## QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY	DFA					
DIVISION	Medical Marijuana Commission					
DIVISION DIRECTOR	Doralee Chandler					
CONTACT PERSON	Doralee Chandler					
ADDRESS	101 East Capitol, Suite 401 Little Rock, Arkansas 72201					
<b>PHONE NO.</b> 501-682-1105	FAX	NO. 501-682-2221	<b>EM</b> A	AIL Doralee	e.Chandler@dfa.arkan	ısas.gov
NAME OF PRESENTER AT	T COMMITTI	EE MEETING Do	ralee Cha	ndler		
PRESENTER E-MAIL D	oralee.Chandle	r@dfa.arkansas.gov				_
		<u>INSTRUCTION</u>	<u>ONS</u>			
<ul> <li>A. Please make copies of this</li> <li>B. Please answer each quest</li> <li>C. If you have a method of in</li> <li>Rule" below.</li> <li>D. Submit two (2) copies of to</li> <li>copies of the proposed ru</li> </ul>	ion <u>completely</u> ndexing your i this questionna	using layman tern rules, please give th aire and financial in	e propose mpact sta	ed citation a atement atta	after "Short Title	of this
Jessica C. Sutt Administrativ Arkansas Leg Bureau of Leg One Capitol N Little Rock, A	e Rules Revievislative Councislative Resear Mall, 5 <sup>th</sup> Floor R 72201	il rch				Encilities
1. What is the short title of th		_			rries <del>(Section 26-S</del>	
2. What is the subject of the p		These changes pro	vide guid	ance to the p	oublic as to rule-ma	,
3. Is this rule required to com If yes, please provide the feder				Yes	No x	
4. Was this rule filed under the	na amarganeu n	rovisions of the Adr	ninistratis	za Procedura	A ot?	
4. Was this full filed under th	ic efficigency p	TOVISIONS OF the Adi	mmsuanv	ve i roccuure	Acti	
				Yes	No x	
If yes, what is the effective da	te of the emerg	gency rule?				
When does the emergency rul	e expire?					
Will this emergency rule be pr	omulgated und	er the permanent pro	ovisions o	f the Admin	istrative Procedure No x	e Act?

5. Is this a new rule? Yes No No If yes, please provide a brief summary explaining the regulation. The rules set forth the advertising allowances for a microbrewery private club located in a dry area.
Does this repeal an existing rule? Yes No x If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.
Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes.  Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."
6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.
Amendment 98 of Arkansas Constitution
7. What is the purpose of this proposed rule? Why is it necessary? See Summary attached.
8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). <a href="https://www.dfa.arkansas.gov/medical-marijuana-commissional">https://www.dfa.arkansas.gov/medical-marijuana-commissional</a>
9. Will a public hearing be held on this proposed rule? Yes x No I If yes, please complete the following:
Date: October 6, 2022
Time: 4:30 p.m.
Place: DFA, 1515 West 7th Street
10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  TBD
11. What is the proposed effective date of this proposed rule? (Must provide a date.)
10 days after filing with SOS
12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. See attached Notice.
13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e). See attached
14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known. <u>Unknown</u>

## FINANCIAL IMPACT STATEMENT

## PLEASE ANSWER ALL QUESTIONS COMPLETELY

DE	PARTMENT	DFA				
DIV	VISION	Medical Marij	uana Commission			
PE]	RSON COMPLI	ETING THIS S	STATEMENT Dora	lee Chandler		
TE	LEPHONE 501-6	582-1105	FAX 501-682-2221	EMAIL: Dorale	e.Chandler@d	fa.arkansas.gov
			25-15-204(e), please c re and proposed rules.		Financial Imp	act Statement and
SH	IORT TITLE O	F THIS RULE	Rules Governing th	e Licensure of Medic Processors, and Dis		
1.	Does this propos	sed, amended, o	r repealed rule have a	financial impact?	Yes	No 🖂
2.	. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  Yes x  No					
3. In consideration of the alternatives to this rule, was the agency to be the least costly rule considered?				is rule determined by	Yes x	No 🗌
	If an agency is p	proposing a mor	e costly rule, please st	ate the following:		
	(a) How the ac	dditional benefi	ts of the more costly r	ule justify its addition	al cost;	
	(b) The reason	n for adoption o	f the more costly rule;			
(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;						fare, and if so,
	(d) Whether th	ne reason is with	nin the scope of the ag	ency's statutory author	ority; and if so,	please explain.
4.			plement a federal rule on		te the following	: <u>N/A</u>
<u>Cu</u>	ırrent Fiscal Yea	<u>ır</u>	]	Next Fiscal Year		
Fee Ca Sp	eneral Revenue deral Funds sh Funds ecial Revenue her (Identify)		I (	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)		
То	tal	0		Total	0	

<b>Current Fiscal Y</b>	<u>'ear</u>	Next Fiscal Yea	<u>ır</u>
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)		Federal Funds Cash Funds Special Revenue	e
Total	0	Total	0
proposed, amended, or are affected.	repealed rule? Ide	cal year to any private individual, entify the entity(ies) subject to the pr	roposed rule and explain how they
<b>Current Fiscal Year</b> \$ 0		<u>Next Fiscal Yo</u> \$_0	
obligation of at lea entity, private busi	st one hundred thou ness, state governme	o Questions #5 and #6 above, is the sand dollars (\$100,000) per year to ent, county government, municipal	a private individual, private
more of those entit	ies combined?	Yes 1	No x
filing the financial	impact statement.	Code Ann. § 25-15-204(e)(4) to fil The written findings shall be filed sid shall include, without limitation, t	e written findings at the time of imultaneously
(1) a statement of t	he rule's basis and p	ourpose;	
(2) the problem the rule is required		dress with the proposed rule, includ	ling a statement of whether a
(a) justifies	es how the benefits of	e that: for the proposed rule; and of the rule meet the relevant statutor	ry objectives and justify the
	osts,		

adequately address the problem to be solved by the proposed rule;

7.

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.