

## Witness Statement

Date: 02-04-63

Name: Lesley Tice -Thomas

Address: 81 East Margaret Ave

Niles, Ohio 44446

Bill: Support House Bill 587 – Proponent Testimony (written)

To Chairman Klopfenstein, Vice Chair Newman, Ranking Member Miller, and members of the House Agriculture Committee:

Thank you for the opportunity to provide written testimony in strong support of House Bill 587.

My name is Lesley Tice -Thomas, and I am a resident of Niles, Ohio. I am writing to you today as a proponent of this legislation because I believe Ohioans deserve safe, regulated access to natural kratom.

I personally use plain leaf kratom because I'm 63 years old and I have chronic pain and had no life. Every day was a struggle to get out of bed. I have arthritis and inoperable back issues, bone on bone knees. When pain management failed me, I saw an ad on Facebook and I got a sample three years ago. It has been a godsend, truly with no side effects. It helps me manage my daily life and has significantly improved my quality of life. Before finding natural kratom, I was in misery and despair.

Keeping natural leaf kratom legal is essential to me because I depend on it for pain relief but also anxiety and my depression. I can now laugh and smile and have my mobility and independence back.

I support HB 587 specifically because it creates necessary standards to ensure that the products I rely on are:

Pure and Safe: Free from dangerous synthetic additives or contaminants.

Accurately Labeled: So I know exactly what I am purchasing.

Regulated: Establishing age limits and oversight by the Ohio Department of Agriculture.

This legislation is a responsible path forward that protects consumers like me while removing "insidiously dangerous" synthetic compounds from the market. I respectfully urge the committee to pass House Bill 587.

Thank you for your time and for considering my story.

Sincerely,

Lesley Tice -Thomas

(330) 307-3120

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): \_\_\_\_\_

Specific Issue: \_\_\_\_\_

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? \_\_\_\_\_

Please provide a brief statement on your position:

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*