800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

Testimony concerning HB 2765
House Committee on Health and Human Services
Presented by Alexandra Blasi
February 11, 2026

Chairman Carpenter and Members of the Committee:

The Kansas State Board of Pharmacy respectfully submits this testimony in support of HB 2765. These amendments include vital updates to the Kansas Uniform Controlled Substances Act to protect Kansas citizens. Timely passage of these amendments are paramount to public safety. Therefore, the Board respectfully requests that the contents of HB 2765 not be unnecessarily entangled with other matters and suggests that any concerns be addressed by amendment so the remainder of the bill may move forward.

The Kansas State Board of Pharmacy (Board) is created by statute and is comprised of seven members, each of whom is appointed by the Governor. Of the seven, six are licensed pharmacists and one is a member of the general public. Pursuant to K.S.A. 65-4102(b), the Board is required to submit to the Speaker of the House of Representatives and the President of the Senate a report on substances proposed by the Board for scheduling, rescheduling or deletion by the legislature with respect to any one of the schedules as set forth in the Kansas Uniform Controlled Substances Act, K.S.A. 65-4101 et seq. The Board submitted the aforementioned letter on January 14, 2026. In its determination, the Board shall consider the following:

(1) The actual or relative potential for abuse;
(2) The scientific evidence of its pharmacological effect, if known;
(3) The state of current scientific knowledge regarding the substance;
(4) The history and current pattern of abuse;
(5) The scope, duration and significance of abuse;
(6) The risk to the public health;
(7) The potential of the substance to produce psychological or physiological dependence liability; and
(8) Whether the substance is an immediate precursor of a substance already controlled under the Controlled Substances Act.

The Drug Enforcement Administration (DEA) also issues their rulings in the *Federal Register* based on information provided by the DEA's Deputy Administrator and the Department of Health and Human Services using the same factors and criteria that the state uses. Generally, the Board recommends amending the state laws to match the federal laws in order to facilitate uniformity while maintaining and enhancing the consumer protections afforded by the regulatory system.

Please note that the Board has emergency scheduling authority for any new substance which may emerge outside the legislative session in order to ensure ongoing protection of the public, which it has not needed to exercise since the Legislature last convened.

The Board staff has an ongoing relationship with the Kansas Bureau of Investigation (KBI) and collaborates with them to make necessary recommendations for updates to the Act. Beginning in April of 2025, we began a dialogue and have conducted a comparison of the controlled substances listed in Schedules I-V of the Federal Controlled Substances Act to protect the public health and safety of Kansans. This bill is the result of that work.

Congress created five schedules or classifications with varying qualifications for a substance to be included in each. The Drug Enforcement Agency ("DEA") and the Food and Drug Administration ("FDA") make recommendations after considering various factors that indicate the drug should have more restrictions.

- Schedule I are those drugs that have a high potential for abuse and have no accepted medical use in treatment in the United States.
- Schedule II substances have a high potential for abuse but have an accepted medical use in the United States or a currently accepted medical use with severe restrictions. Abuse of the drug may lead to severe psychological or physical dependence.
- Schedule III substances have less potential for abuse than drugs in Schedule I or II and they have an accepted medical use in treatment in the United States. Abuse may lead to moderate or low physical dependence or high psychological dependence.
- Schedule IV substances have a low potential for abuse relative to the drugs in Schedule III. The substances have a currently accepted medical use in treatment in the United States. Abuse may lead to limited physical dependence or psychological dependence relative to drugs or substances in Schedule III.
- Schedule V substances have a low potential for abuse relative to the drugs in Schedule IV. The drug or substance has a currently accepted medical use in treatment in the United States. Abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs or substances in Schedule IV.

Schedule I

The Board and KBI recommend that 14 new substances be added to Schedule I because they present an imminent and significant risk to the health and safety of the public. There is no known medical use of these drugs in the United States.

In 2025, the federal government passed the HALT Fentanyl Act which created a fentanyl class in Schedule I of the Federal Controlled Substance Act to better identify fentanyl-related substances and minimize future updates as new substances are created. In addition, the 2023 Kansas Legislature passed SB 174, which made updates to K.S.A. 21-5701 by defining "fentanyl-related controlled substances" in subsection (g). Updates to this section of law are now necessary with every fentanyl change to K.S.A. 65-4105; this new classification system would render these updates unnecessary. The Board and KBI suggest creating a similar classification for fentanyl-related substances in Kansas.

The Board and KBI have reviewed K.S.A. 65-4105(h)(1) and found that the numbering convention used to identify the carbon atoms of the chemical structure of tetrahydrocannabinol is inconsistent in the statute. While the Board makes no recommendation concerning the current scheduling of this substance, the Board recommends addressing this statutory inconsistency by aligning the numbering convention with the dibenzopyran system.

In addition, and upon request for consideration by the Shatterproof organization and several other stakeholders, the Board recommends adding 7-hydroxymitragynine (7-OH), a primary alkaloid of kratom. The Board understands that the Kansas Legislature has previously considered and declined to schedule kratom in Kansas, the Board finds the research and considerations in other states compelling. 7-OH acts similarly to opioids in the brain and has the same risk of addiction and overdose. A handful of states have already taken steps to make the sale, possession, and distribution of this substance illegal. In addition, the National Association of State Controlled Substances Authorities (NASCSA), of which Kansas is a participating member state, adopted a resolution in October 2025 encouraging the DEA to conduct an eight-factor analysis of kratom for potential scheduling at the federal level: https://nascsa.org/wp-content/uploads/2025/10/Resolution-2025-02-A-Resolution-Related-to-Kratom.pdf. In the event the Committee finds there is a legitimate medical use for 7-OH, though not supported by the FDA, the Board would recommend inclusion in Schedule II to ensure it is used in alignment with other prescribed medications.

Schedule III

The Board identified 22 federally-scheduled steroids in Schedule III that were inadvertently omitted from previous Kansas updates.

Schedule IV

Finally, the Board has identified one new substance for inclusion: zuranolone, a prescription medication approved to treat postpartum depression. In addition, the Board identified a spelling error for the drug modafinil.

Respectfully submitted.