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June 15, 2022

Hon. David Yost  
Ohio Attorney General  
30 E Broad St.  
Columbus, OH 43215

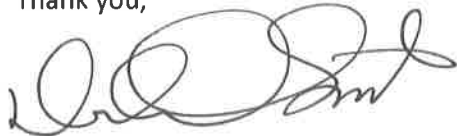
Re: "Medical Right to Refuse" Summary Petition

Dear Attorney General Yost:

Pursuant to ORC 3519.01(A), a petition to approve a summary of a statewide initiative to enact an Amendment 22 to Article I of the Ohio Constitution, titled Medical Right to Refuse. The petition contains approximately 1,566 signatures of electors and 248 part-petitions and the summary and full text of the proposed law. A list of the number of part-petitions and signatures separated by counties is attached to the correspondence.

Please contact me if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read "Diana D. Smith", written in a cursive style.

Diana D. Smith

**INITIATIVE PETITION**  
**Amendment to the Constitution**  
**Proposed by Initiative Petition**  
**to be Submitted Directly to the Electors**

To the Attorney General of Ohio: Pursuant to Ohio Revised Code § 3519.01(A), the undersigned electors of the State of Ohio, numbering in excess of one thousand, hereby submit to you the full text of a proposed Amendment to the Ohio Constitution and a summary of the same.

**TITLE**

Medical Right to Refuse

**AMENDMENT SUMMARY**

To add Section 22 to Article I of the Constitution of the State of Ohio. The proposed amendment would provide that, in Ohio:

(1) Individual's right to refuse any medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device shall be absolute.

(2) No law, rule, regulation, person, employer, entity, or healthcare provider shall require, mandate, or coerce any person to receive or use a medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device nor shall the aforementioned discriminate against the individual who exercises this right.

(3) No other provision of the Ohio Constitution shall impair or limit the rights contained herein.

**CERTIFICATION TO THE ATTORNEY GENERAL**

This certification of the Attorney General, pursuant to Ohio Revised Code § 3519.01(A), will be inserted when it is provided. This initiative petition must be submitted with at least one thousand (1,000) valid signatures of Ohio Electors before the Attorney General will issue that certification.

**COMMITTEE TO REPRESENT PETITIONERS**

Diana D. Smith, 6785 Smith Road, Bradford, Ohio 45308  
Stephanie Stock, P.O. Box 1208, Norton, Ohio 44203  
Devon Horsman, 1697 North Laddle Court, Beavercreek, Ohio 45432  
Steven Werling, 1434 Barnhart Rd, Troy, OH 45373

**AMENDMENT FULL TEXT OF LAW**

**BE IT RESOLVED BY THE PEOPLE OF THE STATE OF OHIO THAT THE CONSTITUTION OF OHIO IS HEREBY AMENDED TO ADD SECTION 22 TO ARTICLE I TO READ AS FOLLOWS:**

**Section 22: Medical Right to Refuse**

(A) An individual's right to refuse any medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device shall be absolute.

(B) No law, rule, regulation, person, employer, entity, or healthcare provider shall require, mandate, or coerce any person to receive or use a medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device nor shall the aforementioned discriminate against the individual who exercises this right.

(C) No other provision of the Ohio Constitution shall impair or limit the rights contained herein.

**MEDICAL RIGHT TO REFUSE**

**BE IT RESOLVED BY THE PEOPLE OF THE STATE OF OHIO THAT THE CONSTITUTION OF OHIO IS HEREBY AMENDED TO ADD SECTION 22 TO ARTICLE I**

**NOTICE: Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Ohio Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution. Make Copies for additional signatures and number consecutively.**

**MUST USE MOST RECENT ADDRESS ON FILE WITH BOARD OF ELECTIONS, SIGN IN INK, & COMPLETE ALL FIELDS.**

Printed First Name, Middle Initial, and Last Name		Signature	
Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
City	Zip Code	County	Date of Signing

Printed First Name, Middle Initial, and Last Name		Signature	
Full Address on file with the Board of Elections (Spell out in full, eg: North, South, East, West, Drive, Street, Avenue, etc.)			
City	Zip Code	County	Date of Signing

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City	Zip Code	County	Date of Signing

**Medical Right to Refuse**  
**Statement of Circulator**

Note to Circulator: *One of these "Statement of Circulator" affidavits must be completed for each county for which signature collector / circulator collected signatures. For example, if you collected signatures from two different counties, you must complete a separate "Statement of Circulator" form for each county. If you need more "Statement of Circulator" forms, please make photocopies before completing.*

I, \_\_\_\_\_, declare under penalty of election falsification that I am the circulator of the foregoing petition paper(s) containing the signatures of \_\_\_\_\_ electors from \_\_\_\_\_ county, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am a volunteer and not paid to circulate this petition.

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Address of circulator's permanent residence in this state) Number and Street, Road or Rural Route

\_\_\_\_\_  
City, Village or Township

\_\_\_\_\_  
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS  
GUILTY OF A FELONY OF THE FIFTH DEGREE**