EXHIBIT C2 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							
PHONE NO. 501-682-1105	FAX NO. 501-682-2221 EMAIL Doralee.Chandler@dfa.arkansas.gov							
NAME OF PRESENTER AT	COMMITTEE MEETING Doralee Chandler							
PRESENTER E-MAIL DO	oralee.Chandler@dfa.arkansas.gov							
INSTRUCTIONS								
 A. Please make copies of this form for future use. B. Please answer each question <u>completely</u> using layman terms. You may use additional sheets, if necessary. C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below. D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to: 								
Jessica C. Sutton Administrative Rules Review Section Arkansas Legislative Council Bureau of Legislative Research One Capitol Mall, 5 th Floor Little Rock, AR 72201 ***********************************								
1 What is the short title of the	Rules Governing the Licensure of Medical Marijuana Cultivation Facilities, s rule? Processors, and Dispensaries (Section 26 Section 28)							
1. What is the short title of this rule? Processors, and Dispensaries (Section 26-Section 28) These changes provide guidance to the public as to rule-making procedures, declaratory orders, and adjudicative hearings.								
•	oly with federal statute, rule, or regulation? Yes No x al rule, regulation, and/or statute citation.							
4 Was this rule filed under th	e emergency provisions of the Administrative Procedure Act?							
T. Was this full filed under th	<u></u>							
If yes, what is the effective da	Yes No x te of the emergency rule?							
When does the emergency rule	e expire?							
Will this emergency rule be pro	omulgated under the permanent provisions of the Administrative Procedure Act? Yes \bigcap No x							

5. Is this a new rule? Yes No No If yes, please provide a brief summary explaining the regulation.				
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 Yes No x If yes, a copy of the repealed rule is to be included with your completed questionnaire.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). https://www.dfa.arkansas.gov/medical-marijuana-commission				
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.)				
October 6, 2022				
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.	economic, or oth	ner evidence and	sonably obtainable sci d information available atives to the rule?	entific, technical, e concerning the need	Yes x	No 🗌	
3. In consideration of the alternatives the agency to be the least costly rul				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 please exp		ule is based on the inte	erests of public health	, safety, or wel	fare, and if so,	
	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.						
4.	4. If the purpose of this rule is to implement a federal rule or regulation, please state the following: N/A (a) What is the cost to implement the federal rule or regulation?						
<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		

Current Fiscal Y	<u>'ear</u>	Next Fiscal Yea	<u>r</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.	r repealed rule? Ider	eal year to any private individual, en ntify the entity(ies) subject to the pr	oposed rule and explain how they
Current Fiscal Year \$ 0		Next Fiscal Yes	
obligation of at lea entity, private busi	st one hundred thous 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	No x
filing the financial	impact statement. T	Code Ann. § 25-15-204(e)(4) to file written findings shall be filed sid shall include, without limitation, the	e written findings at the time of multaneously
(1) a statement of t	he rule's basis and p	purpose;	
(2) the problem the rule is required		dress with the proposed rule, includ	ing 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

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.