

EXHIBIT K

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Arkansas Department of Health
DIVISION Pharmacy Services and Drug Control
DIVISION DIRECTOR Paul Halverson, DrPH, FACHE
CONTACT PERSON James Myatt, P. D.
ADDRESS 4815 West Markham Slot 25 Little Rock, AR 72205
PHONE NO. 501 661-2325 FAX NO. 501 661-2769 E-MAIL james.m.myatt@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING James Myatt, P.D.
PRESENTER E-MAIL james.m.myatt@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely 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:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule? List of Controlled Substances

2. What is the subject of the proposed rule? Scheduling of Controlled Substances

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 Arkansas Code citation.

Ark. Code Ann. §§ 5-64-201 - 5-64-216

7. What is the purpose of this proposed rule? Why is it necessary?

To enable the Director of the Arkansas Department of Health to administer subchapters 1-6 of § 5-64-201 et. seq. and to determine substances that are to be controlled.

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).

http://www.healthyarkansas.com/rules_regs/rules_regs.htm

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

September 22,
Date: 2011

Time: 9:30 A.M.

Place: Arkansas Department of Health Auditorium

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

September 22, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

10 days after filing with Arkansas Register

12. Do you expect this rule to be controversial? Yes No

If yes, please explain. _____

13. 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.

Not Known

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Health
DIVISION Pharmacy Services and Drug Control
PERSON COMPLETING THIS STATEMENT James Myatt, P. D.
TELEPHONE NO. 501 661-2325 **FAX NO.** 501 661-2769 **EMAIL:** james.m.myatt@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE List of Controlled Substances

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Does this proposed, amended, or repealed rule affect small businesses? Yes No
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

General Revenue 0
Federal Funds 0
Cash Funds 0
Special Revenue 0
Other (Identify) 0
Total 0

Next Fiscal Year

General Revenue 0
Federal Funds 0
Cash Funds 0
Special Revenue 0
Other (Identify) 0
Total 0

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

OVERVIEW

Proposed Revisions to the Rules & Regulations Pertaining to the List of Controlled Substances.

Based on Arkansas Code Annotated §5-64-201, the Director of Health or duly authorized shall administer this chapter and may add a substance or delete or reschedule any substance enumerated in a schedule pursuant to the procedures of the Arkansas Administrative Procedure Act.

If any substance is designated as a controlled substance under federal law and notice of the designation is given to the director, the director shall similarly control the substance under this chapter after the expiration of thirty (30) days from publication in the Federal Register of a final order designating a substance as a controlled substance unless within that thirty-day period the director objects to inclusion.

Substances listed on pages 3, 6, 7, 8, 9, 10, and 11 added to follow the federal designations.

Substances listed on pages 5 and 15 added to follow the state designation. (Arkansas Code §5-64-204 and §5-64-215 amended 3/28/2011 by Act 751 of the 88th General Assembly).

Page 3 5-Methoxy-N,N-Dimethyltyrptamine (5-MeO-DMT)(Sch.I)

Page 5 (1) 4-Methylmethcathinone (Mephedrone) (Sch. I)
 (2) Methylenedioxyprovalerone (MDPV)
 (3) 3,4-Methylenedioxy-N-methylcathinone (Methylone)
 (4) 4-Methoxymethcathinone
 (5) 3-Fluoromethcathinone
 (6) 4-Fluoromethcathinone or
 (7) A compound, unless listed in another schedule or a legend drug, that is structurally derived from 2-Amino-1-phenyl-1-propanone by modification or by substitution

Page 6 Oripavine (Sch. II)

Page 7 Lisdexamfetamine (Sch. II)
 4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (Sch. II)

Page 8 Embutramide (Sch.III)

Page 9 Boldione (Sch. III)
 Desoxymethyltestosterone (Sch. III)

Page 10 19-Nor-4,9(10)-Androstadienedione (Sch. III)
Esterfied Estrogens & Methyltestosterone (1.25mg/2.5mg)Interpham
Esterfied Estrogens & Methyltestosterone (0.625mg/1.25mg)ANDAPharm
Esterfied Estrogens & Methyltestosterone (1.25mg/2.5mg)ANDAPharm
Methyltestosterone & Esterfied Estrogens (2.5mg/1.25Mg)Lannett CO
Methyltestosterone & Esterfied Estrogens (1.25mg/0.625mg)Lannett_CO
Syntest D.S.----- 66576-231
Syntest H.S.----- 66576-230

Page 11 Testosterone Cypionate/Estradiol Cypionate Injection- 0402-0257
Masculinizing Feed for Fish (Invesitigational)----- Rangen,Inc.

Page 15

- (A) 5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-3 hydroxycyclohexyl]-phenol or otherwise known by CP-47,497 (Sch. VI)
- (B) 5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-5 phenol or otherwise known by either cannabicyclohexanol or CP-47,497 C8 homologue
- (C) 1-Butyl-3-(1-naphthoyl)indole or otherwise known by JWH-073
- (D) 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole or otherwise known by JWH-200
- (E) 1-Pentyl-3-(1-naphthoyl)indole or otherwise known by JWH-018 and AM678
- (F) (4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone or otherwise known by JWH-081
- (G) 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone or otherwise known by JWH-250
- (5) Salvia divinorum or Salvinorin A.

A draft copy of the revision is attached for your review.

Attachment