

Testimony concerning SB 497
Senate Committee on Public Health and Welfare
Presented by Alexandra Blasi
February 12, 2026

Chairwoman Gossage and Members of the Committee:

The Kansas State Board of Pharmacy respectfully submits this testimony in support of SB 497. The Board is pursuing similar updates to the Kansas Uniform Controlled Substances Act to protect Kansas citizens under HB 2765, which was heard in the House Health and Human Services Committee on February 11, 2026.

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.

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.

The Board collaborates and concurs with the Kansas Bureau of Investigation (KBI) on the recommendation to add kratom and its primary alkaloids, 7-hydroxymitragynine (7-OH) and mitragynine, to Schedule I. The Board understands that the Kansas Legislature has previously considered and declined to schedule kratom in Kansas, but 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 (shown above) 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.

Respectfully submitted.

Dear Members of the Committee,

My name is Wendy Chamberlain. I am a mother, and I am here because my son, Joseph, is dead.

Joseph did not struggle with illegal drugs. He did not overdose on fentanyl or heroin. He used kratom—Whole leaf natural powder, specifically its primary alkaloids, mitragynine and 7-hydroxymitragynine—products that are sold openly, marketed as safe, and completely unregulated.

My son died from mitragynine toxicity.

After his death, I did what grieving parents do when the system fails them—I started asking questions. I learned that kratom products vary wildly in potency, that newer extracts are far stronger than what users believe they're taking, and that there is no federal oversight, no dosing standards, and no warning labels that reflect real risk.

I now serve as the founder and chair of Kratom Danger Awareness, a nonprofit. I represent thousands of families across this country—parents who have buried children, spouses who have lost partners, and families living through addiction that began with a product sold as “natural” and “safe.”

This is not speculation. This is not anecdote.

In 2025, the DEA formally accepted our citizen petition requesting the scheduling of mitragynine and 7-hydroxymitragynine. That acceptance means the federal government determined there is enough scientific and medical concern to warrant a full review under the Controlled Substances Act.

That matters.

Because it confirms what families like mine have been saying for years: these substances are not harmless supplements. They are psychoactive compounds with real risks—risks that communities like yours are now being forced to manage on the ground.

Local action matters when federal action lags. Kansas has the opportunity to put public health first, to protect families, and to prevent more parents from standing where I stand today.

I am not here because I want to be. I am here because my son cannot be.

Please act—before more families join ours.

Thank you. Wendy Chamberlain

US. Department of Justice
Drug Enforcement Administration

Office of the Administrator

Springfield, VA 22152

Kratom Danger
Awareness 6362
Creek Road
Oneida, New York 13421

Dear Kratom Danger Awareness:

This is in response to your September 8, 2025, letter petitioning the Drug Enforcement Administration (DEA) to initiate rulemaking proceedings pursuant to 21 U.S.C. 811(a) to amend 21 CFR 1308.11 to place *Mitragyna speciosa* and all its naturally occurring, synthetic, and semi-synthetic alkaloids into schedule I of the Controlled Substances Act.¹ In the petition, you specifically used the following language parallel to the scheduling of marijuana: "*Mitragyna speciosa* (commonly known as kratom), including its leaves, stems, roots, bark, flowers, seeds, and any other part of the plant, whether growing or not; and any compound, manufacture, salt, derivative, mixture, extract, preparation, or conversion thereof, whether naturally occurring or synthetic; including but not limited to the alkaloids mitragynine, 7-hydroxymitragynine, mitragynine pseudoindoxyl, speciogynine, paynantheine, corynantheidine, and speciociliantine; regardless of concentration, formulation, or intended use." Pet. at 3.

Because the petition substantially complies with the procedural requirements of 21 CFR 1308.43(b), and the grounds upon which the petition relies can be readily understood, DEA accepts the petition for filing under 21 CFR 1308.43(c). In regard to *Mitragyna speciosa*, mitragynine, and 7-hydroxymitragynine specifically, DEA will begin the process of gathering the necessary data under 21 U.S.C. 811(b). As DEA gathers the necessary data, if the petitioner obtains additional information regarding *Mitragyna speciosa*, mitragynine and 7-hydroxymitragynine, please provide such supporting data to DPE@dea.gov.

With respect to the other alkaloids present in *Mitragyna speciosa*, however, the petition fails to provide any relevant medical or scientific evidence to support the request for all other naturally occurring, synthetic, and semi-synthetic alkaloids found in *Mitragyna speciosa*. For example, no data was provided for mitragynine pseudoindoxyl, speciogynine, paynantheine, corynantheidine, and speciociliantine. Upon review, DEA has determined that the data provided to support the scheduling of these alkaloids is insufficient to justify the initiation of proceedings at this time. Therefore, under 21 CFR 1308.43(c), the petitioner's request to initiate proceedings for these other alkaloids is denied. However, DEA invites the petitioner to resubmit the petition to schedule those other alkaloids present in *Mitragyna speciosa* and

¹ A drug or other substance is included in schedule I if it has "a high potential for abuse," "no currently accepted medical use in treatment in the United States," and "a lack of accepted safety for use ... under medical supervision." 21 U.S.C. 812(b)(1)(A)-(C).

I support banning all forms of kratom.

My 22 year old son Matthew Joseph Eller died from whole leaf Kratom Powder (the least potent form of Kratom available in the United States). Kratom caused him to have a seizure, go into cardiac arrest and die. His toxicology showed he died from the "TOXIC effects of Mitragynine" an alkaloid found only in Kratom. He had no prescription drugs, no street drugs nor alcohol in his system when he died, and his autopsy showed he had no underlying health conditions. It's important to note my son didn't die from 7-OH/7-hydroxymitragynine.

In reference to Kratom; it's been said, don't throw the baby out with the bath water. Kratom being referred to as the baby is a highly addictive toxic drug being compared to a baby to make it seem harmless, and the water in reference to even more dangerous Kratom derived drugs such as 7oh, Mitragynine Pseudoindoxyl, which can only be made with Kratom as they are semi-synthetic requiring Kratom as the main ingredient. A simple internet search will reveal how to make these drugs.

Sudafed which harmless in comparison to Kratom, is used to make methamphetamine, and is behind a pharmacy counter, requiring state I'd, sold in very limited amounts, and recorded in a logbook for inspection by law enforcement.

I belong to The FB Group Kratom Danger Awareness. A group comprised of people whose loved ones died from Kratom.

I spoke with the FDA regarding my son's kratom death, they assured me they are actively investigating all Kratom injuries and deaths from Kratom that have been reported to them.

Kratom is deceptively being put into seltzers, gummies and candies to cause addiction to unsuspecting consumers.

Does Kratom relieve pain and make you feel euphoric, maybe but so does heroin, methamphetamines and cocaine.

The FDA has NOT determined Kratom to be safe as demonstrated by their import alert on Kratom making it illegal to import, therefore all kratom here has been smuggled into the United States according to the FDA. Their slow action against Kratom powder is not an indication they think it's safe.

Thank you for your time, and the life you save may be someone you couldn't bare to live without.

My son's toxicology report is available upon request.

Sincerely,

Susan Eppard

Decedent:

Matthew J.

269.337.6173 Case:
med.wmich.edu

W21-1383

Eller Western Michigan
University Homer Stryker M.D.
School of Medicine Department of
Pathology 300 Portage Street •
Kalamazoo, MI • 49007

Sex:	Male
Race:	White
Age:	22 years
Date of Birth:	03/08/1999
Date Pronounced Dead:	11/10/2021
Time Pronounced Dead:	2000 hours
Date of Exam:	11/11/2021
Time of Exam:	0730 hours
County:	Muskegon
Pathologist:	Joseph Prahlow, M.D.
Autopsy Procedure:	Complete
Identification:	Identification Tags
Persons in Attendance:	Jenna Jones, Assistant Matt Bombich, Photographer Ben Root, Medical Student Josh McGarry, Medical Student Sung Jik Cha, Medical Student

Chair and Members of the Committee,

My name is Dan Gibbs. I am here today as a parent who lost a child to kratom toxicity, and to urge your support for Kansas SB 497.

My son, Austin, died following use of kratom leaf products containing mitragynine. His toxicology did not identify illicit opioids, synthetic substances, or alkaloid-concentrated products. His death was ruled consistent with kratom toxicity. His use was not prolonged or extreme. Austin believed - as many users are told - that kratom was a natural and safer alternative.

That belief cost him his life.

You will hear individuals describe their experiences in ways they believe defend kratom - while unknowingly revealing the very risks this committee should be concerned about. They will state that they use only natural kratom leaf, that it contains only small amounts of 7-hydroxymitragynine, and that it allows them to function, control severe pain, or stop using morphine, heroin, or prescription opioids.

This should alarm this committee.

Kratom cannot be both harmless and powerful enough to replace opioids.

If an unregulated plant product - said to contain only small amounts of 7-hydroxymitragynine - can replace morphine, heroin, and prescription opioids, then it is not benign. These claims are not evidence of safety. They are red flags.

When people say they cannot function or live without this substance - even in its so-called natural form - that is not wellness. It is dependence. And when that dependence is widespread, it becomes a public-health emergency.

I also want to address how the kratom industry frames scientific evidence.

Industry representatives frequently describe a kratom study as an "FDA study" or a "dose study." This is misleading. The study most often cited, PMID: 41486478, was not conducted or funded by the FDA, and it was not a safety or dosing determination for consumer use. It was a short-term tolerability study in healthy volunteers, funded by the product sponsor.

In clinical research, "well tolerated" does not mean safe for real-world or long-term use. It does not establish consumer dosing, addiction risk, or safety.

At no point has the FDA determined that kratom is safe. To the contrary, the FDA has consistently stated that kratom has no approved medical use, poses risks of addiction and serious adverse events, and does not meet safety standards as a dietary supplement or drug.

Finally, I want to address the argument that banning only 7-hydroxymitragynine is sufficient.

That approach reflects an industry workaround - not a public-health solution.

7-hydroxymitragynine does not exist without kratom. Targeting a single alkaloid while leaving the base product widely available leaves every other dangerous pathway intact. Regulation does not change pharmacology, potency, or addiction risk.

Kansas SB 497 recognizes this reality. It prioritizes public safety over industry accommodation.

I urge you to support SB 497 and enact a comprehensive prohibition on kratom products in Kansas. My family cannot be undone. But other families can still be protected.

Thank you for your time and consideration.

I am writing to provide a post-hearing clarification for the record regarding testimony presented today on kratom and related FDA study claims.

Recent testimony submitted in Kansas by Mac Haddow, the American Kratom Association, and materials attributed to Jack Henningfield relied heavily on claims about an FDA “dose study” and a 300-page Pinney Associates eight-factor analysis. Both were used to argue against meaningful regulatory or scheduling action.

Those claims do not withstand scrutiny — and they have direct implications for Kansas.

During testimony today, Mr. Haddow mischaracterized the nature, authorship, and significance of the study he described as an FDA “dose study.” For the record, the study being cited is titled “Safety and Tolerability of Single and Multiple Daily Oral Doses of Dried Kratom Leaf Powder in a Randomized Trial in Healthy Volunteers” (PubMed ID 41486478).

That study was: Not conducted by the FDA Not funded or commissioned by the FDA Not issued as FDA guidance or a safety determination According to the PubMed record, the study was funded by NP Pharma, a private pharmaceutical entity. Several authors are affiliated with Pinney Associates and other for-hire pharmaceutical consulting firms. The FDA is not listed as a sponsor, funder, or commissioning body.

Despite how it was presented in testimony, this study does not represent an FDA finding of safety, acceptable dosing, or regulatory approval.

Substantively, the study itself is limited in ways that are highly relevant to policy decisions: It evaluated dried kratom leaf powder only, not modern concentrates, extracts, or enhanced formulations widely sold today It involved short-term dosing in healthy volunteers, not real-world consumers It did not assess cumulative exposure, rapid redosing, or elevated 7-hydroxymitragynine It did not evaluate overdose risk, addiction trajectories, or population-level harm Second, regarding statements that 7-hydroxymitragynine (7-OH) is “not kratom.” That characterization is scientifically inaccurate.

7-hydroxymitragynine is a naturally occurring kratom alkaloid and is also formed in the human body through metabolism of mitragynine after kratom ingestion. It is one of the primary compounds responsible for kratom’s opioid-receptor activity and pharmacological effects.

The U.S. Food and Drug Administration and other scientific authorities treat mitragynine and 7-hydroxymitragynine as integral to kratom’s risk profile, including abuse potential and toxicity. Attempting to separate 7-OH from “kratom” ignores both plant chemistry and human metabolism.

Modern kratom products increasingly involve processing, concentration, or enhancement that elevates 7-OH exposure, materially changing risk.

The FDA has been explicit and consistent: it has not approved kratom for any use, has not established a safe dose, and continues to warn that kratom’s opioid-like alkaloids pose risks of addiction, toxicity, and overdose.

If a safe dose could be responsibly identified, FDA would have issued one. It has not — because the variability and potency of real-world kratom products make that impossible.

Third, the Pinney Associates eight-factor analysis is not independent public-health research. Pinney Associates is a for-hire regulatory consulting firm, and the American Kratom Association is a trade organization representing kratom manufacturers, distributors, and sellers. The eight-factor analysis is industry-commissioned and routinely submitted to delay regulatory action by creating the appearance

of uncertainty.

A clinical pharmacist conducted an independent review of the eight-factor analysis. Key findings include: Treating kratom as a static product despite rapid escalation in potency Selective reliance on favorable or outdated data Minimization of poison control, toxicology, and mortality evidence Substitution of theoretical abuse-liability arguments for observed public-health harm For Kansas, this matters because delaying action does not freeze the market — it allows it to escalate. While regulators wait, products become stronger, dosing becomes less predictable, and consumers face increasing risk without meaningful safeguards.

That escalation directly affects Kansas youth access, poison control volume, and already-strained rural emergency departments — costs borne by communities, not the industry.

For reference, here is a written critique of the Pinney eight-factor analysis if you would like to skim or circulate internally:

<https://www.mothersagainsttherbalabuse.org/supplemental/week10/pinney-eight-factor-delay-tactic.html>

Respectfully,
Dan Gibbs

♥ From a grieving mom

My son died from mitragynine toxicity — the only substance in his system was Kratom. Nothing else. Kratom took my 31-year-old son from us.

You can buy it in gas stations, smoke shops, convenience stores... it's advertised everywhere. People think it's safe because it's legal. It is not safe. It killed my son.

There needs to be a total ban. No more families should have to bury their child because of something sold next to energy drinks.

I'm sharing this because if it saves even one life, my son's story will matter beyond our heartbreak.

♥ — A forever grieving mom

Sandra Wilson



Testimony in Support of S.B. 497

Brittany Jones

Senate Federal and States Affairs

February 12, 2026

Chairman Thompson, and members of the committee, my name is Brittany Jones. I am an attorney and the President of Kansas Family Voice. Kansas Family Voice believes God's design for the family is the strongest foundation for a free and flourishing society, and that every human life—at every stage—is created in the image of God and should be cherished. S.B. 497 advances these convictions by protecting Kansas children, parents, and communities from highly addictive substances that prey on human weakness and destabilize families. By placing mitragynine and 7-hydroxymitragynine into Schedule I, the Legislature is drawing a clear boundary against powerful, unregulated, opioid-like drugs that have no accepted medical use but a high potential for abuse, dependence, and life-altering harm.

As a Christ-centered organization committed to a Kansas where God is honored, families thrive, and life is cherished, Kansas Family Voice supports S.B. 497 because it is fundamentally pro-family and pro-life in the broadest sense of those words. Addiction and drug abuse tear parents from children, undermine marriages, and strain churches, foster care, and the broader community. Acting now—before these substances are even more deeply entrenched—reflects wise, preventative stewardship by our elected officials and helps ensure that vulnerable Kansans are not targeted by aggressive marketing of “legal” highs that function like dangerous opioids.

Finally, Kansans expect their laws to reflect both sound science and common-sense morality. Federal health authorities have been clear that these kratom alkaloids have no recognized medical use, while at least seven states have already chosen to place mitragynine and 7-OH in their most restrictive schedules because of their risks. SB 497 takes a prudent, measured step to align Kansas law with emerging evidence and the growing consensus that these substances should not be freely sold in our communities.

For these reasons, we respectfully urges you to support SB 497 and to continue working for a Kansas where families can flourish free from the devastation of addiction.

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 Justine Kimmi and I am here today as a Kansas mother in strong support of SB 497, which would add mitragynine and 7-hydroxymitragynine — the active alkaloids in kratom — to Schedule I of the Kansas Controlled Substances Act.

This is not something I typically do. I am not a lobbyist or part of an organization. I am simply a mother who has lived the consequences of kratom use inside my own home. I am sharing my story because I believe everyday Kansans' voices matter.

I am a strong, driven mother. I hold a Bachelor of Business Administration in Business Management with a concentration in Human Resource Management. I worked hard for my education and had clear goals for my professional future. I relocated for this relationship under the understanding that I would be able to grow my career further while we built a life together.

Instead, my life trajectory was completely altered.

I met a man I believed was the love of my life. There were signs that made me believe our relationship was meant to be. I trusted him fully. I had no reason to think I would one day feel unsafe in my own home.

Before our first daughter, Kolbie, was born, I discovered a package of green powder. I had never heard of kratom before. I want to share something important: I lost my mother to drugs very early in my life. She is still living, but she is mentally no longer the same person. Because of that, I have always intentionally stayed far away from any substance use. So when I found that powder and learned it was kratom, I felt immediately deceived and betrayed.

After Kolbie was born, his behavior changed. He became irritable, volatile, and unpredictable. He would snap in the middle of the night when I asked for help with our newborn. At one point, he physically assaulted me. None of it made sense.

Eventually, I discovered he was spending \$700 to \$800 per week on kratom products. Thousands of dollars a month were leaving our household while I was a stay-at-home mother caring for our baby. We had a \$250,000 home in Oskaloosa, Kansas. We already had financial stress. Instead of stability, we had secrecy and escalating substance use.

He moved out for a time, claiming he would get help. I was left alone managing a home and raising our children. During our daughter's baptism, I noticed his hands shaking severely. He was later diagnosed with ADHD, anxiety, and depression. He claimed kratom helped his back pain. I believe he

was using it to numb his daily life.

Shortly after Kolbie's birth, I became pregnant with our second daughter, Jolene. The relationship became deeply unhealthy. I now understand I was in a manipulative, narcissistic cycle. It is not easy to "just leave" when you share children and a life with someone. There are apologies. Promises. Temporary change. And then the cycle continues.

He moved back in before Jolene's birth under the agreement that he had stopped using kratom. After she was born, I found pills scattered around his recliner and under his bed. Around this same time, we learned I was expecting our third child, Juhl.

When I confronted him, he snapped viciously. There were degrading names, threats, and attempts to break my phone when I tried to call for help. He forced doors shut. He threatened to remove our WiFi when I asked him to leave. The final straw came when he pushed my five-year-old child.

I filed a protection order while I was pregnant with our third baby. I went to court navigating everything on my own.

Despite my concerns about the pill usage and kratom, he was able to retain an attorney who did not give weight to my perspective regarding the substance use. I often felt unheard. I was left to comply with court-ordered parenting time even when I was fearful.

At one point, I had three children under 22 months — all born back-to-back at 37 weeks. I would drop them off and later discover pills in his vehicle or under his bed. It is incredibly disheartening to find such things, yet still be legally required to leave your children there.

I constantly worried: What if they thought those pills were candy? What if something happened while they were in his care? My children are now 3, 4, and 5 years old. They are small, curious, and innocent. The fear that something irreversible could happen has never left me. It still could.

According to the Centers for Disease Control and Prevention (CDC), kratom has been associated with serious adverse health effects, including seizures, liver damage, respiratory depression, and deaths. While it is often marketed as a "natural alternative," it carries real risks — particularly in high doses or when combined with other substances. It is not harmless.

Today, I work part-time around childcare because it does not make financial sense to work full-time only to pay for daycare for three small children. Child support alone is not sustainable. The financial instability created during those years changed everything for me. The career growth I once planned for has been delayed because I am rebuilding from a place I never expected to be in.

Kratom drained our finances. It fueled instability. It contributed to volatility that tore apart our family. It altered my children's childhood and my professional path.

SB 497 is not just about a substance. It is about families. It is about preventing other mothers from facing what I faced. It is about acknowledging that something marketed as safe can still cause devastating harm behind closed doors.

I strongly urge you to support SB 497.

As painful as it has been to relive this experience, sharing my story helps me believe that what my children and I endured was not for nothing. If speaking up can help prevent even one family from walking the same path, then there is meaning in that pain. Supporting SB 497 gives me a sense that my voice — and the suffering we lived through — can serve a greater purpose: protecting other Kansas families from a substance that caused such harm in my own home.

I hope that by passing this bill, Kansas can take a stand for families, for children, and for parents who are often left to carry the consequences alone. If my testimony helps move this legislation forward, then it allows me to feel that everything I endured happened for a reason — to help bring awareness, accountability, and ultimately change.

Thank you for your time and consideration.

Respectfully,

Justine Kimmi



**Kansas Association of
Chiefs of Police**
PO Box 2163
Hutchinson, KS 67504
(620) 242-6565



**Kansas Sheriffs
Association**
PO Box 1122
Pittsburg, KS 66762
(620) 687-1206



**Kansas Peace Officers
Association**
PO Box 2592
Wichita, KS 67201
(316) 722-8433

**Testimony to the Senate Committee on Health and Human Services
In Support of SB497
February 16, 2026**

Our associations support SB497 placing Kratom, including 7-OH, in the Schedule 1 drug schedule. Kratom and 7-OH are on the rise in Kansas.

7-OH has drawn the attention of the Kansas Department of Health and Environment. In a September 24, 2025, Press Release, KDHE alerting the public about the health risks associated with 7-OH,¹ The press release stated, “Kratom and 7-OH are often marketed alongside each other because 7-OH is naturally found in kratom in small amounts. However, 7-OH products use synthetic compounds with much higher concentration and potency.” KDHE further warned, “Because 7-OH is unregulated, the potency and quality of products can vary widely, making it difficult to safely gauge dosage.”

The FDA provides similar warnings.²

- “. . .the FDA’s warning is for products containing 7-OH as an added ingredient or at enhanced levels, which can be dangerous.”
- “Despite that, some companies are distributing and selling unlawful products containing high concentrations of 7-OH to consumers. Unfortunately, these 7-OH products, including foods such as gummies and drink shots, are readily available online and at smoke shops, gas stations, and corner stores. The FDA has sent warning letters to companies for illegally distributing products containing 7-OH.”
- “Consumers might be tempted to use these products to “treat” ailments such as anxiety, mood disorders, pain and opioid withdrawal. But there are no products containing 7-OH that the FDA has found safe and effective in treating those ailments or for any other use.”

Kratom was the topic of a FDA Public Health Focus article, noting:³

- “There are no prescription or over-the-counter drug products containing kratom or its known alkaloids that are legally on the market in the U.S.”
- “Kratom is not appropriate for use as a dietary supplement. FDA has concluded from available information, including scientific data, that kratom is a new dietary ingredient for which there is inadequate information to provide reasonable assurance that such

¹ KDHE Issues Warning on 7-Hydroxymitragynine (7-OH) Products;
<https://www.kdhe.ks.gov/m/newsflash/home/detail/1704>

² Products Containing 7-OH Can Cause Serious Harm;

<https://www.fda.gov/consumers/consumer-updates/products-containing-7-oh-can-cause-serious-harm>

³ FDA and Kratom; <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>

ingredient does not present a significant or unreasonable risk of illness or injury and, therefore, dietary supplements that are or contain kratom are adulterated under section 402(f)(1)(B) of the FD&C Act.”

- “. . .kratom is not lawfully marketed in the U.S. as a drug product, a dietary supplement, or a food additive in conventional food.”

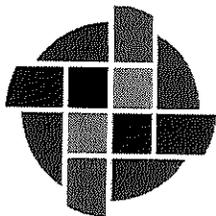
These products are being sold in Kansas. They can be found in very uncontrolled sales points where children can purchase them and there is no control on quality, purity, or strength. These products are available in many forms, including gummies, tablets, chewables, powdered extracts, and Kratom extract liquid shots.

In a July 29, 2025 FDA press release,⁴ FDA Commissioner Marty Makary, M.D., M.P.H. stated, “Vape stores are popping up in every neighborhood in America, and many are selling addictive products like concentrated 7-OH. After the last wave of the opioid epidemic, we cannot get caught flat-footed again. 7-OH is an opioid that can be more potent than morphine. We need regulation and public education to prevent another wave of the opioid epidemic.”

We encourage you to recommend SB497 favorably for passage.

Ed Klumpp
Legislative Liaison
eklumpp@cox.net
(785) 640-1102

⁴ FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers <https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>



DCCCA
IMPROVING LIVES

3312 CLINTON PARKWAY
LAWRENCE, KS 66047

785.841.4138
785.841.5777 (FAX)
WWW.DCCCA.ORG

Testimony in Support of Senate Bill 497
Senate Health and Human Services Committee
February 12, 2026

Chair Gossage and Members of the Senate Health Committee:

DCCCA has served Kansans for more than fifty years, coordinating behavioral health prevention and treatment services; family preservation services; recruitment, training and support of foster homes; and traffic safety education and resources.

DCCCA provides a variety of training and technical assistance to community partners and school districts on substance misuse prevention. In the past 18 months, we have received more requests for information and resources on Kratom and 7-OH. Because these substances are listed as supplements, they are not regulated and consumers truly do not know what they are ingesting.

Kratom is often advertised as a natural pain reliever; however, it is not regulated and there are no FDA-approved uses for Kratom. 7-OH, an alkaloid of Kratom, has an even higher additional potential and can lead to severe health consequences. 7-OH is significantly more potent than morphine and produces intense, opioid-like effects. 7-OH is found in products like gummies, drinks, flavored chews, or pills. Because 7-OH acts on opioid receptors, it can cause respiratory distress. Naloxone can be used to reverse an opioid overdose, however, if 7-OH is mixed with other substances, naloxone may not fully reverse the effects of the overdose. Kratom and 7-OH products are unregulated and often sold in gas stations and smoke shops.

The FDA has not approved Kratom or Kratom-based products for any medical purpose, and the DEA has listed Kratom as a drug of concern. This bill is a critical preventative step in reducing addiction and other negative health consequences associated with Kratom and 7-OH.

DCCCA is committed to improving the lives of Kansans and strongly supports the tenets of this bill.

Thank you for your consideration.

Chrissy Mayer
Chief Community-Based Services Officer
cmayer@dcca.org



KRATOM TOOLKIT

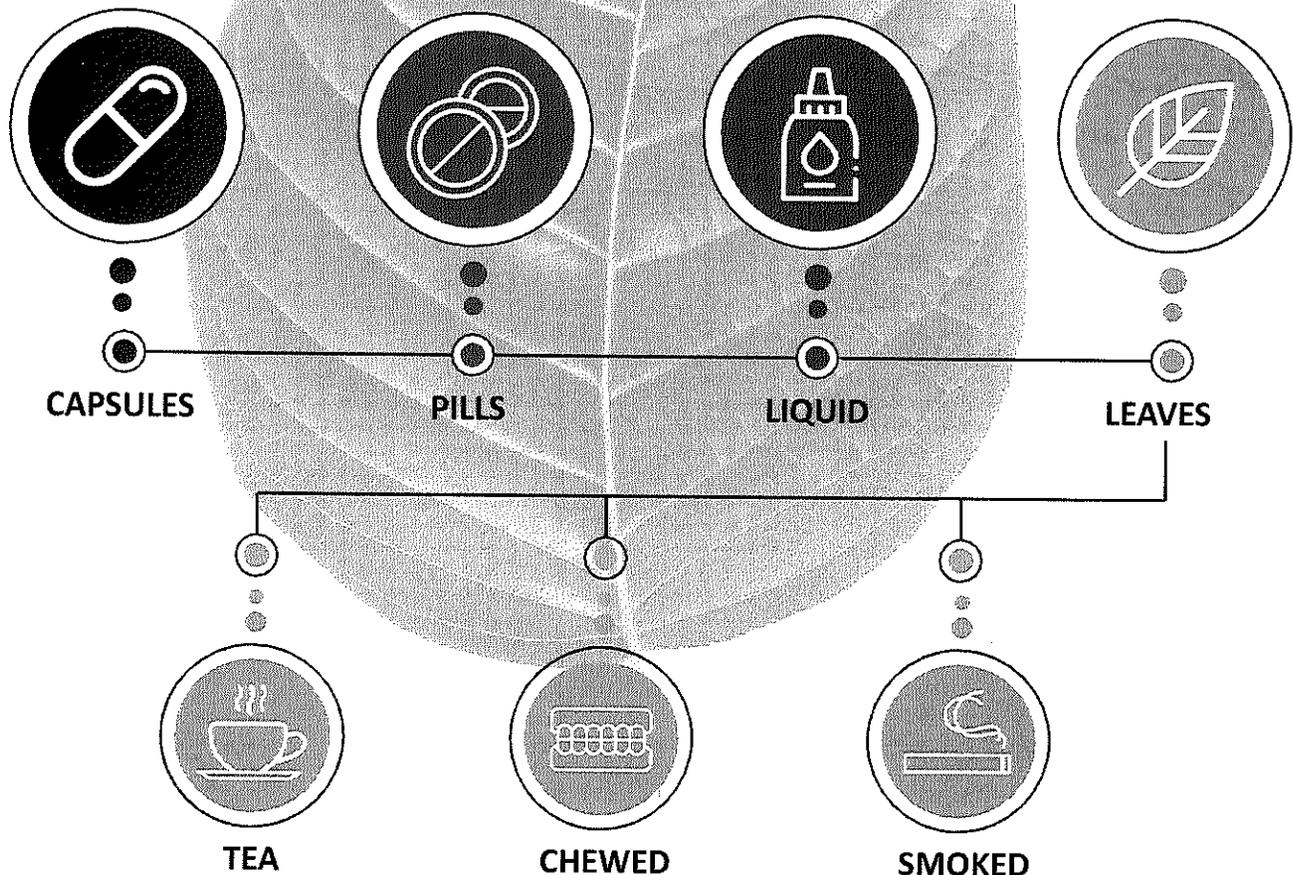


Kratom is a recreational drug used to elevate mood and enhance physical endurance. It has been on the DEA's list of drugs and chemicals of concern for several years. There are no FDA-approved uses for kratom at this time, and there is very little research on its medical value or side effects of use and yet, kratom usage continues to increase each year. This toolkit will provide an overview of what kratom is, how it is used, side effects and links to resources for more information.

WHAT IS KRATOM?

Kratom is a tropical evergreen tree (*Mitragyna speciosa*) found in Indonesia, Malaysia, Papua New Guinea, and Myanmar. In recent years, it has gained popularity in Western countries as a natural pain-reliever, as a stimulant, and is used to elevate mood. It is often advertised as a safe herbal alternative to other sedative and stimulant type drugs. Kratom is not regulated currently in the United States.

HOW IS IT USED?



WHAT EFFECTS DOES KRATOM HAVE ON THE BODY?

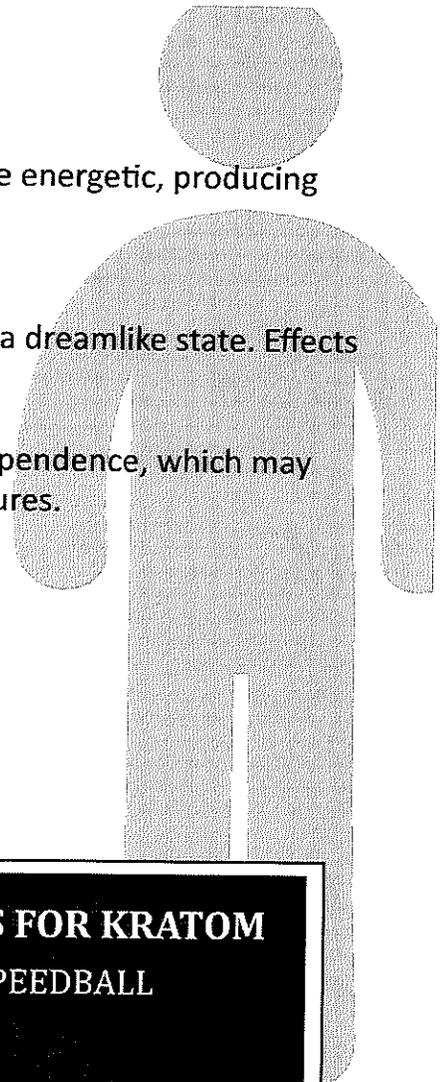
LOW DOSES

In low doses, kratom acts as a stimulant and makes a person feel more energetic, producing effects similar to those with cocaine or amphetamine use.

LARGE DOSES

In large doses, kratom acts as a sedative making a person sleepy or in a dreamlike state. Effects from larger doses resemble opioid misuse.

In addition, psychotic symptoms may occur with significant kratom dependence, which may include hallucinations, delusions, confusion, and potentially even seizures.



THE MOST COMMON EFFECTS ON THE BODY:

- Nausea
- Muscle tremors
- Itching
- Sweating
- Dizziness
- Constipation
- Dry mouth
- Seizures
- Hallucinations
- Liver damage

WITHDRAWAL SYMPTOMS

Some people who used kratom regularly report they have issues with pain, trouble sleeping, diarrhea, and fevers when they stop using it. Some reported they felt nervous, tense, angry, or sad when they weren't taking kratom. Withdrawal symptoms may include:

- AGGRESSION
- RUNNY NOSE
- MUSCLE ACHES
- JERKY MOVEMENTS OF ARMS AND LEGS
- MOOD SWINGS
- JOINT OR BONE PAIN
- HOSTILITY

STREET NAMES FOR KRATOM

- HERBAL SPEEDBALL
- BIAK
- KETUM
- KAKUAM
- ITHANG
- THOM



USING KRATOM FOR OPIATE WITHDRAWAL

People may use kratom as an addiction recovery aid from opioid addiction and it is often promoted for this purpose. They believe kratom will ease withdrawal because it evokes feelings of euphoria and may be obtained more easily than drugs prescribed for withdrawal. In November 2017, the Food and Drug Administration said that kratom use could exacerbate the opioid epidemic. Using kratom to assist with opioid addiction can result in an addiction to kratom. *There is currently no medical or scientific data to support using kratom is a safe or effective treatment in opioid addiction.*

WHAT IS 7-OH?

Kratom can be referred to as 7-OH but the two differ. Kratom is the plant while 7-OH (7-hydroxymitragynine) is an alkaloid in the kratom plant. 7-OH products have similar physiological responses to kratom (pain relief, euphoria, and sedation, respiratory depression, nausea, and dizziness).

The addiction potential of 7-OH is higher than consumption of kratom and can lead to severe health risks including damage to the liver, convulsions, and substance use disorder. Commercially created kratom products frequently contain artificially enhanced 7-OH concentrations, exceeding what is typically found in raw kratom leaves.

Federal health officials have documented increasing availability of youth-oriented products, these products have been characterized as “appealing to children and teenagers” such as:

- Flavored beverage mixers containing 7-OH
- Fruit flavored gummies
- Concentrated liquid “shots” containing elevated compound levels

LEGALITY AND AVAILABILITY

The Food and Drug Administration (FDA) has not approved kratom tea or kratom-based products for any medical purpose. Moreover, the Drug Enforcement Agency (DEA) has listed kratom as a drug of concern.

Despite this, kratom is legal in Kansas. In 2018, a bill to include kratom in the controlled substance list was proposed. Unfortunately, kratom was removed from it before passing the bill.

Kratom is widely sold in smoke shops, convenience stores, and online. Because it is not regulated, it is sold in multiple strains and the quality varies. It is also important to note that fillers and other substances used in the production of kratom products may also be dangerous.

STATISTICS ON KRATOM OVERDOSE AND DEATHS

Can a kratom overdose result in death? **YES**
Poison control centers in the United States received more than 3,400 reports about use of kratom from 2014 through 2019. Also, there have been some reports of kratom packaged as dietary supplements or dietary ingredients that were laced with other compounds that caused deaths.

<https://www.drugabuse.gov/publications/drug-facts/kratom>

RESOURCES

American Addiction Centers

<https://americanaddictioncenters.org/kratom/dangers>

National Institute on Drug Abuse

<https://www.drugabuse.gov/publications/drugfacts/kratom>

<https://www.drugabuse.gov/drugs-abuse/commonly-used-drugs-charts#kratom>

Mayo Clinic

<https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/kratom/art-20402171>

Drugabuse.com

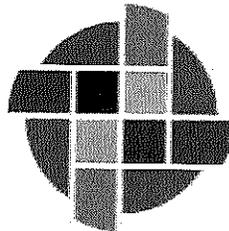
<https://drugabuse.com/kratom/effects-use/>

National Prevention Week

<https://www.getsmartaboutdrugs.gov/content/quick-facts-kratom>

Food & Drug Administration

<https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>

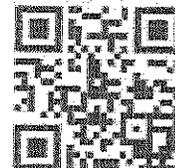


To find the toolkits and other prevention resources visit:

<http://www.kansaspreventioncollaborative.org>

<http://www.dccca.org/prevention-resources>

Or follow this link to access this toolkit and other helpful resources:



Dear Members of the Committee,

My name is Kelli McCann. I am writing in support of SB497 that would add kratom to schedule 1 of the uniform controlled substances act in Kansas.

My son Benjamin Wilcock died from acute mitragynine intoxication (kratom) on 9/12/24 at 40 years of age. Nothing atypical was found in his autopsy. He took kratom to manage his psoriatic arthritis pain. He was led to believe that it was a safe and healthy alternative to prescription drugs and about as addictive as coffee. This belief cost him his life, and it cost me my oldest child and only son.

I have written many letters sharing about my son's death due to kratom. I live in Montana, but I advocate in all states for a kratom ban because this is not just a state-to-state issue but an issue about humanity. Kratom is sold and shipped from all over the country. My son was supplied kratom from an out of state vendor.

I recently spent the day with a journalist who overcame kratom addiction with medical intervention. We visited my son's work to get comments from his employees and to view a wall they made in honor of my son. Ben was a warehouse operations manager for Coca Cola. My son was responsible and hard-working. One of Ben's employees said "We knew Ben took kratom, but we just figured it was for health. He had a "cup of tea" each evening." Kratom is falsely marketed as a safe and natural substance often referred to as "tea." I have connected with families with similar stories. I will continue to advocate because it is simply the right thing to do. People have died and will continue to die from kratom unless our voices are heard and the appropriate action is taken.

The DEA attempted to schedule this dangerous substance in 2016. It has escalated in the last 10 years as evidenced by more dangerous derivatives being made, more deaths, more addiction, more adverse effects, etc. Death certificates, autopsy, and toxicology reports are concrete data. It is final. So many of us live with that devastating reality because of this dangerous substance every day and are desperately trying to prevent the same fate for others.

The following are links to articles regarding kratom that you may find informative.

<https://www.mothersagainstherbalabuse.org/kratom-for-lawmakers.html>

[Hundreds died using kratom in Florida. It was touted as safe. | Tampa Bay Times](#)

[Can kratom kill? | Courthouse News Service](#)

[Addiction and the kratom business | Courthouse News Service](#)

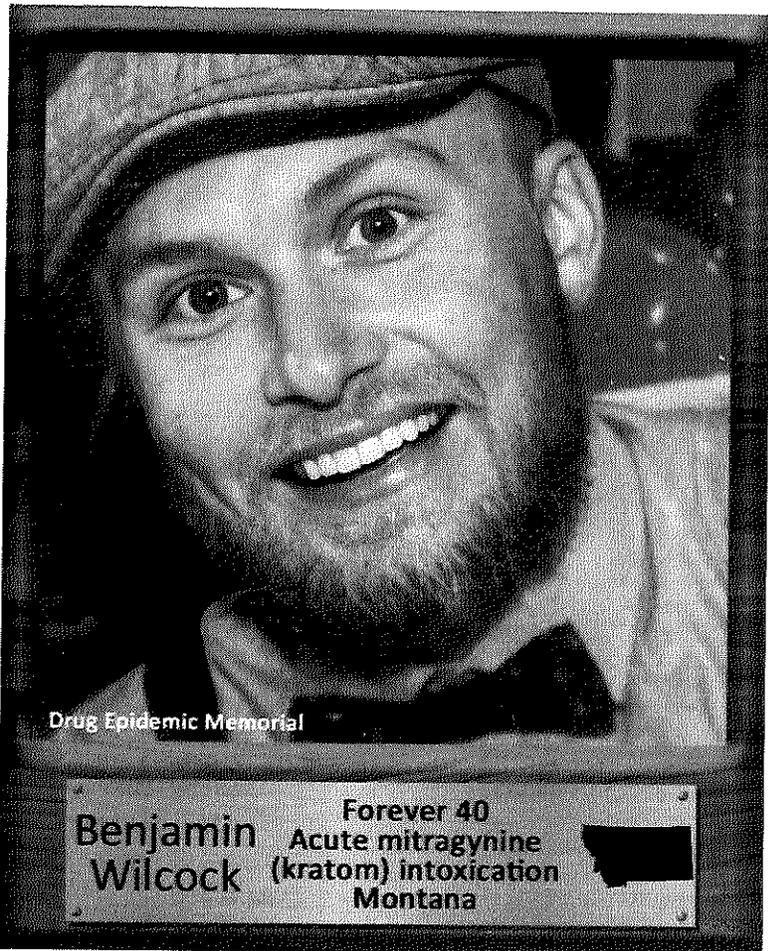
[The kratom playbook: Working the refs | Courthouse News Service](#)

[The law and the profits: Inside kratom's political underbelly | Courthouse News Service](#)

Thank you for your time.

Sincerely,

Kelli McCann



Drug Epidemic Memorial

Benjamin Wilcock Forever 40
Acute mitragynine
(kratom) intoxication
Montana



Im here supporting a full ban on kratom. My perspective comes from a loss no parent should ever experience. In 18 days i will relive my daughters death on the 1 year anniversary. My daughter Kielee died on March 1st 2025 of a mitragynine overdose. She was only 23. Because she was so young they had to do an investigation. After an autopsy and toxicology screen was preformed mitragynine overdose was determined to be the factor of death.

Kratom took my daughter's life and robbed the world of the light she brought into it. She trusted the word natural. Kielee used the natural kratom powder. She believed it was safe to use for pain because that is how the industry markets it. She was not using extracts or 7OH products. The leaf itself killed her. Regulations wouldn't have saved her because she was 23 and didn't buy it from a gas station.

Mitragynine and 7OH both bind to the same opioid receptors as morphine. The idea that the natural powder is harmless while only certain extracts are dangerous is not supported by what is happening in real families. Both forms take lives.

My state of Idaho reported 83 kratom involved deaths between 2020 and 2024. Bonneville County recorded six deaths in eighteen months. Four were from mitragynine alone one of was my daughter. Mitragynine overdose is what i have to read on her death certificate. These deaths mirror what other states are seeing, especially as kratom becomes more available in small shops and gas stations.

I want you to understand this because your decision will shape what families in your community face. Parents don't know what it is. Young people assume it's safe. The reality does not match the marketing.

You may hear the argument that the Kratom Consumer Protection Act is the safer middle ground. It is important to understand what the KCPA actually is. It was written and promoted by the kratom industry, not by medical or toxicology experts. Its purpose is to protect sales,

States that passed the KCPA continue to see addiction, poison center calls, emergency room visits, and kratom related deaths. The KCPA does not place real caps on potency. It does not control online sales. Local agencies have no practical way to enforce it. And banning 7OH alone is pointless because mitragynine naturally converts to 7OH once it is inside the body.

The industry is already developing new derivatives like MGM 15 and MGM 16. A full ban is the only approach that closes the loopholes and keeps this opioid acting substance out of your community.

I know bans are not easy decisions. But I also know what it feels like to stand in my daughter's empty bedroom and how something sold as a "natural herb" destroyed her life. I would give anything to go back and warn her. I can't. But I can warn you.

I am asking you to put a ban on kratom so no family has to learn the same lesson through the loss of a child parent spouse or friend. Thank you for taking the time to listen and for putting the safety of your residents first.

Sincerely, Tia Rustici (Kielee's mom)





Testimony of Lawrence-Douglas County Public Health
To Senate Committee on Public Health and Welfare
Written Proponent Testimony for SB 497 | February 16, 2026

Chairwoman Gossage and members of the committee,

Thank you for the opportunity to provide written, proponent testimony for SB 497, which would add kratom to schedule I of the uniform controlled substances act and making conforming amendments to the definition of fentanyl-related controlled substance in the criminal code. Lawrence-Douglas County Public Health (LDCPH) serves Lawrence and Douglas County residents and works to create abundant opportunities for good health, which includes educating the public on the health impacts of tobacco, kratom, and other products.

In November 2022, the City of Lawrence implemented a tobacco licensing program that requires all tobacco retailers within city limits to be licensed by LDCPH. As of 2026, the City of Lawrence has over 86 unique tobacco retailers, many of them often near schools, places of worship, and childcare facilities.

7-OH, according to the FDA, is a concentrated byproduct of kratom that replicates opioid like effects in its users. It has become increasingly more available in tobacco retailers throughout the United States over the past 6 months, including in Lawrence. Staff from LDCPH participate in regular compliance checks of these retailers, and, our findings indicate that kratom, and kratom derivatives such as 7-OH, are sold at most of these retailers – unregulated, and easy for individuals under 21 years of age to access. Current data suggests that out of the 14 retailers sampled, 8 had 7-OH.

We are very supportive of this legislation, as kratom can often create unintended health problems, including cardiovascular, neurological, and psychiatric conditions – especially in high doses and after repeated use.¹ Additionally, kratom is often marketed as a “safer opioid” for individuals in opioid withdraw, which is often not true, causing more addiction and less regulation.

We hope that the committee considers the health impact of this legislation during your discussion today and LDCPH hopes to continue to be a partner in this type of regulation.

Sincerely,

Jonathan Smith, MPH
Executive Director
Lawrence-Douglas County Public Health

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9130800/>



200 Maine, Suite B
Lawrence, KS 66044-1396

OFFICE: 785.843.3060 FAX: 785.843.3161
CLINIC: 785.843.0721 FAX: 785.843.2930