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Chairman Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee. Thank you for allowing my interested party testimony today for House Bill 354 of the 135th General Assembly, which would make changes to the adult-use cannabis law passed by Issue 2.

I want to start by thanking the committee for making this issue a priority. Issue 2 passed in November and has been in effect since last Thursday. Right now, it is legal to possess and use cannabis, but there is no legal outlet to purchase such products. I recognize the urgency to regulate this market as soon as possible to help eliminate the unregulated market that is currently thriving. I appreciate you taking the time to be here today.

My name is Mary Alleger. I have worked in the legal medical cannabis market since December 2018. I have a Master of Science degree from the University of Maryland School of Pharmacy in Medical Cannabis Science and Therapeutics. As a single mother, I am a passionate advocate for cannabis. I have 15 years clean from narcotics thanks to cannabis and I have seen it change many other lives as well.

As a long-time cannabis advocate, educator, and expert in the cannabis field, I have a love/hate relationship with both Issue 2's language. However, I also do not love the bill language I have seen trying to establish the regulatory framework of the program; this goes for both Sub.HB86

and HB354. I want to emphasize that I believe HB354 is the better option for Ohio, but it still needs some work.

Firstly, I want to address the gross amount of funding for law enforcement. There are currently several bills on the floor that already seek to increase funding for law enforcement and the Budget did more than enough to fund training and resources. To ask an industry that has been demonized to pay for increased law enforcement is a cruel joke.

Enough people have been negatively impacted by the war on drugs, with black citizens and citizens of color being disproportionately targeted, arrested, convicted, and affected. I propose instead of giving the funds created by the excise tax on cultivators to law enforcement, we create instead a fund for automatic expungement and release. There should be a committee formed to look through the arrest records of Ohio citizens to find eligible charges and start the process of removing the charge on behalf of that person. Sub.HB86 provides an expungement and release program for simple possession of the current legal limits or lower but still creates hurdles for the general public to access such a privilege.

In addition to the committee, there should be funds allocated to awareness campaigns that this program exists. There is current language on the books in Ohio on expungement but it is not average household knowledge. It also requires the action of the individual to start the process, which again, is a privilege of knowledge that not everyone has access to or knows how to access.

Secondly, the current THC metabolite blood and urine content levels for OVI are an issue. In January, SB26 made an effort to raise the blood and urine content levels because any current medical cannabis patient could find themselves charged with an OVI, even if they haven't consumed cannabis in the last week. Unfortunately, the bill did not make it out of committee.

The Ohio Revised Code, Chapter 4511.19, Section (1)(A)(vii) states "The person has a concentration of marihuana in the person's urine of at least ten nanograms of marihuana per milliliter of the person's urine or has a concentration of marihuana in the person's whole blood or blood serum or plasma of at least two nanograms of marihuana per milliliter of the person's whole blood or blood serum or plasma". Unfortunately, inactive THC metabolites do not measure a person's impairment, it only shows that the person has used a THC product in the recent past and gives insight into how much THC they may consume.

As the law currently stands, there are many medical patients and adult-use consumers who stand a risk of getting charged with an OVI, without actually being under the influence of cannabis at the time of being pulled over. Field sobriety tests can be given in addition to the blood and urine tests to determine current intoxication, however, the logical answer is to eliminate testing for inactive metabolites. Why waste funding on tests that do not measure intoxication? The State could instead use that money to fund research for technology that could be a real-time test for THC intoxication, or for public health education on the dangers of using THC and driving. I have heard rumors of oral tests hitting the market that can determine if you have used cannabis in the last 2-4 hours, perhaps we could get someone to look into that?

Thirdly, the workforce will be negatively impacted if there are no employee protections in place. There will be Ohioans who do not know they can get fired for their after-work activities. Until technology catches up and can identify when you last used cannabis, you will never be able to distinguish between a joint smoked on vacation vs. one smoked before a shift. This law was designed to be regulated like alcohol. It would be regulation overkill to hold all workers accountable for their cannabis use outside of work when it is perfectly legal for them to consume alcohol.

I recognize the need to keep people safe and that there are jobs where you do not want people under the influence of cannabis; however, I think cannabis should be treated like prescription medication. If a person is allowed to take a drug such as Xanax or Percocet at work, both of which are mind-altering substances, then that employer shall allow the use of medicinal or adult-use cannabis outside of work hours. I would even go a step further and allow limited use of medicinal cannabis under certain conditions deemed safe by the employer.

Lastly, I ask that the possession levels be adjusted. I think Issue 2 did Ohioans a disservice with their possession limits. Not only will the plants we grow at home possibly produce more than what we will be allowed to possess, but I do not feel it is right to reduce the amount of cannabis I can currently possess in the medical program or even under decriminalization.

Issue 2 set the possession limit at 2.5 ounces of plant material. Math tells us that an ounce is equal to 28.3g. If we multiply that number by 2.5, we get 70.75g. Under the current statewide decriminalization, I can carry up to 99g with little to no consequences. Some cities have passed

even further decriminalization measures, allowing for up to 199g of cannabis flower. Moreover, under the medical program, I can have up to a 45-day supply, which could consist of up to 4.5 ounces of cannabis flower.

All of these numbers are rather confusing for even those of us who pay attention to these laws. There needs to be a consensus across the medical and adult-use regulations on what is appropriate to have on your person or in your home. We have not seen rampant issues with medical patients being able to possess 4.5 ounces of plant material, giving us no reason to assume the adult-use consumers will be any bigger of an issue.

In conclusion, HB354 is great, but it needs some changes.

I urge you to make the appropriate changes to HB354 and then pass the legislation as soon as possible for the betterment of the adult-use cannabis program.

Thank you for your time and consideration on this matter. I am happy to answer any questions you may have.