STAND UP FOR KANSAS
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Senate Committee on Public Health and Welfare
Testimony in Support of Senate Bill 497
February 16, 2026

Chairwoman Gossage and Members of the Committee:

My name is Katie Patterson, and I appreciate the opportunity to submit written testimony in support of SB 497 on behalf of *Stand Up For Kansas*.

Stand Up For Kansas is a nonprofit organization whose mission is to advocate for policies that seek to maintain and improve the standard indicators of quality of life for Kansans. These include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom.

Perhaps the biggest threat we currently face to quality of life in Kansas is the continued normalization of dangerous drugs and the impact it has on our citizens and communities. Kratom is no exception and remains a persistent drug threat in Kansas. It's well past time to act on its scheduling.

Abuse potential and public-health risks

Kratom contains over 40 different alkaloids which comprise 0.5 - 1.5% of the plant matter.[1] The main psychoactive alkaloid is mitragynine (OH), which accounts for up to 66% of the plant's alkaloid content and is approximately 1/3 as potent as morphine and three times as potent as codeine.[2]

While less abundant, 7-hydroxymitragynine (7-OH) accounts for roughly 2% of the plant's alkaloid content and has been characterized as a "highly potent and addictive plant alkaloid" with a potency of 4.4 – 5.7 times more than that of morphine."[3]

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[1] Lydecker, Sharma, et.al., "Suspected Adulteration of Commercial Kratom Products with 7-Hydroxymitragynine", J Med Toxicol., 2016 Dec, 12 (4): 341-349
[2] Id.
[3] Masumoto, Hatori, et.al., "Involvement of u-opioid receptors in the antinociception and inhibition of gastrointestinal transit induced by 7-hydroxymitragynine isolated from Thai herbal medicine Mitragyna speciosa", European Journal of Pharmacology, Volume 549, November 2006, 63-70

Both OH and 7-OH act as opioid receptor agonists and produce opioid-like analgesic, euphoric, and sedating effects, including respiratory depression, tolerance, and withdrawal—hallmarks of classic opioids of abuse.

While the abuse potential of kratom has yet to be fully understood, there are epidemiological data suggesting that some individuals develop substance use disorder following kratom use[4].

Recent national surveillance cited in public health analyses shows:

- Reports of kratom-related calls to poison control centers, including cases involving children and adolescents, are often associated with poly-substance use.
- Documented cases of serious adverse events—including seizures, sedation, and respiratory depression—are linked to concentrated kratom and 7-OH products.
- Increasing availability of highly concentrated, manufactured 7-OH products—including gummies, shots, capsules, and tablets—are marketed in ways that resemble other gas-station "legal high" products of concern.

This underscores the importance of proactive, preventative scheduling before a full-blown crisis emerges. SB 497 presents an opportunity for Kansas to act before the problem becomes more entrenched, more difficult, and more expensive to address.

Legal status of kratom

Despite previous attempts to control kratom in Kansas[5], it remains legal and unregulated. SB 497 seeks to take an important step forward in addressing drug subculture and protecting Kansas by adding kratom and its primary active alkaloids, mitragynine (often referred to in toxicology and forensic contexts as OH) and 7-hydroxymitragynine (7-OH), to Schedule I of the Kansas Uniform Controlled Substances Act.

Schedule I is reserved for substances that have a **high potential for abuse** and **no currently accepted medical use** in treatment in the United States. Importantly, mitragynine (OH) and 7-hydroxymitragynine (7-OH) satisfy both prongs.

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[4] https://www.fda.gov/news-events/public-health-focus/fda-and-kratom

[5] 2018 Senate Bill 282, https://www.kslegislature.gov/li_2018/b2017_18/committees/ctte_h_hhs_1/documents/testimony/20180308_02.pdf

At the federal level, neither OH nor 7-OH is currently approved as a medication by the U.S. Food and Drug Administration (FDA), and kratom and its alkaloids have no recognized, FDA-approved therapeutic use in the United States. The FDA has repeatedly warned consumers about serious safety concerns associated with kratom products, including risks of addiction, abuse, and dependence, and it has not recognized kratom as safe or effective for any medical indication. Today, kratom is not lawfully marketed in the U.S. as a drug product, a dietary supplement, or a food additive in conventional food[6].

In July 2025, the FDA formally recommended the primary active alkaloids in kratom be placed in Schedule I under the federal Controlled Substances Act, citing its potency as an opioid, its lack of approved medical use, and the need to protect public health.

National landscape: state scheduling and bans

Kansas isn't alone in contemplating a ban on kratom. A January 2026 summary of state laws[7] reports that, as of early 2026, 30 states and the District of Columbia have enacted some form of kratom-related statute or regulation, ranging from full bans to age-restricted and quality-control frameworks.

Within that broader group:

- At least seven states—Alabama, Arkansas, Indiana, Louisiana, Rhode Island, Vermont, and Wisconsin—have enacted full kratom bans, making both OH and 7-OH-containing products illegal to sell, possess, or use.
- Additional states, including Louisiana, Mississippi, Colorado, and Ohio, have recently taken action specifically targeting 7-OH, mitragynine, or concentrated/synthetic kratom products, often by placing them in Schedule I at the state level.
- Other jurisdictions, such as Texas and several states with kratom consumer protection acts, are imposing strict limits on 7-OH content, age restrictions, and labeling, recognizing the unique risks of these alkaloids even where kratom is not fully banned.

Like Kansas, California, Georgia, Iowa, North Dakota, Ohio, and Utah are contemplating action to designate kratom and its alkaloids as Schedule I controlled substances[8].

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[6] https://www.fda.gov/news-events/public-health-focus/fda-and-kratom

[7] https://legislativeanalysis.org/wp-content/uploads/2026/02/Kratom-Summary-of-State-Laws.pdf

[8] https://www.kratomscience.com/2026/01/27/kratom-under-attack-new-2026-bills-aim-to-criminalize-consumers-across-the-u-s/

This trend demonstrates a clear consensus among many state policymakers that these substances pose sufficient risk to public safety and warrant scheduling or prohibition.

Consistency with prior Kansas policy direction

Kansas has historically moved in step with both federal scheduling decisions and the emerging science on new psychoactive substances. The state has added numerous synthetic opioids and fentanyl analogues to Schedule I as evidence of high abuse potential has emerged, rather than waiting for widespread fatalities to occur.

SB 497 continues that evidence-based, preventive approach by addressing kratom's most pharmacologically active constituents in the same manner as other non-medical opioids with high addiction risk.

Conclusion

SB 497 is a narrowly tailored, preventive measure that will help Kansas get ahead of an emerging opioid-like threat by placing mitragynine and 7-hydroxymitragynine where they belong: in Schedule I, alongside other high-risk opioids with no accepted medical use. The bill reflects the best available science, aligns with evolving federal recommendations, and is consistent with the direction many other states are taking to protect their residents from unregulated, high-potency 7-OH and related products.

On behalf of *Stand Up For Kansas*, I respectfully urge the Committee to recommend SB 497 favorably for passage. Thank you for your consideration and for your continued work to protect the health and safety of Kansans.

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