## Chairman Rulli, Vice Chair Lang, Ranking Member Sykes

I'm Tim Johnson, retired law enforcement, Air Force veteran, industry consultant, patient advocate, patient, program accredited trainer, ancillary support services specialist and a co-author of a white paper to HB523, the Ohio Medical Cannabis Program. Thank you for your time and your attention to proposed SB261, to amend the Medical Cannabis Program. Being a proponent to the bill, I request your support in the betterment of the program by passing this language to its next step.

Being a proponent, I do share concerns with areas of the Amendment. This proposed language is really nothing new to the program and most of it was either introduced in the creation of the program or has been addressed previously. In 2016 the Ohio legislature voted to pass and implement the Ohio Medical Cannabis Program. Since its late inception date, the program has fallen short of expectations not addressed in this language. We know it's not a participation issue as the numbers speaks for their self, but rather patient protection rights have failed to be implemented leaving the patient in an entrapment state of participation.

The question needing addressed is the "WHY"!!! Why have numerous attempts by patients, advocates, licensees, ancillaries and legislators to improve the program been ignored and dismissed by regulators? Perhaps through these hearings that answer will be disclosed in honest format.

And still the "WHY" needs answered;

Why do patients fear the loss of employment?

Why do patients fear loss of parental rights?

Why are patients not permitted to own a fire arm or a CCW permit?

Why are background checks focused on diminishing an already weak work force pool?

Why are impaired driving statutes still arbitrary rather than science supported?

Why are public service announcements of education value prohibited?

Why is the smoking of flower (at 35% THC V Dabbing/Vaping @ 90%) a crime in the program?

Why have mandated training classes for law enforcement and the courts not been implemented?

Why are marketing rights overly restrictive?

Why is industry banking a problem?

While the list of "WHY" grows, respect to the "give it time/next year" has become a redundant "no that can't be done" because Federal says so reply. To that I say Federal has not approved or sanctioned the creation of a medical cannabis program and yet we have one. Don't misunderstand, there are many "WHY's" this language has addressed and seen improvements. If the program is going to be amended then certainly the state of Ohio law makers, licensees, patients and regulators have learned enough in the last five years that it can be done right this time.

With that is presented the biggest "WHY"; Why are the program patient recommendation numbers not representative of the participation numbers?

Currently some 360k patient recommendations issued, up to 199k patients have purchased, nearly 217k patients have registered after receiving their recommendation and around 132k patients are currently in holding both a recommendation and registration? This "WHY" could best be answered by answering the WHY's above and passing SB261 with clear, concise and accurate language.

Thank You! I am open to fielding any questions or input.