



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2828		DATE: 3/2/2026
COMMITTEE: Emerging Issues		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER: 314-440-9000
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: P.O. BOX #1535		
CITY: O' FALLON		STATE: MO
		ZIP: 63366
EMAIL: arniedienoff@mail.com	ATTENDANCE: physical	SUBMIT DATE: 3/2/2026 11:43 PM
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I am in Support of this Legislation and Bill by having Penalties' for these evil and bad drugs. This should be a Bi-Partisan Bill.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BETHANY H BARRON		PHONE NUMBER: 417-234-9304	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS: 2155 W BINGHAM ST APT B37			
CITY: OZARK		STATE: MO	ZIP: 65721
EMAIL: bethanydownunder@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 9:57 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DAN GIBBS		PHONE NUMBER: 740-646-6068	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dangibbs6370@roadrunner.com		ATTENDANCE: submissionOnly	SUBMIT DATE: 2/25/2026 3:32 PM
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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**



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN EPPARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: switchinz@yahoo.com	ATTENDANCE: submissionOnly	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 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 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: TAMMY PARSONS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS: 11100 E WINNER RD			
CITY: INDEPENDENCE		STATE: MO	ZIP: 64952
EMAIL: b_vogue1@yahoo.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 4:01 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALEXIS STROEHER		PHONE NUMBER: 314-288-4356	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS: 2114 PINCIAN DRIVE			
CITY: FENTON		STATE: MO	ZIP: 63026
EMAIL: ahlexxiss@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 9:53 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRANDI MINOR		PHONE NUMBER: 816-745-4994	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS: 6005 NE BIRCAIN PLACE			
CITY: KANSAS CITY		STATE: MO	ZIP: 64118
EMAIL: brandijlane@gmail.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 4:42 PM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BROOKE HARRISON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Brooke.pwsd1@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 9:36 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHARLES JOHNSON		PHONE NUMBER: 417-827-8059
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 747 S. WELLER		
CITY: SPRINGFIELD		STATE: MO
		ZIP: 65802
EMAIL: johnson2647@sbcglobal.net	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 12:59 PM
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Bad legislation



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERIC KUESER		PHONE NUMBER: 785-633-3377
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 6032 SW 29TH ST		
CITY: TOPEKA		STATE: KS
		ZIP: 66614
EMAIL: elkueser@gmail.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 4:33 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HOLLI SLEDD		PHONE NUMBER: 816-338-2057
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 8900 TROOST AVENUE		
CITY: KANSAS CITY		STATE: MO
		ZIP: 64131
EMAIL: hsledd76@gmail.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 4:41 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHLEEN WERLE		PHONE NUMBER: 719-313-6854
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 214 W NORTH FRONT ST		
CITY: ORRICK		STATE: MO
		ZIP: 64077
EMAIL: katdanelle@gmail.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 4:42 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 2/25/2026 10:42 PM	
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I am writing to testify in opposition to HB 2828. This bill moves us backward, embracing a failed punitive approach that prioritizes criminalization over public health, science, and human dignity.

Adding these substances to Schedule I ignores the fundamental flaws in our current scheduling system. The Controlled Substances Act was designed to split authority between health experts and law enforcement. Over time, that separation has collapsed. Law enforcement priorities now routinely override scientific and medical judgment . By adding these substances to Schedule I without a robust, transparent review by public health officials, this bill continues that troubling trend. It places these drugs in the most restrictive category, which historically hinders critical research into their potential therapeutic benefits. We cannot let the war on drugs continue to block scientific discovery .

The penalty enhancements in this bill are equally misguided. Making a first offense for possession a class A misdemeanor and any subsequent offense a class E felony will do nothing to stem the tide of substance use. It will, however, continue to fuel mass incarceration. We have decades of evidence showing that locking people up does not cure addiction . It separates families, destroys futures, and creates lifelong barriers to employment and housing, which are the very things people need to build stable lives. Incarceration actually increases the risk of a future overdose death . Treating drug use as a criminal justice issue rather than a health issue is expensive and it is a proven failure.

We should also be clear about who bears the brunt of these laws. The war on drugs has always been a war on Black and brown communities, despite similar rates of use across racial groups . This bill will perpetuate that racial injustice.

A truly progressive approach would focus on harm reduction. It would invest in treatment on demand, expand access to medications for opioid use disorder, and support programs like syringe services that save lives and connect people to care . We should be making it easier for people to access help, not harder by threatening them with a felony record.

We know there is a better path. Countries like Portugal that have decriminalized and invested in health have seen drug use decline and overdose rates plummet . HB 2828 ignores this evidence and doubles down on a cruel and ineffective status quo.

I urge you to reject this bill and instead pursue policies rooted in compassion, science, and a genuine commitment to public health.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 11:52 PM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARC DERAS		PHONE NUMBER: 816-315-7460	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS: 19822 NE 161ST ST			
CITY: KEARNEY TOWNSHIP		STATE: MO	ZIP: 64060
EMAIL: mderas21@yahoo.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 4:55 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL DREYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 2/25/2026 10:41 PM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL DREYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 11:50 PM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NATHANAEL		PHONE NUMBER: 816-560-2753
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 17800 EMERALD VIEW DRIVE		
CITY: RAYMORE		STATE: MO
		ZIP: 64083
EMAIL: nathan7ava@yahoo.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 2/25/2026 4:42 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PATRICIA SETARI		PHONE NUMBER: 314-374-4662
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: 1306 S ASH AVE		
CITY: INDEPENDENCE		STATE: MO
		ZIP: 64052
EMAIL: pssetari@gmail.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 2/28/2026 10:57 AM
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As a retired federal employee and Army veteran, I believe public safety policy should be effective, proportionate, and rooted in evidence. HB 2828 expands criminal penalties by adding additional substances to Schedule I and increasing enforcement consequences. While substance misuse is a serious issue, expanding punishment alone does not address the underlying causes of addiction or reduce harm in a meaningful way.

Missouri has learned over decades that overly punitive drug policies can disproportionately impact vulnerable communities, strain courts and prisons, and fail to deliver long-term public safety benefits. If the goal is to reduce harm, we should be investing in prevention, treatment access, mental health services, and recovery support — not simply increasing criminal penalties.

I urge lawmakers to pursue a balanced, public-health-centered approach rather than doubling down on policies that have historically produced inequitable outcomes without solving the root problem.

For these reasons, I respectfully ask you to vote NO on HB 2828.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: transparentsemoproject@proton.me	ATTENDANCE: submissionOnly	SUBMIT DATE: 3/2/2026 8:46 AM	

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

The General Assembly is hereby placed on formal notice that HB 2828 materially expands and re-categorizes criminal exposure by creating a distinct “psychoactive substance” category tied by cross-reference to Schedule I depressants listed in §195.017(6)(a), (b), (c), and (g) (including 1,4-butanediol (BDO), gamma-butyrolactone (GBL), gamma-hydroxybutyrate (GHB), and nitrous oxide), while imposing enhanced penalties for possession and delivery in §§579.015 and 579.020.

Because the bill criminalizes knowing possession of substances that have substantial lawful uses in medicine, industry, food service, and consumer supply chains (particularly nitrous oxide and precursor chemicals such as GBL/BDO), HB 2828 creates foreseeable due process litigation risk under the Fourteenth Amendment and Article I, §10 of the Missouri Constitution where ordinary, noncriminal possession is swept into arrest and prosecution without an “intent to intoxicate,” “intent to misuse,” or other narrowing element.

This risk is amplified where the bill relies on definitional cross-references rather than clear, front-facing statutory notice in the offense provisions themselves.

The bill further creates foreseeable void-for-vagueness and arbitrary enforcement challenges to the extent enforcement turns on informal assumptions about what constitutes “psychoactive” use, especially for widely available products (e.g., cartridges/canisters) and multi-use chemicals present in legitimate commercial channels. Where statutory coverage is broad and the practical enforcement line is unclear, the probability of inconsistent application across jurisdictions is heightened.

Finally, HB 2828 expressly preserves a structure in which it is “not necessary” for charging instruments to plead exceptions and places the burden of proving any “exception, excuse, proviso, or exemption” on the defendant. To the extent that framework operates in practice to shift core elements (lawful authorization) away from the State’s proof and onto the accused, procedural due process challenges are foreseeable, particularly in cases involving regulated but lawful possession pathways (licensed industrial use, medical/dental use, distribution controls, or other authorized channels).

These legal vulnerabilities are foreseeable on the face of the bill due to the breadth of covered substances, the absence of a narrowing intent element for “psychoactive” possession, and the increased likelihood of enforcement against noncriminal possession in ordinary commerce.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2828		DATE: 3/2/2026	
COMMITTEE: Emerging Issues			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: transparentsemoproject@proton.me		ATTENDANCE: submissionOnly	SUBMIT DATE: 2/24/2026 12:37 PM
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HB 2828 does two constitutionally risky things at once: it expands Schedule I to include widely available substances (including nitrous oxide alongside GHB/GBL/BDO) and then creates a new penalty track for “psychoactive substances” by cross-reference—without clear limiting principles.

1) Due Process / Vagueness (14th Amendment)

The bill defines “psychoactive substance” only by cross-reference to select paragraphs of §195.017. That structure makes criminal exposure depend on a technical list that is not intuitive to ordinary people and is difficult to apply consistently in the field. When criminal liability turns on technical chemistry/industrial products, the statute must provide clear notice and administrable standards.

2) Overbreadth / Arbitrary Criminalization

Nitrous oxide has substantial lawful, noncriminal uses (medical, industrial, consumer products). Sweeping it into Schedule I and then attaching possession/delivery penalties risks criminalizing common conduct without a tailored mens rea or carveouts sufficient to avoid arbitrary enforcement.

3) Burden-Shifting Concern (Due Process)

§579.015(7) states the State need not plead exceptions and places the burden of proof of exemptions on the defendant. To the extent any “authorization” functions as an element of the offense in practice, this creates foreseeable due process litigation over improper burden shifting.

4) Youth Penalty Design (Proportionality / Policy-to-constitution pipeline)

Creating an “infraction” for minors while escalating adults from misdemeanor to felony on second offense for “psychoactive substances” invites uneven enforcement and record-driven escalation over substances that may be present in lawful products—amplifying arbitrariness concerns.

Ask: If the intent is public safety, this bill should be narrowed to conduct tied to unlawful intoxicating use (and clearly defined), with explicit standards and carveouts. As drafted, HB 2828 is overbroad and vulnerable to due process challenges.

For these reasons, I respectfully urge a Do Not Pass vote.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Emerging Issues		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER: 314-440-9000
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS: P.O. BOX #1535		
CITY: O' FALLON		STATE: MO
		ZIP: 63366
EMAIL: arniedienoff@mail.com	ATTENDANCE: physical	SUBMIT DATE: 2/25/2026 11:59 PM
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