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**KANSAS BUREAU OF
INVESTIGATION**
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Kris W. Kobach
Attorney General

Before the
Senate Public Health & Welfare Committee
Regarding SB 497 (Proponent)
Bob Stuart, Executive Officer
February 12, 2026

Chairwoman Gossage and Members of the Committee:

Thank you for the opportunity to provide testimony in strong support of Senate Bill 497, This bill places kratom (*Mitragyna speciosa*) into Schedule I of the Uniform Controlled Substances Act. While the bill title refers to kratom by its common name, the actual statutory change adds the plant's primary active alkaloids mitragynine and 7-hydroxymitragynine (commonly known as 7-OH) to the Schedule I list. This approach effectively regulates kratom products by controlling the chemicals responsible for their effects. This action is critically important because it directly targets the growing public health and safety crisis involving 7-OH.

Traditional kratom leaf, when used in its raw, unprocessed form, contains only trace amounts of 7-OH. However, the products now widely available in Kansas are highly concentrated extracts or semi-synthetic versions of 7-OH. These are sold openly in gas stations, smoke shops, convenience stores, and online in appealing formats such as gummies, liquid shots, tablets, and powders. They are misleadingly marketed as natural, safe, or legal alternatives for pain relief, anxiety, energy, or opioid withdrawal support.

In reality, 7-OH is a potent opioid receptor agonist with effects significantly stronger than the raw plant material. It acts much like pharmaceutical or illicit opioids, posing severe risks to Kansans. Users can develop tolerance within days or weeks, leading to rapid addiction and dependence that is difficult to overcome without professional intervention. Severe withdrawal symptoms include intense anxiety, depression, insomnia, muscle aches, restlessness, and debilitating gastrointestinal distress that can persist for days or weeks, often driving users back to the substance. Additionally, 7-OH can cause respiratory depression, with heightened danger when combined with alcohol, benzodiazepines, or other central nervous system depressants. Overdoses are rising, often requiring naloxone intervention, yet still resulting in emergency room visits, hospitalizations, and preventable deaths. These products particularly impact vulnerable populations such as young adults, teens, and individuals seeking unregulated wellness remedies, due to no age restrictions, limited or inaccurate labeling requirements, or safety testing, as well as aggressive marketing and easy access.

The KBI is increasingly encountering these high-potency 7-OH products in our investigations. Distribution networks supplying Kansas markets are being identified on a significant scale. This aligns with warnings issued by the Kansas Department of Health and Environment (KDHE) and broader FDA concerns about the addictive and harmful potential of concentrated kratom alkaloids.

These concerns are echoed at the federal level, where the FDA has recommended scheduling concentrated and semi-synthetic 7-OH products under the Controlled Substances Act and has pursued enforcement actions including warning letters and product seizures. Numerous other states have similarly moved to restrict or prohibit high-potency kratom derivatives, reflecting a growing national consensus on the need to address these opioid-like threats.

We recognize that some advocates for traditional kratom leaf have concerns about a broad Schedule I placement. They often argue for distinguishing low-potency raw leaf material from the high-concentration extracts and semi-synthetic 7-OH derivatives that dominate today's retail market, suggesting regulation such as age limits, potency caps, or testing requirements rather than outright prohibition. We respect these perspectives and acknowledge that traditional leaf has been used in some cultures with reportedly lower risk profiles due to its naturally limited 7-OH content.

The current reality, however, is that in Kansas retail environments makes such distinctions extremely difficult to effectively enforce. The vast majority of products available are not traditional leaf but concentrated or altered forms designed to deliver potent opioid-like effects. Scheduling the key alkaloids provides law enforcement with the clearest and most practical authority to remove the dangerous high-potency products from circulation and deter their manufacture and sale, while still addressing the source material.

By adding kratom to Schedule I through this method, SB 497 will give law enforcement the clear authority needed to remove these dangerous 7-OH products from retail shelves, prosecute manufacturers and distributors, and deter retailers from selling them. This step is essential to stop the unchecked proliferation of these opioid-like substances that are disguised as dietary supplements or wellness products.

The KBI urges the Committee to advance this important legislation to better protect Kansas families from the very real harms of 7-OH.

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