Testimony of William Schuck Sub. HB. 86 135th General Assembly Senate General Government Committee December 5, 2023

I am William Schuck, a Columbus resident. I am a citizen advocate, do not represent any other person or organization, and am not compensated for this testimony.

I appear as an Interest Party because Sub HB 86 has some good features, some bad features, and omits features needed to protect public health and safety. I will address the latter two categories, for which suggested amendments have been submitted.

There is strong evidence that regular use of high concentration THC is addictive and cause serious mental and physical harm – including schizophrenia, psychosis, loss of IQ, immune suppression, and loss of fertility. Evidence that THC concentrations over 10% are medically effective is lacking. Proposed THC limits are still way too high. To protect health and safety, it is recommended that be reduced to 10% or 15%.

Without a system for comprehensive tracking of marijuana sales, THC limits can be defeated by multiple daily purchases of adult use marijuana at different dispensaries and/or by using medical and adult use marijuana at the same time. This can be prevented by making adult use possession limits a daily limit, requiring an adult use purchaser to attest that he or she has not purchased marijuana elsewhere in the last 24 hours, and prohibiting the sale of adult use marijuana to a registered medical marijuana user.

Health and safety require that packaging display a prominent Blackbox warning of risks associated with regular marijuana use – including addiction, serious mental illness, lowered IQ, suppressed immune system, and reduced fertility. Harm to fetal and infant development can be severe and long-lasting, so it is especially important to warn women who are pregnant, may become pregnant in the near future, or are nursing an infant (California warning attached). If there is insufficient space on a package for this information, it should be required in a package insert or handout given to the customer at the time of sale.

The safety and efficacy of medical marijuana depends on recent physician evaluation and supervision. This is missing if diagnosis/evaluation is remote in time, is done by someone other than the recommending physician, or done by a medical marijuana mill through perfunctory interaction with a patient. To ensure medical safeguards, require a patient to be personally and directly evaluated annually by an Ohio physician qualified to supervise medical marijuana treatment.

Giving samples of a product that is psychoactive and addictive is an inappropriate marketing practice, and should be prohibited.

The racial/ethnic quota for licenses in current medical marijuana law, and carried over in Am. HB 86, is a relic from a former time. It won't stand up in court, because it violates Equal Protection (*SFFA v. Harvard*), plus the categories are arbitrary and overbroad. Preferences bases on demonstrated personal hardship and/or individual economic barriers are permitted. It is recommended that section 9796.09(f) be removed or made compliant with current law.

Issue 2 proponents said marijuana should be treated like alcohol, notwithstanding that Issue 2 contains many special privileges not given to alcohol. Treat marijuana like alcohol by authorizing voter-initiated elections to restrict or prohibit marijuana operations (as opposed to personal possession/use) in a local jurisdiction or part thereof. This would enable citizens to protect their community against harms that flow from marijuana.

I close with an observation about expectations. Some say that modifying Issue 2 defies the of voters expressed in the recent election. I suggest this off base, because few voters know what is actually in Issue 2. Its many baneful provisions are the kind of special interest abuse voters sought to prevent when they added initiative and referendum authority to the Ohio Constitution in 1912.

Bring sold a false bill of goods is not a mandate. The public will respond positively to legislation that protects consumers and vulnerable Ohioans, including the provisions suggested here and others improvements in the future.

Thank you for the opportunity to address these important issues.

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