

# PUBLIC COMMENT ~ ARIZONA'S PROPOSED MEDICAL MARIJUANA PROGRAM

## PRIMARY CONCERNS AND RECOMMENDATIONS

### 1. *Proposed Fees*

Qualifying Patients in Arizona are required to visit their doctor to obtain a written certification, and then are required to obtain an ID through the Dept. While it is understandable that the implementation of the program costs money, \$160 for an ID (and for renewal) plus an additional \$200 for a designated caregiver ID is almost prohibitive. If at all possible, it would be preferable to lower the cost of the ID, perhaps by using the salary-based sliding scale provided for in Arizona Revised Statutes 36-2803(A)(5)(e). The reduced ID application fee is available to only the poorest citizens, and is still quite high at \$80. We appreciate the Department's willingness to recognize the need for reduced rates; perhaps another way to lower fees would be to broaden the qualifications for reduced fees.

### 2. *Patient to Caregiver Ratio*

Under Arizona Revised Statutes 36-2801(5)(d), a Designated Caregiver may give care for up to five Qualified Patients, whereas within the Proposed Medical Marijuana Program, there can only be one Qualified Patient per Designated Caregiver. There are many benefits to allowing more than one Qualified Patient per Designated Caregiver, most important is experience. Designated Caregivers are entrusted to assist those Qualified Patients who are too ill to do things such as travel to the Dispensary and learn how to use their medicine. Having an experienced Designated Caregiver who can educate the patient on how to properly use medical cannabis and how to determine dosages is the way to ensure the safest administration of medical cannabis. Since the enacted language already provides for up to five Qualified Patients per Designated Caregiver, it would be quite easy to

change this provision within the Proposed Medical Marijuana Program.

### ***3. Quantity of Medicine***

Many patients throughout the U.S. have found that different routes of administration greatly affect the amount of medicine they may need. If a Qualified Patient is going to be preparing edibles with their medicine, it is important that they have access to as much medication as they need to prepare the food items they'll need. In addition, it should ultimately be up to the physician who has issued the Written Certification how much medication might be necessary for each patient. While the enacted language limits the quantity of medicine available per 14 days, it is possible to allow for an exemption based on the determination of the Certifying Physician. There may be additional qualifications, but it is best for patients and doctors to determine the quantity needed during a particular period of time.

### ***4. Restriction of Caregivers with Felony Records***

While it is commendable that there is an exception within the Arizona Revised Statutes for those whose conduct would otherwise be protected under the Medical Marijuana Program for convictions pre-dating the Program, it is also important to recognize that people change. The Proposed Medical Marijuana Program should allow for rehabilitation and/or exemptions for family members. Many other states' programs have defined rehabilitation for the sake of Caregivers and Dispensary Agents.

### ***5. Restriction of Personal Cultivation***

We applaud the inclusion of a personal cultivation section within the Arizona Revised Statutes and Medical Marijuana Program; however, it has been found across the country that when the state is in charge of developing a system of access to medical cannabis, large gaps in access exist even absent geographical limitations. It is important to recognize that the implementation of the Medical Marijuana Program in Arizona will have some hiccups, and, unfortunately, Qualified Patients will be left in the lurch during these times. Allowing for exemptions for patients based on factors other than their distance from a Dispensary would help provide stopgap measures ensuring access to the most Qualified Patients. Exemptions may include the time frame during which the licensing and opening of Dispensaries

across the state is occurring, as well as for those who fall below a certain income level. Arizona officials need not look far to find a state that has struggled with this issue; New Mexico has had many troubles related to their state-run dispensary, though patients were protected, to some degree, by the fact that personal cultivation was allowed under New Mexico law.

## **6. *Privacy Concerns***

The privacy and confidentiality protections within the Arizona Revised Statutes and the Proposed Medical Marijuana Program go to great lengths to protect Qualified Patients' privacy. We ask that the Program go a bit further and remove the requirement that physicians examine patients' medical records covering the previous 12 months. While it is understandable that physicians have the most information available to them to make a diagnosis and determine a treatment plan, medical records are highly personal and are protected both at the state and federal level, and we hope that the Medical Marijuana Program is willing to recognize the privacy of patients and remove this onerous provision from the Program.

In the same vein, requiring Dispensaries to maintain video camera surveillance puts Qualified Patients, Designated Caregivers, and Dispensary Agents at risk. Not only are health decisions highly personal, the decision to use medical cannabis is seen as even more personal and private. In addition, participants in the Medical Marijuana Program are operating in direct violation of federal law, and having easily subpoenaed surveillance footage puts everyone at risk. We understand the need for security, but have seen many successful Dispensaries operate with very little trouble without any video surveillance.

## **7. *Dispensaries Moving Requirements***

The vast majority of Dispensary requirements within the Proposed Medical Marijuana Program are reasonable. The main concern we have is with the prohibition on Dispensaries moving within the first three years of operation. It is unclear what

the exact rationale is behind the prohibition, and we ask that, at the least, an exemption be made for unforeseen circumstances (i.e. landlord retribution, zoning changes, community concerns).

