MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/25/2026 11:59 PM**	

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MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **DAN GIBBS**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 3:32 PM**

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Subject: Written Testimony – Support for Scheduling Mitragynine

Chairman Christ and Members of the Committee,

My name is Dan Gibbs. I am the father of a young man who died from mitragynine toxicity.

On December 6, 2023, my son Austin died after ingesting retail kratom leaf products. His toxicology identified mitragynine. There were no illicit opioids, no fentanyl, no heroin, no prescription opioids, and no isolated 7-hydroxymitragynine products. His death was ruled mitragynine toxicity. Autopsy findings included pulmonary edema and frothy airway fluid — findings consistent with opioid-type respiratory depression.

This was natural leaf kratom sold in a smoke shop.

You will hear that kratom is "just a plant."

So is opium.

Mitragynine and 7-hydroxymitragynine are mu-opioid receptor agonists. That is receptor pharmacology — not rhetoric. They bind to and activate the same receptor targeted by morphine, oxycodone, heroin, and fentanyl.

Mitragynine converts in the liver to 7-hydroxymitragynine and further into mitragynine pseudoindoxyl — metabolites with potent opioid receptor activity. The "natural leaf vs 7-OH" distinction does not survive basic biochemistry.

Age limits do not change receptor binding.
Labeling does not change metabolism.
Percentage caps do not eliminate opioid activity.

You will also hear users testify that kratom replaces morphine, prevents heroin withdrawal, manages severe chronic pain, and requires multiple daily doses to function.

That should alarm this committee.

When a substance replaces opioids, suppresses withdrawal, and treats severe pain, that is opioid pharmacology. The very defenses offered in support of kratom confirm its opioid nature.

Missouri must decide whether mitragynine will be treated as what it is — an unapproved opioid-acting compound — or continue to be sold as a supplement without dosing standards, medical oversight, or pharmacovigilance safeguards.

If mitragynine were discovered today in a laboratory instead of harvested from a tree, and researchers demonstrated that it activates the mu-opioid receptor, produces dependence and withdrawal, converts to more potent metabolites, and has documented fatal toxicities — it would never be permitted for retail sale in gas stations.

The only reason this debate exists is marketing language. Receptor pharmacology does not care about labels. An opioid receptor agonist in a smoke shop is still an opioid.

Missouri has the opportunity to act before more families learn that "natural" does not mean safe.

Respectfully,
Dan Gibbs

MISSOURI HOUSE OF REPRESENTATIVES

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **MATTHEW LOWE**		PHONE NUMBER: **776-424-6177**	
BUSINESS/ORGANIZATION NAME: **GLOBAL KRATOM COALITION**		TITLE:	
ADDRESS: **2520 BUNDY DRIVE**			
CITY: **LOS ANGELES**		STATE: **CA**	ZIP: **90075**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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MISSOURI HOUSE OF REPRESENTATIVES

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **MEAGAN NIELSEN**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 10:19 AM**

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7-OH is a dangerous substance that needs to be moved to controlled substances. Please support this bill. Currently there is no regulation and these products can be found in gas stations, smoke shops, and other places where youth can easily get their hands on them. They are being advertised to youth as being "natural" and are placed close to other energy products and youth do not understand the difference between the two. These products are extremely dangerous and parents have already lost their children to them. Thanks you, Meagan Nielsen

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **SHELDON BRADSHAW**		PHONE NUMBER: **202-997-6823**	
BUSINESS/ORGANIZATION NAME: **BOTANICALS FOR BETTER HEALTH AND WELLNESS**		TITLE: **FDA REGULATORY ATTORNEY**	
ADDRESS: **702 ENDERBY DRIVE**			
CITY: **ALEXANDRIA**		STATE: **VA**	ZIP: **22302**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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MISSOURI HOUSE OF REPRESENTATIVES

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SUSAN EPPARD**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 4:02 PM**

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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. This dangerous drug Kratom is being referred to as a baby to make it seem harmless, and the bath water is in reference to even more dangerous Kratom derived drugs such as 7oh and 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 methanphetamine, 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 non-profit Group Kr8tom Danger Awareness. A group comprised of people whose loved ones died from Kratom. Many have died from Kratom only, and others have died from combinations of kratom with alcohol, Benadryl, anti depressants etc. Most of our loved ones who died were over 21, therefore age restriction won't do much to keep users from dying.

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 54-15 on Kratom making it illegal to import, therefore all kratom imported into the United States has been smuggled in

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 imagine life without.

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **TODD UNDERWOOD**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **WENDY CHAMBERLAIN**	PHONE NUMBER: **315-886-2965**	
BUSINESS/ORGANIZATION NAME: **KRATOM DANGER AWARENESS, INC. NONPROFIT**	TITLE:	
ADDRESS: **6372 CREEK RD**		
CITY: **ONEIDA**	STATE: **NY**	ZIP: **13421**
EMAIL: **wchamberlain11@yahoo.com**	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 3:39 PM**

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Good evening, Committee Members

My name is Wendy Chamberlain. I am here tonight as a mother who lost her son, and only child, Joseph, because no one warned him — or our family — about what kratom really is.

My son did not struggle with illegal drugs. He did not die from fentanyl or heroin. He died from mitragynine toxicity, the primary psychoactive substance in kratom. Before his death, I had never even heard the word kratom. Like many families, we assumed that something sold openly in stores and marketed as "natural" and "safe" could not be deadly.

But it was.

Joseph was 38 years old. He simply sat down one evening to watch television and never woke up. Our lives changed forever.

After his death, I began asking questions. I learned that kratom products vary widely in potency, that many newer products are far stronger than users realize, and that there are no consistent safety standards, dosing guidelines, or warnings that reflect real risk.

I now serve as founder and chair of Kratom Danger Awareness, a nonprofit representing thousands of families across this country who have experienced loss or addiction connected to these substances.

This is not speculation. This is not anecdotal.. A death certificate and memories are all I have now!! This is my family's reality.

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

Local action matters when federal action lags.

You have the opportunity to put public health first and prevent other families from experiencing this

kind of loss.

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

Please act.

Thank you.

MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **BRANDI MINOR**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/25/2026 4:42 PM**	

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MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **CHRIS HAMMANN**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **DR. MICHELE ROSS**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/24/2026 3:37 AM**

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Chairman Christ and Members of the Committee,

My name is Dr. Michele Ross. I'm an addiction scientist and court-qualified expert on kratom and 7-OH. I strongly OPPOSE HB1614 and making kratom alkaloid 7-hydroxymitragynine, also known as 7-OH, a Schedule 1 drug in Missouri.

First off, a Schedule 1 ban with a 400 parts per million limit is not based in science and is just duplicating bad policy from other states. A serving size cap of 10 mg of 7-OH reduces risk of abuse and adverse effects while allowing for therapeutic use. And it avoids criminalizing consumers.

Kratom and 7-OH products are responsibly used by over 20 million Americans and over 360,000 residents of Missouri.

The average 7-OH consumer is a college-educated working parent in their mid-40s. 8% of 7-OH consumers are VETERANS, 2% are current or retired law enforcement, and 12% are healthcare professionals. These are not recreational products, they are used for chronic pain and addiction recovery.

Kratom and 7-OH are not a danger to our communities, these products are a safety net for those who have faced serious obstacles obtaining treatment for chronic pain or substance abuse or simply prefer plant-based medicine over pharmaceuticals. Criminalizing kratom and 7-OH won't reduce drug overdoses, it will drive them up. PEOPLE. WILL DIE. We need regulations, not bans or jail time.

Making kratom or 7-OH Schedule 1 will leave consumers 3 options - suffering, street drugs, or suicide. A research study of over 1500 7-OH consumers confirms this - 17% said they would consider suicide if 7-OH were banned and 25% said they would obtain opioids like fentanyl or heroin from the illicit market, which carry a much higher risk of addiction and overdose.

A 7-OH ban doesn't make residents of Missouri safer - it merely drives them to more dangerous sources or substances just so that they can go to work or take care of their families.

The downstream costs will be borne by Missouri in the form of more overdoses, increased ER use, more addiction clinic costs, lost workforce participation, and preventable deaths.

To keep Missouri residents safe, regulate, don't ban 7-OH. Pass regulations including a serving size

cap of 10 milligrams and enforcement of 21+ age gating, adulterant testing, packaging requirements, etc. These tools protect public health without destabilizing people who are already managing pain or recovery.

Thank you,
Dr. Michele Ross, PhD, MBA
Principal Scientist, Infused Partners
Chief Scientific Advisor, 7-HOPE Alliance

MISSOURI HOUSE OF REPRESENTATIVES

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **ERIC KUESER**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/25/2026 4:33 PM**	

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **HOLLI SLEDD**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/25/2026 4:41 PM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **HUNTER HAMBERLIN**	PHONE NUMBER: **770-363-6076**	
BUSINESS/ORGANIZATION NAME: **TAXPAYERS PROTECTION ALLIANCE (TPA)**	TITLE: **DIRECTOR, STATE AFFAIRS**	
ADDRESS: **1101 14TH STREET NW, SUITE 500**		
CITY: **WASHINGTON**	STATE: **DC**	ZIP: **20005**
EMAIL: **Hunter@protectingtaxpayers.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/24/2026 2:34 PM**

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I will be emailing all committee members written testimony against HB1614.

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **KIRSTEN SMITH**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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MISSOURI HOUSE OF REPRESENTATIVES

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **KORTNIE HUDDLESTON**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 10:42 PM**	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in opposition to House Bill 1614, which seeks to classify 7-Hydroxymitragynine, or "7OH," as a Schedule I controlled substance. From a progressive perspective grounded in harm reduction and public health, this bill represents a step backward in how we approach drug policy in our state.

While I understand the concern about any new substance, placing 7OH into the same restrictive category as heroin and LSD is not the evidence-based solution we need. A Schedule I classification asserts that a substance has a high potential for abuse and no accepted medical use. We do not have sufficient research to make that determination about 7OH. By classifying it so harshly, we preemptively shut down scientific inquiry before we even understand the compound's pharmacological profile or potential therapeutic benefits. We risk repeating the mistakes of the past, where fear outpaces science.

We must also consider the practical consequences of prohibition. Making 7OH a Schedule I substance will not make it disappear. It will simply drive the market underground and unregulated. People seeking this substance will turn to illicit sources where potency is inconsistent and contamination is common. This creates the exact public health crisis—overdoses and poisonings—that this bill claims to prevent. A progressive approach would prioritize regulation and education over criminalization, ensuring consumer safety rather than pushing people into the shadows.

Furthermore, this bill ignores the root causes of substance use. People are not turning to kratom-derived compounds in a vacuum. They are often self-medicating for pain, anxiety, or withdrawal from more dangerous substances because our healthcare system fails them. Adding another criminal penalty does nothing to address the despair, the lack of mental health care, or the unaffordability of treatment. It simply fills our jails with nonviolent individuals while ignoring the systemic issues that lead to substance use in the first place.

Instead of this blanket prohibition, I urge you to consider a public health framework. We should fund research into the actual effects of 7OH. We should implement robust consumer safety regulations, including age restrictions, accurate labeling, and purity testing. We should invest in education and accessible treatment.

Criminalization has failed for decades. It has devastated communities of color and low-income families without curbing drug use. Let us not double down on that failure with HB 1614. Let us choose compassion, science, and public health over stigma and incarceration.

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TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **MADISON CARLINO**		PHONE NUMBER: **310-391-2245**	
BUSINESS/ORGANIZATION NAME: **REASON FOUNDATION**		TITLE: **POLICY ANALYST**	
ADDRESS: **5737 MESMER AVE**			
CITY: **LOS ANGELES**		STATE: **CA**	ZIP: **90230**
EMAIL: **madison.carlino@reason.org**	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 6:28 AM**	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Chair Christ, Vice Chair Peters, and members of the committee,

On behalf of Reason Foundation, thank you for the opportunity to offer testimony on House Bill 1614. Reason Foundation is a 501(c)(3) nonprofit think tank dedicated to advocating for policy solutions that enhance public health, foster dynamic markets that offer economic opportunity, and ensure consumer access to safe, regulated products.

We understand the committee's concern regarding the public health risks associated with certain high-potency kratom extracts, fully synthetic alkaloids, and poorly regulated manufacturing practices. However, outlawing products with a 7-OH concentration above 400 parts per million may go beyond what is necessary to protect public health and safety. The specific 0.04% limit for 7-OH is an arbitrary threshold, not a scientifically validated safety standard. Moreover, it has the effect, if not the intention, of eliminating one class of products.

While setting a reasonable, evidence-informed upper limit on the potency of 7-OH or other concentrated products may be sound policy, that limit must be grounded in toxicological data and consumer need. It should establish the maximum amount a person can safely consume in a single serving. Instead, the 400ppm limit only tells consumers that the product is more concentrated than kratom leaf.

Blanket bans of kratom or its derivatives—including 7-hydroxymitragynine (7-OH), mitragynine pseudoindoxyl, and related alkaloids—would be a disproportionate response that would ultimately displace consumers into unregulated illicit markets, impede emerging therapeutic research, and risk worsening the opioid crisis. We urge the committee to instead adopt a targeted regulatory framework that addresses the specific harms identified while preserving adult access to regulated kratom-derived products.

States across the country are advancing legislation that reflects a growing preference to regulate kratom products rather than ban them. Multiple states have adopted versions of the Kratom Consumer Protection Act (KPCA), which imposes targeted regulatory requirements, including age restrictions, product testing, alkaloid concentration limits, and labeling standards. These frameworks are designed to address the harms associated with contaminated, spiked, and adulterated products without criminalizing consumers or eliminating the legal market, actions that would push consumers toward illicit and potentially more dangerous products.

Many legislatures are choosing regulation over prohibition for several key reasons:
- The evidence does not support Schedule I placement: Schedule I is the most restrictive classification, reserved for substances with a high potential for abuse and no accepted medical use. Under the federal Controlled Substances Act, before placing a substance on Schedule I, the scheduling authority must evaluate eight statutory factors—including abuse potential, scientific evidence of pharmacological effects, the history and scope of abuse, risk to public health, and dependence liability. Many states have modeled their scheduling criteria on this federal framework or rely on federal scheduling decisions. A peer-reviewed eight-factor analysis published in Psychopharmacology advised against scheduling of kratom or any of its specific alkaloids under the CSA because it does not share the high abuse potential or safety risks of "prototypic morphine-like opioids," and banning kratom products would put users using kratom to abstain from opioids "at risk of resuming opioid use and overdose." The World Health Organization's 44th Expert Committee on Drug Dependence found insufficient evidence even to recommend a critical review for international control of kratom, mitragynine.

- Kratom-associated death data are misleading: A review of 156 kratom-associated deaths found that other drugs were present in 87% of cases with available toxicology data, with opioids being the most frequently co-occurring substance. State-level reports consistently show that the vast majority of kratom-positive deaths involve polydrug use, substantially limiting the ability to attribute causation to kratom extracts alone. Serious adverse events remain rare, particularly when compared to the regular use of kratom by as many as 10-15 million U.S. consumers each year.

- Prohibition risks worsening the opioid crisis: Surveys of U.S. kratom consumers consistently show that the primary motivations for use are self-treatment of pain and reduction of opioid dependence. In a survey of 8,049 users, 68% reported using kratom for pain and 29% reported using it to reduce opioid dependence or withdrawal. A separate survey of 2,798 users found that 41% use kratom specifically to stop or reduce opioid use—of whom over 90% reported it was helpful. Banning kratom derivatives risks pushing some of these consumers back toward more dangerous substances, with the potential to increase overdose mortality.

- Contamination harms reflect regulatory gaps, not pharmacology: The harms most frequently cited by scheduling proponents—heavy metal contamination, salmonella outbreaks, misleading or false labeling—are classic consequences of an inadequately regulated market rather than inherent properties of kratom alkaloids. A recent comprehensive toxicology review concluded that "poorly regulated kratom products" are the key source of contamination and recommended mitigation through good manufacturing practices and product testing rather than prohibition.

Emerging preclinical and early clinical evidence suggests therapeutic potential of kratom alkaloids for pain management, mood disorders, and opioid cessation. Phase 1 clinical trial data indicate that mitragynine at oral doses up to 40 mg was generally well-tolerated and did not produce clinically significant respiratory depression—the primary mechanism of opioid overdose death. Pharmacokinetic studies report approximately linear kinetics and an elimination half-life compatible with predictable dosing, with no serious toxicity observed at the dose ranges studied. Preclinical and clinical literature reports analgesic, anti-inflammatory, anxiolytic, and opioid withdrawal relief effects of mitragynine and related alkaloids and generally notes fewer respiratory-depression concerns than with classical opioids at comparable analgesic levels.

Dependence and withdrawal have been reported, but these phenomena also occur with caffeine, many antidepressants, alcohol, and many other unscheduled substances. These factors are not, by themselves, sufficient to establish a "high potential for abuse" warranting the most restrictive scheduling classification.

Rather than a blanket ban, we recommend the committee pursue a comprehensive regulatory framework for kratom derivatives and extracts that directly addresses the identified harms:
- Adult-only access with ID verification at point of sale and for online purchases, with civil penalties for noncompliance.

- Potency and formulation limits setting evidence-informed maximum per-serving concentrations of 7-OH and other derivatives in extract products, with clear labeling of alkaloid content and safe consumption amounts.

- Product testing and quality standards requiring manufacture under current good manufacturing practices (cGMP) and third-party lab testing for heavy metals, microbial contamination, and active alkaloid content.

- Marketing restrictions prohibiting clearly unsubstantiated disease-treatment claims and youth-oriented branding, with standardized warnings regarding dependence, withdrawal, and polydrug interaction risks.

- Enforcement authority empowering the board to mandate recalls, issue public safety notices, and impose civil penalties or license actions for non-compliant products.

The regulation of kratom derivatives is a rapidly evolving policy area, and states retain the authority to design frameworks that balance consumer access, public health, and industry accountability. A prohibition approach risks increasing opioid overdose mortality by eliminating a relatively less dangerous alternative for consumers who might otherwise turn to illicit opioids. A tightly regulated, adult-use framework—with sensible potency limits, testing requirements, labeling standards, and enforcement authority—directly targets the harms that have been identified without the collateral damage of criminalization.

Embracing targeted regulation would place Missouri at the forefront of evidence-informed kratom policy, avoiding the extremes of prohibition or unregulated use and instead offering a pragmatic, public-health focused pathway to consumer safety.

Thank you for your time and consideration.

Madison Carlino
Drug Policy Analyst
Reason Foundation
madison.carlino@reason.org

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **MARC DERAS**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **In-Person**	SUBMIT DATE: **2/25/2026 4:55 PM**	

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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **MICHAEL DREYER**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 10:41 PM**

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I am in opposition to House Bill 1614, which seeks to classify 7-Hydroxymitragynine, or "7OH," as a Schedule I controlled substance. From a progressive perspective grounded in harm reduction and public health, this bill represents a step backward in how we approach drug policy in our state.

While I understand the concern about any new substance, placing 7OH into the same restrictive category as heroin and LSD is not the evidence-based solution we need. A Schedule I classification asserts that a substance has a high potential for abuse and no accepted medical use. We do not have sufficient research to make that determination about 7OH. By classifying it so harshly, we preemptively shut down scientific inquiry before we even understand the compound's pharmacological profile or potential therapeutic benefits. We risk repeating the mistakes of the past, where fear outpaces science.

We must also consider the practical consequences of prohibition. Making 7OH a Schedule I substance will not make it disappear. It will simply drive the market underground and unregulated. People seeking this substance will turn to illicit sources where potency is inconsistent and contamination is common. This creates the exact public health crisis—overdoses and poisonings—that this bill claims to prevent. A progressive approach would prioritize regulation and education over criminalization, ensuring consumer safety rather than pushing people into the shadows.

Furthermore, this bill ignores the root causes of substance use. People are not turning to kratom-derived compounds in a vacuum. They are often self-medicating for pain, anxiety, or withdrawal from more dangerous substances because our healthcare system fails them. Adding another criminal penalty does nothing to address the despair, the lack of mental health care, or the unaffordability of treatment. It simply fills our jails with nonviolent individuals while ignoring the systemic issues that lead to substance use in the first place.

Instead of this blanket prohibition, I urge you to consider a public health framework. We should fund research into the actual effects of 7OH. We should implement robust consumer safety regulations, including age restrictions, accurate labeling, and purity testing. We should invest in education and accessible treatment.

Criminalization has failed for decades. It has devastated communities of color and low-income families without curbing drug use. Let us not double down on that failure with HB 1614. Let us choose compassion, science, and public health over stigma and incarceration.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **NATHANAEL**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 4:42 PM**	

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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SARAH BERRY**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/24/2026 12:27 PM**	

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HB 1614 reenacts Missouri's controlled-substance scheduling statute in a way that creates predictable constitutional defects in criminal enforcement.

Unlawful delegation / separation of powers (Mo. Const. art. II, §1).

The bill empowers DHSS to "place a substance" into schedules that trigger criminal liability. When an agency can effectively define what conduct is criminal, the Legislature risks an impermissible delegation of core lawmaking authority.

Dynamic incorporation of federal scheduling = due process notice problem.

By sweeping in substances scheduled under federal law/DEA actions, Missouri criminal law can change based on external administrative decisions, creating lack of fair notice and undermining state legislative accountability for criminal definitions.

Vagueness in "pharmacological profile similar" / "fentanyl-related" breadth.

Criminal liability that turns on contested scientific judgments about "profile" or broad structural relationships invites void-for-vagueness challenges and inconsistent enforcement.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1614**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

TESTIFYING: ☐ IN SUPPORT OF ☐ IN OPPOSITION TO ☑ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **EDWARD W BOYER**		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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