OF MY LIFE, AND I'VE BEEN IN TUCSON THE PAST ~~SEVERAL~~ ^{FOUR} YEARS ~~IN~~, STUDYING AT THE UNIVERSITY. THANK THE DEPT.

THE MAIN CONCERNS I HAVE WITH THE 2ND DRAFT ~~IS~~ ^{ARE} THE CHAA MAP AND THE PROCESS OF ALLOCATING DISPENSARY CERTIFICATES... OR WHAT IS BEING KNOWN AS "THE LOTTERY". I WILL BEGIN WITH THE CHAA MAP.

THE CHAA MAP WAS USED OVER 11 YEARS AGO, PRIMARILY FOR MONITORING CANCER AND OTHER DISEASES IN ARIZONA. THIS MAP HARDLY HOLDS ANY RELEVANCE TO THE INITIATIVE, PROPOSITION 203. IT APPEARS TO SIMPLY BE A CONVENIENT GUIDELINE FOR THE DEPARTMENT TO ^{USE TO} DETERMINE WHERE TO DISTRIBUTE DISPENSARIES, WHILE AT THE SAME TIME, LIMITING THE AREAS WHERE CULTIVATION IS PERMITTED.

Please excuse the messy format, I typed this just to help me during my speech. I did not expect to submit this document as a public comment, but I hope it helps. Thank You. I will also submit this electronically.

THE PROBLEM WITH USING THE CHAA MAP LIES IN THE EXTREME POPULATION DIFFERENCES OF THESE CHAA ZONES. FOR EXAMPLE, THE AJO CHAA ZONE HAS A POPULATION OF ABOUT 4,500, WHILE THE MARYVALE CHAA ZONE HAS A POPULATION OF 220,000. ONLY ONE DISPENSARY IS ALLOWED IN AN AREA SERVING 220,000 RESIDENTS, WHILE ANOTHER DISPENSARY IS PLACED IN A LOCATION WHERE THERE ARE NOT ENOUGH PATIENTS TO SUPPORT IT.

THE CHAA MAP DESIGNATES **54 OF THE 125** DISPENSARIES TO SERVE ABOUT **15%** OF ARIZONA'S POPULATION. ANOTHER **54** DISPENSARIES WILL SERVE ABOUT **80%** OF THE POPULATION.

THERE WILL BE THE SAME NUMBER OF DISPENSARIES SERVING 15% OF THE POPULATION AS THERE WILL BE SERVING 80% OF THE

POPULATION. THE DISPENSARIES IN ^{large} CHAA ZONES LIKE Maryvale will require significant more resources than ones in a small CHAA zone. THERE NEEDS TO BE MORE OF A BALANCE.

AS AN ALTERNATIVE TO THE CHAA MAP, I SUGGEST THE DEPARTMENT REFERS TO THE INITIATIVE, PROPOSITION 203, WHICH SAYS THERE ARE TO BE ONE DISPENSARY FOR EVERY 10 PHARMACIES. LET'S USE THE NUMBER OF PHARMACIES AS A GUIDELINE, INSTEAD OF A MAP USED OVER A DECADE AGO THAT HAS NOTHING TO DO WITH "THE MEDICAL MARIJUANA ACT".

THE CHAA MAP CAN BE REPLACED WITH
DISTRIBUTING DISPENSARIES BASED ON THE
NUMBER OF PHARMAMACIES IN EACH COUNTY.
LOCAL ZONING RESTRICTIONS ~~WILL ELIMINATE~~ SORT OUT
~~MANY OF THE CONCERNS ABOUT~~ THE SPECIFIC
LOCATION OF DISPENSARIES.

I UNDERSTAND THE DEPARTMENT IS CONCERNED
ABOUT DISPENSARIES POPPING UP AROUND
SCHOOLS, PARKS OR PLACES WHERE CHILDREN MAY
BE. THS IS A LOCAL ZONING ISSUE AND SHOULD NOT
BE THE RESPONSIBILITY OF THE DEPARTMENT. MANY
CITIES AND TOWNS IN ARIZONA HAVE ALREADY
ADOPTED STRICT ZONING REGULATIONS FOR
DISPENSARIES AND CULTIVATION FACILITIES THAT
DO NOT ALLOW THEM WITHIN 1000 FEET FROM A
SCHOOL, PARK, OR OTHER PUBLIC PLACES WHERE
CHILDREN MAY BE.

I UNDERSTAND THE DEPARTMENT WANTS TO MAKE
SURE PATIENTS IN RURAL AREAS HAVE ACCESS TO THIS
MEDICINE. THIS WILL NOT BE MUCH OF AN ISSUE
BECAUSE THESE PATIENTS COULD EITHER GROW
THEIR OWN MEDICINE, BE SERVED BY A DESIGNATED
CAREGIVER, OR OBTAIN MEDICINE THROUGH A
DELIVERY SERVICE FROM A DISPENSARY.

THE DEPARTMENT SEEMS TO HAVE AN ISSUE WITH CAREGIVERS AND PATIENTS CULTIVATING TOO CLOSE TO COMMUNITIES. THE CHAA MAP IS DESIGNED IN A WAY THAT WILL BASICALLY FORCE PATIENTS AND CAREGIVERS TO RE-LOCATE TO THE MIDDLE OF NOWHERE IN ORDER TO GROW A RELATIVELY HARMLESS PLANT.

THIS IS NOT FAIR TO THE CAREGIVERS WHO ARE SIMPLY TRYING TO HELP A FRIEND OR FAMILY MEMBER THAT IS IN NEED. THEY SHOULD NOT HAVE TO RELOCATE IN ORDER TO DO THIS.

THE SERVICE OF CAREGIVERS AND PATIENT-GROWERS WILL BE DESPERATELY NEEDED, ESPECIALLY DURING THE EARLY STAGES OF THIS PROGRAM. THERE WILL BE A LOT OF QUALIFYING PATIENTS WITH ID CARDS, WAITING AROUND WHILE THERE ARE NO DISPENSARIES OPEN BECAUSE THE DEPARTMENT IS STILL WORKING ON ALLOCATING ~~THE~~ DISPENSARY CERTIFICATES, AND APPROVING APPLICATIONS TO OPERATE ,

NOW ON TO THE LOTTERY...

DECIDING WHICH PEOPLE WILL OPERATE A FACILITY THAT DISPENSES MEDICATION IS A CRITICAL DECISION THAT SHOULD NOT BE CHOSEN AT RANDOM. I UNDERSTAND THE DEPARTMENT DOESN'T REALLY KNOW WHAT ELSE TO DO YET SO I HAVE A COUPLE SUGGESTIONS ~~THAT WOULD~~ DECREASE THE ELEMENT OF RANDOMNESS: TO

FIRST, YOU CAN LIMIT THE NUMBER OF APPLICATIONS ONE CAN SUBMIT. THE DRAFT RULES CURRENTLY ALLOW ENTITIES TO SUBMIT ~~MULTIPLE~~ AN UNLIMITED APPLICATIONS FOR A DISPENSARY. RIGHT NOW THERE ARE GROUPS OF INVESTORS WORKING TO SECURE AS MANY SUITABLE PROPERTIES IN ARIZONA AS POSSIBLE, PLANNING TO SUBMIT MULTIPLE APPLICATIONS, ^{certificate} IN ORDER TO INCREASE THEIR CHANCES OF BEING SELECTED.

LIMITING THE NUMBER OF APPLICATIONS TO 1 OR 2 WOULD MAKE ROOM FOR POTENTIAL DISPENSARY OWNERS WHO ARE QUALIFIED, BUT DON'T HAVE THE RESOURCES TO SUBMIT MULTIPLE APPLICATIONS. THIS WOULD OBVIOUSLY LIMIT THE NUMBER OF APPLICATIONS, WHICH WILL IN TURN, MAKE THE DECISION LESS RANDOM.

Number of

SECOND, YOU COULD REQUIRE PROOF OF SUFFICIENT CAPITAL TO GET UP-AND-RUNNING. THIS WILL SHORTEN THE AMOUNT OF TIME QUALIFYING PATIENTS HAVE TO KEEP SUFFERING BEFORE GETTING ACCESS TO MEDICINE FROM A DISPENSARY. BY PROVIDING PROOF OF SUFFICIENT STARTUP CAPITAL, THE NUMBER OF DISPENSARY APPLICATIONS WILL MOST LIKELY DECREASE, WHICH WILL IN TURN, MAKE THE DECISION LESS RANDOM.

THE SECOND DRAFT RULES MAKES THE DISPENSARY CERTIFICATE ATTAINABLE BY ^{ALMOST ANYONE} ANYONE WITH \$5000, SOME PROPERTY AND A CONNECTION TO A PHYSICIAN. WITH THIS LOW INITIAL REQUIREMENT YOU MIGHT EXPECT TO GET OVER 1000 APPLICATIONS FOR DISPENSARY CERTIFICATES. IF ^{you} ~~RECEIVE~~ ^{get} 1000 ~~ENTITIES~~ ^{APPLICATIONS} APPLY, AND ONLY 125 RECIEVE THE CERTIFICATE, THE DEPARTMENT WILL GENERATE \$3.5MILLION DOLLARS BY SIMPLY REVIEWING AND DENYING APPLICATIONS.

IF YOU DO DECIDE TO STICK WITH THE LOTTERY SYSTEM, PERHAPS YOU COULD USE PART OF THAT REVENUE TO FORM AN UNBIASED COMMITTEE FROM ANOTHER STATE WHO'S GONE THROUGH ^{IMPLEMENTING} A MEDICAL MARIJUANA PROGRAM. THIS COMMITTEE COULD CREATE A THOROUGH RATING SYSTEM AND DETERMINE WHICH APPLICATIONS ARE THE BEST FIT.

You could also use that revenue to assemble a team of physicians to be the "Medical Directors" of all Arizona Dispensaries instead of each dispensary having its

SO, IN CLOSING, PLEASE CONSIDER

ABOLISHING THE IDEA OF USING THE CHAA MAP AND
INSTEAD, GO BY THE NUMBER OF PHARMACIES IN
EACH COUNTY AND ~~RELY ON~~ LOCAL ZONING
RESTRICTIONS TO REGULATE THE SAFETY OF THE
PEOPLE.

AND

REDUCE THE ELEMENT OF RANDOMNESS WHEN IT AS DECIDING
COMES TO SUCH A CRITICAL DECISION. YOU CAN DO WHO CAN
THIS BY LIMITING THE NUMBER OF APPLICATIONS DISPENSE
ONE CAN SUBMIT, AND REQUIRING PROOF OF MEDICINE
SUFFICIENT CAPITAL TO GET A DISPENSARY UP AND WHICH HAS
RUNNING. potential of
being abused

THANK YOU FOR LISTENING.

- Imagine if you had a Dispensary Licensee using a local Pizzeria to develop their products every night of the week until 5 am in the morning and then leaving in time for the actual business operators to come in and start their daily procedures of making Pizza
- Being that it takes a long time to cool down a Pizza oven the oven is never turned off during the switch over from the Dispensary Licensee to the Pizza Attendant and left to stay warm to cook pizzas for the day
- The counters have been wiped off and sanitized that the Dispensary Owner may have used the night before although there is always human error with missing sections or forgetting to clean something that may have been used to produce the infused product
- Once the Pizzeria starts their operations they then would be preparing and cooking their food on the exact same equipment that was just used hours before to make a highly regulated medicine
- Developing potency in products is usually established using highly concentrated hash or oils and this residue is very hard to remove from certain objects and in this case on a pizza oven that never gets cooled off there would be oils still left on the slate of the oven that could easily be mixed into any regular patrons food
- I don't know about you although I would not want my 8 year old niece to be the victim of non regulation and be subject to ingest a food product that may harm her because her food was cooked on a piece of equipment that just baked a medical marijuana pastry
- This is a major red flag in the language and should be re written to secure the health of Arizona citizens
- I would suggest that you mandate all infused manufacturing facilities shall only be operated by the Medical Marijuana Dispensary applicant and or employees and shall be subject to only allow for the production of Medical Marijuana products
- This type of language would help protect the health of Arizona citizens and reduce the risk of a possible dangerous situation

Closing

- It is amazing to see how quickly and effective the State of Arizona and especially ADHS has moved to properly instill this program to provide reasonable regulations for all individuals involved
- I commend your hard work and again appreciate everything you are doing to develop a safe and healthy medical marijuana program, Thank You Very Much

OF&C CORPORATION

1) Single entry/exit provision: This needs to be modified to allow the following,

- FRONT DOOR:

Secured lobby area for patients with one entry and exit. No patient access to back door or other parts of building (card access control)

- Product is stored in secured area in back of building, All deliveries and shipping should be done in the secured area in back of building with separate card controlled access. This will keep the delivery and shipping of product out of the eye of the public and thus providing more security. This is not only for product security but for the security of employees, delivery personal and the general public.

2) Cultivators: Rules open

- Have Dispensaries Coop with cultivators. Dispensaries have the obligation to carry many strains of product for the multitude applications that are required to be a top level Dispensary. This will require a dispensary to have multiple Coop's in place with multiple Cultivators. This will ensure the variety that is required is available but as well it is an insurance policy for the Dispensary in case one cultivating facility has a mold or bug problem and cannot deliver product. Have the Cultivator hang Coop identification papers on site showing inspectors who they supply product for and detailed documentations of delivery times, dates and weights. Do not limit the Cultivators to one site tied to one Dispensary, we need choices. Use all of the rules in place now for zoning and set backs, allowing Cultivators to open multiple sites.

3) Infusers:

- Have Dispensaries Coop with Infusers. Have the Infusers License (use permit) themselves as Bakers and identify themselves by Coop paperwork, who they cook for. Dispensaries must supply the Infuser with the product and document dates, times and weight of product delivered. Infuser then supplies the product back to the Dispensary.

4) CHAA Issue:

- Nice thought. Go back to the Pharmacy system, It gave you the number of dispensaries you wanted at the beginning. It is population based and the Pharmacies did the home work for the demographics. They know how many sick people there are and where they are.

5) Lottery:

- Not good. Use your selves (that you are now becoming a pretty good experts) to review the applicants to identify the most qualified groups. You have put in place some pretty good requirements and have the ability to sort through and weed out the riff raff. Also have applicants show financial responsibility. \$150,000.00 in bank.

6) Additional Dispensaries.

- In the draft it states you will review the 124 sites given out in 2012. At that time you will determine if additional sites need to be added. Please allow a provision when adding a new site to give the closest Dispensary the first right of refusal to open the new location. If not you will be controlling the revenue and reducing the first dispensaries revenue. Not fair.

I AM HERE TO ASK YOU CONSIDER THE LAW OF UNINTENDED CONSEQUENCES LEST, WITH THE GREATEST OF IRONY, YOU MAKE YOUR WORST NIGHTMARES COME TRUE. YOU HAVE TAKEN BAD ADVICE, EMBRACED AN IMBALANCED VISION THAT WILL INCREASE, NOT DECREASE THE INCENTIVE TO TRAFFIC IN ILLEGAL CANNABIS. YOU ARE POISED TO OUTFOX YOURSELVES.

YOUR DRAFT REGULATIONS JOINED WITH TAX-HAPPY POLITICIANS WILL RAISE THE COST OF LEGAL MEDICAL MARIJUANA. MEANWHILE THE CARTEL IS STEPPING UP ITS MARKETING WITH HIGH QUALITY AND LOW PRICES. YOUR IRON-FIST DRIVES THE MARKET TO THE CARTELS.

SIX FUNDAMENTAL FLAWS PERVADE THE DRAFT REGULATIONS. THESE WRONG-HEADED FUNDAMENTALS LEAD TO NEARLY 100 SPECIFIC DEFECTS. YOUR REGULATIONS WILL NOT PREVENT, BUT WILL GIVE BIRTH TO YOUR WORST

NIGHTMARES. YOU WILL BE RESPONSIBLE FOR THE OUTCOME.

THE FUNDAMENTAL FLAWS:

1) THAT THE DEPARTMENT IS ABOVE THE LAW

2) THAT MEDICAL POLICY WILL BE FASHIONED NOT BY DOCTORS AND PATIENTS, BUT BY POLICEMEN, THE LOSERS IN THE DRUG WAR

3) THAT THE LIVES OF PATIENTS BELONG TO A STATE FREE TO DENY PATIENTS' AND PHYSICIANS' RIGHTS

4) THAT CALIFORNIA DISPENSARIES WILL TRUMP ARIZONA LAW

5) THAT IN ECONOMIC HARD TIMES THE RICH SHOULD GET RICHER AND THE SICK AND POOR SHOULD BE IGNORED.

IT IS NOT TOO LATE TO FAIRLY REMEDY THESE FLAWS, TO PUSH INCENTIVES IN THE RIGHT DIRECTION, TO BENEFIT FROM THE LOCAL TALENT THAT IS NOT RICH OR

POLITICALLY-CONNECTED ENOUGH TO
EMPLOY THE GOVERNOR'S LAWYER.

MARIJUANA IS MEDICINE IN ARIZONA;
THAT IS THE LAW, SO MEDICAL
MARIJUANA POLICY SHOULD BE
INFORMED BY NEEDY PATIENTS AND
COMPASSIONATE PHYSICIANS, NOT BY
IRON-FISTED LAW ENFORCEMENT OR
THOSE WHO DO NOT KNOW THE PEER
REVIEWED LITERATURE. MR. HUMBLE
HAS SAID THAT HE BORROWED
REGULATIONS FROM NEW JERSEY—A
STATE IN WHICH NOT ONE PATIENT
HAS RECEIVED MEDICAL MARIJUANA—
STRONG EVIDENCE THAT MR. HUMBLE
IS WORKING TO THWART THE LAW, NOT
IMPLEMENT IT. HE COULD HAVE
INSTEAD LEARNED FROM YPSILANTI
MICHIGAN'S MODEL LAWS.

MEDICAL MARIJUANA SHOULD BE
TREATED NO MORE STRINGENTLY THAN
ANY OTHER MEDICINE. I WOULD LIKE
MR. HUMBLE TO WALK IN THE SHOES
AND ROLL IN THE WHEELCHAIRS OF MY
MEDICAL MARIJUANA PATIENTS. I

HOPE ESPECIALLY THAT HE CAN FIND COMPASSION FOR THE SUFFERING OF MY CHRONIC PAIN PATIENTS IN THEIR 20S AND 30S. AMONG THEM THEY HAVE QUADRIPLEGIA, PARAPLEGIA, AND OTHER POST-TRAUMATIC INJURIES AND AILMENTS. IT IS NOT 80-YEAR OLD GRANNIES WHO SUFFER DIVE, INDUSTRIAL, MOTORCYCLE, EXTREME SPORT, AND GUNSHOT INJURIES, POLICY MUST BE INFORMED BY KNOWLEDGE OF THE DEMOGRAPHICS OF TRAUMA.

ARS 36-2803.4 REQUIRES THAT YOUR RULEMAKING BE "WITHOUT IMPOSING AN UNDUE BURDEN ON NONPROFIT MEDICAL MARIJUANA DISPENSARIES..." ARS 28.1 SECTION 2 REQUIRES YOU NOT TO DENY, BUT TO TAKE NOTICE OF THE NUMEROUS GOLD STANDARD, DOUBLE-BLIND, PLACEBO-CONTROLLED, CROSSOVER. LARGE SCALE RESEARCH STUDIES DEMONSTRATING THE SAFETY AND

EFFECTIVENESS OF MEDICAL
MARIJUANA.

A FEW EXAMPLES

ARS 36-2811.C FORBIDS YOU FROM PERSECUTING PHYSICIANS WHO SPECIALIZE IN MEDICAL MARIJUANA EVALUATIONS. THREATENING, BULLYING, AND SCOFFLAW BEHAVIOR JUST MIGHT HAVE A CHILLING EFFECT ON PHYSICIANS WHO MIGHT OTHERWISE WRITE LEGITIMATE RECOMMENDATIONS. SUCH BEHAVIOR WILL MEAN FEWER PHYSICIANS WILL WRITE A LARGER PERCENTAGE OF LEGITIMATE RECOMMENDATIONS.

IN THE RECENT PUBLIC COMMENT PERIOD HUNDREDS OF ARIZONA CITIZENS REMINDED THE DEPARTMENT THAT THE DEPARTMENT HAS NO AUTHORITY WHATSOEVER TO DEFINE OR RE-DEFINE THE PHYSICIAN-PATIENT RELATIONSHIP, NO AUTHORITY WHATSOEVER TO INFRINGE OR REVOKE PATIENTS' RIGHT TO CHOOSE IF,

WHEN, OR WHICH PHYSICIAN(S) THEY
CHOOSE FOR THEIR CARE, AND NO
AUTHORITY WHATSOEVER TO EXCEED
WHAT IS ALLOWED BY LAW. PLEASE DO
NOT IGNORE THAT STERN AND
OVERWHELMING PUBLIC REBUKE.

SCOFFLAW BEHAVIOR WILL CERTAINLY
DE-LEGITIMIZE THE DEPARTMENT.

THE ARIZONA MEDICAL MARIJUANA
ACT DEFINES THE PROCESS FOR
QUALIFYING MEDICAL MARIJUANA
PATIENTS. THE ACT IS CRYSTAL
CLEAR THAT IT IS ARIZONA'S
PHYSICIANS, NOT THE ARIZONA
DEPARTMENT OF HEALTH SERVICES,
WHO, ACCORDING TO THE CRITERIA
OF THE ACT, DETERMINE WHICH
PATIENTS ARE QUALIFIED. WITH
REGARD TO PATIENTS, THE ACT
PROVIDES THE DEPARTMENT SOME
AUTHORITY TO DESIGN AN
APPLICATION, ISSUE STATE
REGISTRY IDENTIFICATION CARDS,
IMPLEMENT A COMPUTER
VERIFICATION PROCESS, AND TO

REVOKE CARDS IN THE INSTANCE
OF SPECIFIED CRIMINAL
VIOLATIONS, BUT THE DEPARTMENT
HAS NO AUTHORITY WHATSOEVER TO
SECOND GUESS WHICH PATIENTS
ARE QUALIFIED OR WHICH
PHYSICIANS MAY BE CONSULTED OR
THE SCOPE AND DURATION OF
THEIR DUTIES, HOW MANY
PATIENTS PHYSICIANS EVALUATE
OR CERTIFY, OR TO OTHERWISE
RESTRICT OR HARASS PHYSICIANS'
LAWFUL PROFESSIONAL
ACTIVITIES. THOSE ARE MATTERS
ASSIGNED TO PHYSICIANS' JUDGMENT
AND PATIENTS' CHOICES
RESPECTIVELY. R9-17-202 OF THE
1/31/2011 REVISED DRAFT
REGULATIONS ON MEDICAL MARIJUANA
CONTINUES THE DEPARTMENT'S
SCOFFLAW EFFORTS TO VIOLATE
PATIENTS' RIGHTS OF CHOICE AND
PRIVACY AND TO ILLEGALLY,
ARBITRARILY, AND PERNICIOUSLY RE-
DEFINE PHYSICIAN-PATIENT

RELATIONSHIPS AND PHYSICIANS'
LAWFUL PROFESSIONAL ACTIVITIES.

THE DEPARTMENT HAS NO AUTHORITY TO REQUIRE OR LIMIT THE PROVISION OF ANY ONGOING CARE OR PHYSICIAN RELATIONSHIP. THE DEPARTMENT HAS NO AUTHORITY TO REQUIRE ATTESTATIONS OR STATEMENTS NOT ALREADY REQUIRED BY THE ACT, NO AUTHORITY TO ADD REGULATIONS OR MAKE DEFINITIONS THAT ARE NOT AUTHORIZED BY THE ACT.

R9-17-202.F.5(E) IS A SALIENT EXAMPLE. THE DEPARTMENT HAS NEITHER AUTHORITY TO FORCE PATIENTS TO ACCEPT CARE FROM A PARTICULAR PHYSICIAN NOR AUTHORITY TO FORCE PHYSICIANS TO PROVIDE CARE TO PARTICULAR PATIENTS. WHILE PATIENTS MAY BE SATISFIED WITH MOST OF THE CARE PROVIDED BY THEIR TREATING PHYSICIANS AND SPECIALISTS, MANY

DOCTORS HAVE BEEN SCARED BY YOUR THREATS TO INSTIGATE TROUBLE WITH THE ARIZONA MEDICAL BOARDS, SO PATIENTS MAY—AND DO—LEGITIMATELY CHOOSE TO SEE OTHER PHYSICIANS IN CIRCUMSTANCES AND SCOPE UPON WHICH THE PATIENT AND PHYSICIAN MUTUALLY AGREE, NOT AT ALL WITHIN THE PURVIEW OF THE DEPARTMENT. R9-17-202.F.5(E) ARBITRARILY AND UNREASONABLY USURPS AND INFRINGES UPON PATIENT AND PHYSICIAN RIGHTS.

R9-17-202.F.5(G) IS ANOTHER SALIENT EXAMPLE. WE ARE AWARE THAT THE DIRECTOR OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, MET WITH QUALIFIED MEMBERS OF THE ARIZONA MEDICAL BOARD AND WAS ADVISED THAT, IN THE OPINION OF THE ARIZONA MEDICAL BOARD, THEY WERE NOT CONVINCED THAT THE ARIZONA MEDICAL MARIJUANA ACT REQUIRED A PHYSICAL EXAMINATION SINCE

THE LANGUAGE OF THE ACT
REQUIRES A FULL ASSESSMENT OF
THE PATIENT'S HISTORY, BUT
MAKES NO MENTION OF ANY
PHYSICAL EXAMINATION AT ALL.
IT IS A DANGEROUS PRECEDENT TO
ALLOW THE DEPARTMENT TO USURP
AUTHORITY. IT MAY BE
REASONABLE FOR US TO WASH OUR
HANDS BEFORE MEALS, BUT IT
WOULD BE A DANGEROUS PRECEDENT
TO ALLOW THE DEPARTMENT TO
REQUIRE THAT. IN THE SAME
VEIN, WE MUST NOT ALLOW THE
DEPARTMENT TO REQUIRE
ANYTHING, NO MATTER HOW
SEEMINGLY INNOCENT, THAT IS
NOT WITHIN THEIR AUTHORITY.
THEIR DRAFT REGULATIONS
ALREADY CONFIRM THE
DEPARTMENT'S PROPENSITY TO
ABUSE AND USURP AUTHORITY,
EVEN TO A CRUEL AND CAPRICIOUS
DEGREE.

WE ARE NOT THE CHATTELS OF THE STATE. WE, NOT THE DEPARTMENT, HAVE THE RIGHT TO CHOOSE IF, WHEN, AND WHOM WE SEEK FOR MEDICAL CARE. WE MEAN TO ASSERT THOSE RIGHTS.

THE DEPARTMENT HAS NO AUTHORITY, AS IT ATTEMPTS TO DO IN R9-17-312(E), TO PREVENT A PHYSICIAN FROM PERFORMING ANY PROFESSIONAL DUTIES ALREADY ALLOWED BY LAW. THE MEDICAL DIRECTOR REQUIREMENT IS OBJECTIONABLE IN ITS ENTIRETY. THE DEPARTMENT HAS NO AUTHORITY TO REQUIRE A MEDICAL DIRECTOR, MUCH LESS TO DEFINE OR RESTRICT A PHYSICIAN'S PROFESSIONAL PRACTICE. ARIZONA'S PHARMACIES DISPENSE DRUGS THAT ARE VERY TOXIC, YET PHARMACIES ARE NOT REQUIRED TO HAVE MEDICAL DIRECTORS ON-SITE OR ON-CALL. FOR ADDICTIVE AND POTENTIALLY DEADLY DRUGS, SUCH AS ADDERALL,

PERCOCET, AND FENTANYL, ARIZONA DOES NOT REQUIRE PATIENT LOG BOOKS, REPORTING AMONG PHYSICIANS, MEDICAL DIRECTORS FOR PHARMACIES, THE PREPARATION OR DISSEMINATION OF EDUCATIONAL MATERIALS, QUERYING THE ARIZONA BOARD OF PHARMACY CONTROLLED SUBSTANCE DATABASE, OR OTHER OF THE BURDENSOME AND UNREASONABLE REQUIREMENTS OF R9-17-312. IT IS CLEAR THAT THE DEPARTMENT INTENDS TO IGNORE THE REQUIREMENTS OF ARS 36-2803.4 THAT ITS RULEMAKING BE "WITHOUT IMPOSING AN UNDUE BURDEN ON NONPROFIT MEDICAL MARIJUANA DISPENSARIES...."

MISSING PROTECTIONS

THE DEPARTMENT HAS DEMANDED UNNECESSARILY DETAILED INFORMATION FROM PATIENTS, CAREGIVERS, AND DISPENSARY PRINCIPALS AND APPLICANTS, YET

HAS FAILED TO INSTITUTE ANY
CRIMINAL OR CIVIL PENALTIES FOR
UNAUTHORIZED ACCESS OR
DISSEMINATION OF PRIVILEGED
INFORMATION. THE DEPARTMENT HAS
NOT PROVIDED ANY CRIMINAL OR
CIVIL PENALTIES FOR POTENTIALLY
DAMAGING USE OF PRIVILEGED AND
SENSITIVE MEDICAL INFORMATION OR
FOR ENDANGERING GOOD CITIZENS WHO
MAY BE TARGETED FOR HOME
INVASION, KIDNAPPING, AND THEFT
BECAUSE THEY MAY BE PRESUMED TO
TRANSPORT OR HAVE CASH OR OTHER
VALUABLES.

IF THE DEPARTMENT ACTUALLY CARED
ABOUT ARIZONA'S SUFFERING AND
DYING, THE DEPARTMENT WOULD
CHAMPION A CHALLENGE TO THE
PROVISION OF THE ARIZONA MEDICAL
MARIJUANA ACT THAT REQUIRES
PHYSICIANS TO NAME THE QUALIFYING
CONDITION(S) ON EVERY PATIENT'S
RECOMMENDATION. THIS REQUIREMENT
IS A VIOLATION OF ARTICLE II §8

OF THE ARIZONA CONSTITUTION RIGHT
TO PRIVACY AND SHOULD BE
SEVERABLE FROM THE REMAINDER OF
THE ACT.

THERE IS NO PROVISION FOR PRIVATE
LABORATORIES TO RECEIVE AND
PROCESS MEDICAL MARIJUANA
SPECIMENS VOLUNTARILY SUBMITTED
BY DISPENSARIES, CAREGIVERS, AND
PATIENTS TO TEST FOR POTENCY,
CONSTITUENTS, AND POTENTIAL
CONTAMINANTS OR PATHOGENS.

AGAIN THERE ARE NEARLY 100
INSTANCES IN WHICH THE DRAFT
REGULATIONS VIOLATE THE LAW. I
OFFER MY HELP AND THE HELP OF A
TALENTED COMMUNITY. I URGE YOU TO
FIX YOUR RULES BEFORE YOU, NOT
US, MAKE YOUR NIGHTMARES COME
TRUE.

"has to comply = 'intentional'"

Dr. Nelson

25 mile

"ensure access" AAA

"no patient autonomy"

med director: {

- no authority to admit physicians other job duties
- no need 2/2 testing physician
- overstating risks
- ignorance of trauma hemophylia

patient. physician relationship

outlier

100 patients/yes

cannot swing the ball

intentional

Robert Tovmasyan
Dispensary Registration hopeful

A R S. title **36-2803 Rulemaking** states, among other things;

The department may establish a sliding scale of patient application and renewal fees based upon a qualifying patient's household income.

The proposed qualification criteria is very limited and I understand that the inadequate human resources of the Department and a looming timeline do not allow for a more comprehensive solution but I hope that it can be worked out and expanded by 2012. If the cash-strapped Department can Institute sliding scale of fees so can and should the dispensaries. I hope the Department will find a way to make the Dispensaries aware of such Patients so Dispensaries can institute sliding scale to control those Patients Medical Marijuana costs.

R9-17-106. Adding a Debilitating Medical Condition states

"A person may request the addition of a medical condition...." When such person, among other things, submits:

- 6. A summary of the evidence that the use of marijuana will provide therapeutic or palliative benefit for the medical condition or the treatment of the medical condition; and**
- 7. Articles, published in peer-reviewed scientific journals, reporting the results of research on the effects of marijuana on the medical condition or the treatment of the medical condition supporting why the medical condition or the treatment of the medical condition should be added.**

I ask the Department to reconsider this simply because unless that one "Person" is a Ph.D and a Lawyer and a Researcher all at once I doubt he or she can satisfy this requirement. I understand that a more lax format will cause a flood of all kinds of suggestions but maybe a creation of an online public forum where patients and medical and other specialists alike could post their opinions, gather support or not, may be more practical way to decide if a condition deserves further attention.

Section **R9-17-202, Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver** states that Qualifying Patients **must** submit in their application, among other items:



d. Photograph page in the qualifying patient's U.S. passport

Even though I am not convinced about the effectiveness of it, it is with great difficulty that I am trying to persuade myself that US Citizenship is required for dispensary agents and officers, but why the Qualifying Patients or their Caregivers? I think this provision might have bled thru from Dispensary Officer and Agent qualifications section and gone unnoticed. Please look into it before we in Arizona are accused of racism yet again.

In the same section, R9-17-202 the Department Rules about recommending Physician statements are impractical and will not serve well neither Patients nor Doctors. Among other things they require:

"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."

I don't think very many Primary Care Physicians or Specialists will make this and other required statements and I believe the requirement of such statements by physician is going to preclude many valid Doctor-Patient relationships.

There already are legitimate medical clinics being established in Arizona that mostly will be seeing Medical Marijuana patients, examine, and when qualified, recommend Medical Marijuana to Patients. I believe the current requirements in the Department Rules will drive most every qualifying patient to these clinics since hardly any Doctor in a diverse practice will give a professional opinion about Marijuana's therapeutic benefits for number of reasons, liability being one of them.

Then we will hear in the news that A, B, and C clinics recommended 80% of Medical Marijuana Patients and we'll call it a "shady business" without looking at the root cause. I ask the Department to take another look at this issue and since medical marijuana is not recognized by Federal Government, not to force Doctors to face liability issues that they will refuse to deal with. A valid, fruitful Doctor-Patient relationship in the long term will be very beneficial to medicine in general as well as patients. We should not try to scare Doctors and Patients before they have done anything wrong.

Dispensaries

Being a Dispensary Registration hopeful myself, I must express my concerns about the proposed Dispensary selection process as well.

I was here on Tuesday afternoon as I am sure were many others present here today. As you will recall, the absolute majority of speakers spoke about dispensary licensing concerns and stated their convictions about how licensees should be determined. It was striking for me that there were only two or three potential Qualifying Patients who spoke, asking to make the processes easier, and couple of other speakers that raised similar concerns among other things. In short, the Patients, their interests and their opinions were not and have not been represented proportionately.

Most people present on Tuesday were dispensary hopefuls just as I am. I witnessed as you did that we mostly argued about how the dispensary registrants should be chosen since it's no secret that the licensees will benefit financially – in this down economy I and I am sure many others think of a good salary in a non-profit company as financial benefit.

I was undecided myself which route of choosing the registrant will give me the best chance to succeed. So I started reading the Statutes end to end few times for clues I could have missed before. I wasn't finding anything and then it hit me – Prop 203 was worded with Qualifying Patients in mind, not the potential dispensary operators. Statutes are mostly about Qualifying Patients Rights and Responsibilities and a mandate to authorities not to make the acquisition of Registry Cards for Qualifying Patients and their Caregivers burdensome and not to harass legitimate cardholders and doctors. I did not find any language about compromises for licensing process to please everyone all the time – that simply is not going to happen and should not be priority. The priority should be the Qualifying Patient interests.

In my opinion the first set of proposed Rules was an overkill in that it overregulated. Then, in the face of legitimate objections, the second, present set is not going nearly far enough to ensure the success of Arizona Medical Marijuana Act.

Section R9-17-303. Applying for a Dispensary Registration Certificate in its current form encourages the purchase of a \$5,000 lottery ticket and nothing else. All you need to participate in the lottery is:

1. Business address,
2. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and
3. Sworn statement certifying that the dispensary is in compliance with local zoning restrictions.

Again, I know the Department has very limited human and financial resources to carry out this gargantuan task of rules but I ask that the department consult with the zoning departments of few of the local governments.

Here is just one reason why, based on my own recent experience. I thought I had found the perfect property to lease for a dispensary. It was in an industrial area of the city with nothing but other businesses within at least a half mile radius. To my surprise, the engineering firm I had hired for the survey informed me that there were two churches and a private school almost next to the building I had found. Come to find out nowadays number of churches choose industrial areas and operate out of a business office space because of cheaper rents. Private schools and kindergartens spring up in these areas as well to accommodate working parents who drop their kids next door to their workplace.

Had I not have a professional surveyor I would have signed the lease, and then gave you my sworn statement that my property is in compliance. After all, I did not see anything as I drove in the area that resembled anything like church or a school. Besides the proximity, there is also building use issue that places the burden on leasee and not the landlord.

But for the sake of argument let's say I signed a lease and let's say my application was chosen thru the proposed lottery system. Hypothetically, three months after my application was chosen and 6 months after the selection process began, could I come to DHS and say "sorry, my property is not compliant, may I find another property in my CHAA?" Would you let that happen? If you would then please let me know, I will buy 50 or 100 lottery tickets without investing a penny from my pocket. All I would have to do is go around and convince current business owners in any CHAA to partner up with me for only \$5,000 and their business address, only temporarily, to participate in the lottery. If ignorance is bliss, I would plead ignorance later when one or more of my 50 to 100 tickets had won.

If you will not allow the registrant to find another place then how do you decide who to give it to next – new application and lottery process for that CHAA or perhaps choose two or three lottery winners in each CHAA? But then again who's to say the other applicants will be compliant!

In the meanwhile, the Department is going to accept Qualified Patient Registration applications in mid-April and it is my understanding that an applicant will get the card in about 20 days, about beginning of May. The Department is not going to look at Dispensary applications until after May 31st. It is my understanding that none of the cardholders will have dispensary – operational or on paper, not in 25 mile radius but 250. Couldn't the Patients grow their own then? It says so in A.R.S. **36-2804.02. Registration of qualifying patients and designated caregivers**, they'd just need to designate someone or themselves. Perhaps the Department could designate Dispensaries much sooner than the proposed timeline since having a designated dispensary could prevent this from happening.

The first draft was very demanding in asking the prospective applicants for Certificate of Occupancy which means a complete buildout of Dispensary and Grow space if applicable. This would be quite an expense. The current draft is practically free for all and I hope that the Department can find balanced approach somewhere in between.

An arbitration panel comprised of successful businesspeople, executive directors of non-profits, DHS and law enforcement personnel to review the applications is the most reasonable, and responsible way of choosing the registrants and the fairest to Qualified Patients.

Please consider the following as bare minimums that a Dispensary applicant must submit in registration application along with by-laws and business plan:

1. Executed lease showing the stated business activity
2. Sealed survey showing compliance with local zoning ordinances
3. Permits from local zoning department
4. Building plans approved from local building permits department
5. Proof of availability of funds to carry out the building plans and such costs incorporated in the business plan

6. Nominal cash performance bond/guarantee to assure plans will be carried out as described

To apply for an Assisted Living Home license or Behavioral Residential Home license an applicant must have everything ready, shouldn't you ask that proposed dispensary applicants have at least approved plans? These reasonable requirements will allow a dispensary registrant to complete the buildout and be ready for an inspection in as little as 30 to 45 days, versus 90 to 150 days if all these have to be done after the registration.

To all who raise the argument that "such rules will preclude mom & pop operations from applying" I say this:

First, Proposition 203 was not passed to benefit any type of business, be it mom and pop or Mega Corporation. It was passed for the benefit of those who suffer from qualified ailments under Prop 203 and we all should keep this in mind if we want to see Medical Marijuana survive another election cycle

Second, last Tuesday one of the speakers said "anyone can buy a business plan" in arguing for the lottery system. Perhaps everyone should, and an expensive one at that, drawn by the best qualified professional you can find. With a good business plan and passion any mom and pop shop can raise the capital necessary to start and operate multimillion dollar business. And let's keep in mind that most businesses that go under do so because of undercapitalization.

Some businesspeople have recruited clients and charged them sizeable fees to assist in opening a dispensary and are now trying to make them believe they are doing something simply by shouting and throwing allegations left and right and pushing for a lottery – best way out for them since it's just pure luck and no one can accuse them later for failing to perform. I urge the Department not to cave in to populist demands and pressures as it is not the Department's mandate to ensure equal business opportunity. The Department's mandate is Rulemaking to ensure successful implementation of Arizona Medical Marijuana Act to benefit Arizonans with debilitating medical conditions.

And lastly, I am rather disappointed that the requirement for the dispensaries to grow their own marijuana is taken out completely from the second draft. Perhaps not 70/30 ratio, perhaps in reverse – 30/70, 20/80, even 15/85, but all dispensaries need to grow at least some of their marijuana. It will ensure lower and stable prices for the Patients, provide better control of inventory, grow and harvest of different strains rather than only those bearing the most crops, for a fresh and quality supply for Qualifying Patients

In conclusion, I ask the Department to start thinking as a qualifying Patient and a Rulemaker for this process. You don't have to be marijuana user – we are all consumers and from time to time we visit a Doctor and get a prescription for something. Please think along those lines and not from the dispensary operators' perspective.

My name is Rudy Dragone I am a registered pharmacist. I currently own and work in Clark's Pharmacy in Carefree AZ.

I had 10 Pharmacies in NY. I have been a consultant to several companies both in the U.S. and in Europe. I was even involved in a presentation to the joint chief of staff on gulf war syndrome. I have helped non profit organizations to write business plans for grants.

I have some comments on the draft and some on the comments I have heard over the past few weeks.

1. Someone said "this is an herb and it is natural so it is safe."
It is not safe. It has a certain amount of risk associated with its use and as any drug comes with certain side effect profile.
2. The use of medical marijuana is a God send to some people and I would never think of taking it away from them but as so many people say it is a medicine and should be treated as one. Last I looked medicine especially controlled substances were under the control of pharmacists. It takes 6 years to get a degree when I started 1279 people were enrolled as freshman in Pharmacy school only 249 graduated and of those 55% pass the boards the first time.
3. The Law should have a stipulation that brings Pharmacists into the fold. For example an 800 number serviced by the state with a Pharmacist to answer questions. A website with possible interactions, a hotline to report abuse or illegal activity.
4. I believe 126 dispensaries will be too little but it is a great place to start because of the debate between Lottery or business plan. Why not do both 63 by lottery and 63 by business plan or even better look at the business plans pick the best and do a lottery from them however it is done a hybrid will give you the opportunity to acknowledge which dispensary services the people the best and then continue with that plan. I know that if you do the first option 6 months and follow up with a review after 6 months it will become apparent which is the best way to continue.
5. Pharmacies get inspected once a year and we don't know when they are coming the same should be for dispensaries. If your business is in compliance there should be no problem.
6. I have been taught that 1 plant can yield up to 20 ounces. Therefore everyone with a medical marijuana card should be allowed to grow at least 1 plant. Regardless of where they are.
7. I have seen patients in this economy have to make a decision between buying their medicine or buying food poor people should have the right to grow 1 plant. *establish financial need.*
8. I know that we should not use marijuana that has been confiscated from criminals, because it may be tainted or laced with toxic harmful chemicals but the seeds may be the solution to obtaining start up resources that up to now no one has talked about legally.
9. A comity should be formed to ensure the business plans are being adhered to and while on the topic of business plan. I believe that a certain amount of proceeds should be allocated for research, and studies.
10. I have a small Pharmacy and sometimes in this economy patients can't pay for their medicine. At this moment I have tens of thousands of dollars that are owed to the pharmacy. Theirs should

be a provision where some people can get it for free if they really need it and can't afford it. (I.e. Teacher that spent there entire life savings on cancer meds for his wife and now was broke.)

11. Business plan should include net worth of Individuals associated with the dispensaries. And that should weighed against what type of dispensary is going to be opened. Not all dispensaries are going to be the same, just like not all pharmacies are the same you don't require the same capital investment to open a Walgreens as you do a mom and pop pharmacy. That being said you should be able to show a paper trail from where the money is coming from for what ever business you are planning to have and sustain.
12. I have been associated with a non for profit organization for over 10 years and have helped many people. This organization has been funded by its officers and no salaries have been drawn. So I believe that if you can show that you have people to back your endeavor that should be enough. As long as there is full disclosure where the money is coming from just like a mortgage.
13. There should be a provision for trading inventory with other dispensaries.
14. All marijuana should have monograph describing effects and side effects and interactions just like regular prescription medication.
15. People spoke of FIBROMYALGIA .I give lectures on hormone therapy and anti-ageing, almost 80% of people with SLE ,ms and fibromyalgia have low DHEA levels and when you replace the hormone the symptoms go away. Why do I say this because it is education that is needed above all for all patients.
16. If the state allows closed door pharmacies then we should be allowed to have closed door dispensaries.
17. I want to have a closed door dispensary where a driver will deliver no more than 2 and ½ ounces of Medical Marijuana at a time.

In conclusion, I would like to offer my services to the panel in anyway possible with almost 40 years of experience in the field of Pharmacy My Phone number is (480) 488-2007 and my cell is (480) 236 -8248

Sections:

R9-17-202.F.5.h.i

R9-17-202.G.11.e.vi.i

R9-17-204.A.4.h.i

R9-17-204.B.4.f.vi.i

Pharmakia, L.L.C.
P.O. Box 2471
Gilbert, AZ 85296
480-648-3628
info@azpharmakia.com

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;

Careful consideration needs to be given to patients who are just diagnosed with conditions and need immediate treatment. A 12 month medical records check and these obtaining records slows down the process for the patients who need their medication

R9-17-205.B.

B. The Department shall deny a designated caregiver's application or renewal of the designated caregiver's registry identification card if the designated caregiver does not comply with A.R.S. § 36-2801(5).

Insight needs to be given on the dispensaries acquisition of medical marijuana from patients and primary caregiver's.

ARS 36-2801 (5) e

MAY RECEIVE REIMBURSEMENT FOR ACTUAL COSTS INCURRED IN ASSISTING A REGISTERED QUALIFYING PATIENT'S MEDICAL USE OF MARIJUANA IF THE REGISTERED DESIGNATED CAREGIVER IS CONNECTED TO THE REGISTERED QUALIFYING PATIENT THROUGH THE DEPARTMENT'S REGISTRATION PROCESS. THE DESIGNATED CAREGIVER MAY NOT BE PAID ANY FEE OR COMPENSATION FOR HIS SERVICE AS A CAREGIVER. PAYMENT FOR COSTS UNDER THIS SUBDIVISION SHALL NOT CONSTITUTE AN OFFENSE UNDER TITLE 13, CHAPTER 34 OR UNDER TITLE 36, CHAPTER 27, ARTICLE 4.

ARS 36-2806.F

A REGISTERED NONPROFIT MEDICAL MARIJUANA DISPENSARY MAY ACQUIRE USABLE MARIJUANA OR MARIJUANA PLANTS FROM A REGISTERED QUALIFYING PATIENT OR A REGISTERED DESIGNATED CAREGIVER ONLY IF THE REGISTERED QUALIFYING PATIENT OR REGISTERED DESIGNATED CAREGIVER RECEIVES NO COMPENSATION FOR THE MARIJUANA.

Sections:

R9-17-202.F.5.j

R9-17-202.G.11.e.viii

R9-17-204.A.4.j

R9-17-204.B.4.f.viii

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

Directly from the US Department of Justice - Drug Enforcement Administration – Office of Diversion Control – Practitioner's Manual

The DEA registration requirement states:

"All drugs listed in Schedule I have no currently accepted medical use in treatment in the United States and therefore may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in Schedules II through V all have some accepted medical use and therefore may be prescribed, administered, or dispensed for medical use."

"The CSA allows for bona fide research with controlled substances in Schedule I, provided that the FDA has determined the researcher to be qualified and competent, and provided further that the FDA has determined the research protocol to be meritorious. Researchers who meet these criteria must obtain a separate registration to conduct research with a Schedule I controlled substance."

This requirement appears to have the correct intent. However, physician's who currently prescribe other controlled substances are at risk of losing their license from the DEA. I believe the best wording for this would be the following:

A statement, initialed by the physician, that the physician plans to continue to assess the qualifying patient and the qualifying patient's debilitating conditions during the course of the physician-patient relationship

R9-17-303.B.4. Policies and procedures that comply with the requirements in this Chapter for:

Addition of:

e. Quality Control

This product is regulated as MEDICAL marijuana. Pharmacies are required to keep their conditions clean and report content of their drugs

R9-17-304 Applying for Approval to Operate a Dispensary

Applaud the second step process. Certificate of Occupancy should not be required without being granted a license. The idea funding equates a valid product is a dangerous misconception. You can have all the bulldozers, cranes, steel beams, supplies, and construction workers paid and ready to construct a building. If you don't have the engineers and architects you don't have the skilled labor that can validate the building will be built to code let alone validate it will not collapse

R9-17-306 Applying for a Change in Location for a Dispensary or Dispensary Cultivation Site

A. A dispensary shall not change the dispensary's location during the first three years after the dispensary is issued a dispensary registration certificate.

This may pose a problem in this current economy and the rate of foreclosures. Consideration must be taken for foreclosures, changes in city zoning and other unforeseen events out of the dispensaries control.

R9-17-309. C. Cultivation of at least 70%*This was removed*

The first year or two should require dispensaries to grow their own supplies. This will allow full accountability of their products. Once this is established these rules should be looked at again to revisit opening up regulations for allowing a wholesale market.

Quality of the product is crucial for patients. This is a regulated narcotic and needs to be treated as such. Mold, fungus, and pesticides may cause patients their lives. If the product was purchased from another dispensary it is still ultimately the dispensary who sells it to take some responsibility for the product they are selling.

This leads to product analyzing. A dispensary should be required to prove batches have been inspected for mold and fungus. A dispensary should be required to prove pesticides were not used through testing. A dispensary should be required to give CBD and THC content of all products they sell. Providing the CBD and THC content will give validity to the products being used and the unique case by case need of a patient.

Again I believe the following should be included here as well:

ARS 36-2806.F

A REGISTERED NONPROFIT MEDICAL MARIJUANA DISPENSARY MAY ACQUIRE USABLE MARIJUANA OR MARIJUANA PLANTS FROM A REGISTERED QUALIFYING PATIENT OR A REGISTERED DESIGNATED CAREGIVER ONLY IF THE REGISTERED QUALIFYING PATIENT OR REGISTERED DESIGNATED CAREGIVER RECEIVES NO COMPENSATION FOR THE MARIJUANA.

R9-17-312 Medical Director

The medical director provides great insight to allow dispensary agents to work with patients in a medically professional manner by providing their expertise.

I believe it is a mistake to go through with the removal of R9-17-101 15.

“Medical Director” means a doctor of medicine who holds a valid and existing license to practice medicine pursuant to A.R.S. Title 32, Chapter 13 or its successor or a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine pursuant to A.R.S. Title 32, Chapter 17 or its successor and who has been designated by a dispensary to provide medical oversight at the dispensary.

The idea of the medical director is to provide oversight for the development of educational materials, systems to document pain regarding their conditions, drug interactions, drug abuse, and many other areas which are related to expertise of a doctor of medicine who holds a license to prescribe controlled substances.

*Note: The Medical Director does not violate the DEA's provision mentioned earlier if and only if the Medical Director is contracted for oversight of the guidelines, educational materials, and a system for documenting pain.

R9-17-316 Product Labeling and Analysis

Section A should add “The CBD and THC content”

Additional Comments

Edible Food Products (Not just Edible Food Products)

- *A special Dispensary Agent card allowing these establishments to work with various dispensaries.*
- *Products vary from food products to other manufactured goods that all can help patients*
- *These companies will need multiple dispensaries in order to survive*

Random Selection Process:

- *How Random is this process?*
- *Will the qualifications of the Medical Director be considered?*
- *Will the quality control of product be considered?*
- *Will financing be considered?*
- *Will the depth of the policies and procedures make you more qualified?*

**Random Selection Process could work if the regulations are fine tuned to ensure the customers will be given the safest products*

Although many people feel regulation is unfair and too costly. The market will dictate the price. If the dispensaries over price their products the market will let them know and they will adjust the prices accordingly. Cost may be high and should not be complained about the greedy ones will be exposed through their practice. It is possible for the mom and pop's to develop a dispensary just as much as a large conglomerate it just requires more work. This needs to be considered as well in the application process. Fair and equal business practice is important for this industry to start off on the right foot so we can change the misperceptions some people may have.

I am an Earth Goddess, and practicing Wiccan, a horticulturist and farmer here in Arizona, with extensive practices and sensitivity of our natural collective. My lifestyle allows me to work both physically and spiritually with no harmful additives to provide fruit, vegetables and herbs to the people that enjoy alternative food production.

I was very excited by the new initiative to possibly include medical marijuana in my gardens, and to bring the highest quality medicine for an inspirational healing experience. Contrary to highly addictive substances currently used to reduce pain, anxiety and the like.

As I read through the 2 drafts, I was disappointed to find no licensing for the farmers of Arizona in which to include this herb. The herbs, fruits and vegetables that we currently grow are in high demand to naturalist looking for this type of alternative growing. You make no provisions for 'cultivation sites' or horticulturists like me.

I am not interested in dispensaries, and would like to continue what I am doing to include this healing herb. To serve my community and help people achieve organic results to their debilitating medical conditions. Your current rules do not allow the farmers of Arizona to easily and legally provide this service to the people.

I would like to suggest a 'cultivation license'. Allowing us 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.

R9-7-316 Product Labeling and Analysis

A(3) The following statement ARIZONA DEPARTMENT OF HEALTH SERVICES
WARNING: Smoking marijuana can cause addiction, cancer, heart attack, or lung infection and can impair one's ability to drive a motor vehicle or operate heavy machinery.

The only part of this statement that I agree with is the impairment of one's ability to drive or operate heavy machinery. As the rest can be argued, which I will not, with the exception to addition. The current chemically infused pharmaceutical now being offered as 'pain killers' are proven to be highly addictive.

We all have seen, heard or know someone associated with the problems involving oxycodone and opium derivatives in particular.

One of the reasons marijuana is being prescribed to avoid this type of ADDICTION.

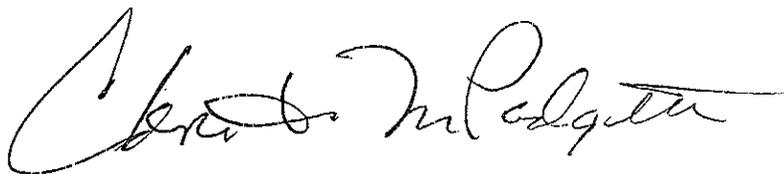
Finally, my question to the board is "If smoking marijuana causes cancer, why is cancer the number one disease listed in which qualifies one as a patient? As per article 2 R9-17-201.

What is this statement saying to the patient? You have already been diagnosed with cancer, we approve this marijuana for your condition so you can get some more!
The statement is contradictory.

Is it possible the board neglected to read up on the TASHKIN STUDY. You know, the one that showed cannabis to be a PROTECTIVE AGAINST CANCER. Please look it up. Smoking is not the only way to medicate with this incredible herb.

My suggestion is to take cancer off your list or revert back to your original warning label adding the warning for operating heavy machinery.

Thank you and Blessed Be.



2-17-2011

AZDHS Public Comment Speech

- Good Morning and Thank You for allowing me the time to speak I greatly appreciate the opportunity to be here today
- My name is Travis Pollock and I am the Co-Director of Accessible Arizona a 501(C) 3 non profit patient and caregiver advocacy group and I am also a current dispensary owner of two facilities in Durango and Cortez Colorado
- Accessible Arizona and myself have been following the progress of Proposition 203 since May of 2010 and have been heavily involved in educating constituents about the proposed medical marijuana program
- I am not here to speak in regards to trying to be an Arizona dispensary owner as I respect the residency decision although I am here to speak as an advocate for the greater movement and well being of the medical marijuana industry
- Now being the fourth day of testimony there has been many suggestions and ideas brought fourth so I will try not to reiterate those ideas although hopefully shine light on some things maybe no one has brought up
- Having the opportunity to be involved in the medical marijuana industry in Colorado has been an incredible experience and I am very proud to advocate on behalf of this cause
- There has been many individuals who have made statements in regards to operators having to produce large amounts of operating capital to even be in the running to be a dispensary owner
- As in my case I am a Arizona Real Estate Agent and unfortunately after 2005 and 2006 there was a huge hit to the Arizona market and many individuals such as myself had limited work opportunities
- I am also an owner of property in Colorado so decided to leave Arizona and re-locate to Colorado to be involved in the medical marijuana industry and provide financial stability for myself in a much needed time
- Having started with \$40,000 to begin my first Dispensary in Durango Co I was capable of developing a safe, healthy and compassionate facility
- From first opening to now I currently provide primary care for over 350 patients and have over 1500 patients that visit our facilities at any given time
- I am now the sole owner of 2 dispensaries, 5 optional premise cultivation sites, and 1 infused manufacturing facility
- My facilities employ over 15 individuals and provide a tremendous amount of community service and commitment to correctly implement the Colorado medical marijuana program

- Not being able to have the opportunity to get involved in this industry due to the fact that I may not have meet financial requirements for operating expenses would have been very unfortunate
- I would recommend to the Arizona Department of Health Services to not put restrictions on individuals past the \$5,000 application fee on providing proof of operating expenses
- The amount of financial responsibility that it is going to take to apply, build, and operate a Medical Marijuana facility in Arizona is going to be tremendous and if you have to provide proof of additional operating expenses for an extended amount of time, that may create financial hardships on many operators and could be perceived as an economic bias to not allow certain individuals to become dispensary owners

2nd

- As you have seen in other states such as Colorado there is a much needed resource to be able to analyze and scientifically review the medicine being distributed to the patients.
- This is very important so you may detect molds, pesticides, fungus, or any foreign chemicals that should not be administered to the patient. Also being able to precisely determine the potency rates of the cannabinoids contained in the medicine is necessary to be able and correctly help provide the right treatment
- Along with the labeling requirements that ADHS is striving to obtain I would suggest to add some additional language to allow for testing to be performed on this medicine pursuant to the law under the State of Arizona

3rd

- The process of infusing medicine into products such as edibles, tinctures, and topicals is a much needed aspect to providing care although the preparation of the product should not be considered lightly
- Currently the draft regulations allow for a dispensary to use any Commercial Approved Kitchen to produce infused products and I would highly suggest to reconsider this language
- This process of creating infused products in any Commercially Approved Kitchen will allow for ~~large~~ public health risks
- Just as revisited in Colorado all Medical Marijuana Infused Products Facilities have to be created out of a State Licensed facility and the equipment may only be used for the creation of Medical Marijuana Products