MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 3147**	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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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **JEFFREY ALTMANN**		PHONE NUMBER: **314-799-7008**	
REPRESENTING: **AMERICAN KRATOM ASSOCIATION**		TITLE:	
ADDRESS: **7800 FORSYTH BLVD 5TH FLOOR**			
CITY: **STL**		STATE: **MO**	ZIP: **63105**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **2/25/2026 12:00 AM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **MATTHEW LOWE**		PHONE NUMBER: **776-424-6177**	
BUSINESS/ORGANIZATION NAME: **GLOBAL KRATOM COALITION**		TITLE: **MR**	
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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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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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

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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BILL NUMBER: **HB 3147**	DATE: **2/25/2026**
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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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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.

My name is Dr. Michele Ross. I'm an addiction scientist and court-qualified expert on kratom and 7-OH.

I strongly OPPOSE HB1347 which amends Chapter 196 to regulate kratom products under a Missouri version of the Kratom Consumer Protection Act.

This bill quite frankly lets kratom leaf and kratom extract products exist unregulated while scapegoating 7-OH products. It's not based in science; it's based in regulatory capture. In the end, Missouri residents will suffer, as their choice will be suffering, street drugs, or suicide once 7-OH becomes unavailable. You will see an increase in drug overdoses, just like other states that have passed this legislation. The blood will be on your hands.

Kratom and 7-OH products are responsibly used by over 20 million Americans and over 360,000 residents of Missouri. Language in this bill banning 7-OH alkaloid products via a 2% cap and ban on semi-synthetic manufacturing will harm the chronic pain patients and people in substance abuse recovery that depend on this safe plant-based alternative to dangerous street drugs and opiate painkillers. You will see an increase in drug overdoses.

Besides the public health harms, there are serious scientific flaws in this bill.

HB 3147 limits 7-OH above 2% and prohibits semi-synthetic alkaloids, yet does not impose specific milligram caps on mitragynine. Because 24% of mitragynine is metabolized in the human body into 7-OH, manufacturers could respond to a 7-OH percentage cap by dangerously increasing mitragynine concentrations in products that technically comply with the ratio while still leading to substantial 7-OH exposure after ingestion.

Here's some math for you: every gram of kratom powder contains about 16 mg of mitragynine and is metabolized into about 4 mg of 7-OH in the body.

A 100 mg mitragynine product would metabolize into 24 mg of 7-OH in the body. And would be legal under this bill!

The kratom industry doesn't want you to know about the regulatory loophole they are exploiting to make super strong kratom products.

We're already seeing such products advertised in states that have passed the versions of Kratom

Consumer Protect Act banning 7-OH.

Safety is driven by dose, pattern of use and route of administration, not percentage of alkaloid composition alone or how the alkaloid is produced (leaf, harvest, product aging, body metabolism, or accelerated oxidation).

To keep Missouri residents safe, regulate, don't ban 7-OH. Pass regulations including a serving size cap of 10 milligrams of 7-OH and enforcement of 21+ age gating, adulterant testing, packaging requirements, etc. Ban high-risk products such as vapes and sublingual films. Keep kratom products out of gas stations. These smart regulations would protect public health without destabilizing people who are already managing pain or recovery.

I respectfully urge the Committee to amend HB 3147 to remove the 2% cap and semi-synthetic prohibition and instead adopt targeted, dose-based consumer protection measures.

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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

INDIVIDUAL:

WITNESS NAME: **KATHLEEN WERLE**		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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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 4:46 PM**

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 3147. 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 two percent of total alkaloids may go beyond what is necessary to protect public health and safety. The specific two percent 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 kratom 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 one percent 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 instead to 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 noncompliant 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

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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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I am writting to testify to the benefirs of kratom products based on my personal experience.
I am a small business owner with 6 employees on payroll unlike a lot of owners i prefer to lead from the front, in other words in the field doing the work alongside my men. Ous business is physical.
I am 65 years old with crippling arthritis, degenerative disk disease and fibromyalgia, all debilitating pain oriented diseases. I was prescribed opioid pain relievers by my doctor but the didnt help much and created a safety problem.. since i was introduced to 7 OH products i have been able to eliminate my use of opiods and still been able to perform my job. This keeps 6 other men employed.
I have never bought my products from a gas station or vape shop only from a holistic medicine diatributor. Like any product it can be abused but used correctly it is fantastically helpful.
By all means regulate, create age restrictions, limit sales locations but please please do not ban my ability to perform my function in life safely or revert back to opioids.
Thank you ror your time

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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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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 12:15 PM**

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

I respectfully oppose HB 3174 because it mandates continuous security-data access by law enforcement, compels district-wide infrastructure integration, and creates serious constitutional and privacy vulnerabilities.

I. Continuous Law Enforcement Access to School Security Systems

Section 2(3)(a) requires school districts to ensure:

"All security data, including cameras, maps, and access control, within a school building is accessible by a local law enforcement agency."

This is not incident-based access.
It is standing structural access.

Mandating ongoing access to internal security systems raises:

Fourth Amendment concerns,
Student privacy implications,
FERPA-related exposure,
Data breach liability risks.

While emergency access during an incident is defensible, permanent access to live security feeds and internal systems risks being characterized as unreasonable surveillance infrastructure absent individualized suspicion or judicial oversight.

Courts scrutinize policies that institutionalize warrantless access to nonpublic facilities and sensitive data systems.

II. Compelled Real-Time Mapping and Asset Tracking

The bill requires:
Floor-level and room-level location tracking,
Real-time updates,
Electronic asset tagging,
Serial numbers and inspection data,

Automatic dissemination to emergency responders and 9-1-1 systems.

This creates a centralized, constantly updated database of:
School building layouts,
Security infrastructure,
Access points,
Utility feeds,
Device tracking identifiers.

Such data, if compromised, could itself become a security vulnerability.

The bill mandates interoperability and dissemination but provides no defined cybersecurity standards, no breach-liability framework, and no indemnification structure.

Compelling districts to create and distribute sensitive infrastructure maps without robust statutory safeguards creates foreseeable liability exposure.

III. Unfunded Mandate Concerns

The bill is "subject to appropriations," yet it:
Requires wearable devices for all school employees,
Requires automated strobes and PA integration,
Requires system-wide mapping integration,
Requires training before each school year,
Requires compatibility with local 911 infrastructure.

If appropriations are insufficient, districts may still face implementation pressure.

Mandates without guaranteed full funding raise concerns under Missouri's constitutional limitations on unfunded mandates (Mo. Const. Art. X, § 21).

IV. Broad Sunshine Law Exemption

Section 2(4) creates a sweeping confidentiality exemption for:
Maps,
Schematics,
Security data,
Recommendations,
Consultations.

While some confidentiality is justified, broad categorical exemptions without narrow tailoring may conflict with transparency principles and invite litigation over scope.

Courts often require security-related exemptions to be narrowly construed.

This language is expansive.

V. Nonseverability Clause Risk

The bill declares rulemaking authority and Chapter 536 review provisions nonseverable.

If any aspect of the rule review process is later held unconstitutional, the entire grant of rulemaking authority becomes invalid.

That creates structural instability in implementation.

Nonseverability clauses increase the likelihood that a single successful challenge disrupts the entire statutory framework.

Legislative Notice
If enacted, HB 3174 presents foreseeable legal challenges involving:
Fourth Amendment privacy principles,

FERPA and student data protections,
Missouri constitutional unfunded mandate limitations (Art. X, § 21),
Sunshine Law litigation over the scope of exemptions,
Cybersecurity liability arising from compelled centralized mapping systems.
This bill mandates infrastructure-level integration of law enforcement and school security systems without clear constitutional guardrails.

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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 12:19 PM**

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While styled as a consumer protection measure, HB 3147 raises significant constitutional and structural concerns that warrant careful scrutiny.

I. Statewide Preemption – Overbreadth and Home Rule Conflict

Section 3 declares:
"The general assembly hereby occupies and preempts the entire field of regulating kratom products… Any political subdivision's existing or future orders… are hereby void."

This is complete field preemption.

Missouri's Constitution grants charter cities and political subdivisions home rule authority (Mo. Const. Art. VI, §§ 19(a), 19(b)). While the General Assembly may preempt in matters of statewide concern, blanket occupation of the "entire field" without narrowly tailored standards invites challenge where local regulation addresses distinct public health conditions.

Courts scrutinize sweeping preemption clauses that eliminate local health authority without demonstrating uniform statewide necessity.

II. Federal Preemption Exposure (Dietary Supplement Law)

The bill defines kratom products as "food" and "dietary ingredients."

Federal law extensively regulates dietary supplements under:
The Federal Food, Drug, and Cosmetic Act (FDCA)
The Dietary Supplement Health and Education Act (DSHEA)
Federal labeling requirements (21 U.S.C. § 343-1)

If Missouri imposes labeling requirements "not identical to" federal labeling standards, the statute risks express federal preemption.

Section 4 requires disclosure of the "factual basis" upon which kratom representation is made. That phrase is undefined and may conflict with federal labeling uniformity requirements.

Any state labeling scheme that imposes additional or inconsistent requirements beyond federal

standards risks Supremacy Clause challenge.

III. Vagueness Concerns

Several operative phrases lack statutory definition:
“Factual basis”
“Affects the quality or strength”
“Dangerous nonkratom substance”
“Otherwise deleterious”

Criminal liability (Class D misdemeanor) attaches to violations of subsection 5.

Statutes imposing criminal penalties must provide clear standards sufficient to give ordinary people notice of prohibited conduct.

Vagueness in criminal statutes invites due process challenges under the Fourteenth Amendment.

IV. Private Cause of Action – Broad Damages Exposure

Section 7(3) authorizes:
Economic damages
Noneconomic damages
Consequential damages

With no defined causation standard or safe harbor beyond “good faith reliance.”

This creates expansive litigation exposure in an area already regulated under product liability law. The bill does not clarify how this remedy interacts with:

Missouri Merchandising Practices Act claims,
Strict product liability doctrine,
Comparative fault principles.

Absent clear harmonization language, duplicative recovery and inconsistent standards are foreseeable.

V. Nonseverability Clause Risk

Section 8 declares:
If legislative rule review authority under Chapter 536 is held unconstitutional, the grant of rulemaking authority and any rule adopted becomes invalid and void.

This nonseverability clause creates structural instability.

If a court strikes any portion of Missouri’s rule-review framework, the entire regulatory scheme collapses.

Embedding nonseverability increases litigation leverage and heightens statutory fragility.

Legislative Notice
If enacted, HB 3147 presents foreseeable legal challenges involving:
Federal preemption under the FDCA and DSHEA,
Due process vagueness challenges,
Missouri constitutional home rule limits,
Supremacy Clause conflicts in labeling requirements,
Structural invalidation risk due to nonseverability.
Consumer protection goals do not immunize a statute from constitutional defect.

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 3147**	DATE: **2/25/2026**
COMMITTEE: **Emerging Issues**	

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

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**

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

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.

MISSOURI HOUSE OF REPRESENTATIVES

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BILL NUMBER: **HB 3147**	DATE: **2/25/2026**
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TESTIFYING: ☐ IN SUPPORT OF ☑ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **WENDY CHSMBERLAIN**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

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

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

Good morning Members of the Committee ,

My name is Wendy Chamberlain. I am a mother from New York, and I am here because my son Joseph lost his life to kratom.

Joseph was 38 years old. He was a business owner, a father, and someone who believed he was using a safe, legal product. He did not struggle with illicit drugs. He was not seeking to get high. He used kratom because it was marketed as a natural, harmless substance for energy and well-being.

One evening, my son simply sat down to watch television and never woke up. His cause of death was mitragynine toxicity — the primary active drug in kratom.

Before Joseph died, I had never even heard of kratom. Like many families, we assumed that if a product is openly sold in stores, it must be safe. That assumption cost my family everything.

I am here today to respectfully explain why a Kratom Consumer Protection Act, or KCPA-style framework, will not solve this problem.

KCPA laws are presented as safety measures, but in reality they legitimize and normalize a product that carries serious pharmacological risks. They create the appearance of regulation without addressing the core dangers: unpredictable potency, lack of true manufacturing oversight, synthetic derivatives, and products that act on opioid receptors.

These laws do not prevent aggressive marketing, youth access, or the widespread public belief that kratom is inherently safe. They also do not account for the growing presence of concentrated extracts and modified compounds that are far more powerful than traditional plant material.

Most importantly, KCPA laws cannot prevent what happened to my son — because consumers cannot regulate pharmacology. Labeling and age limits do not change the biological effects of mitragynine and related compounds.

Since Joseph's death, I founded Kratom Danger Awareness, a nonprofit organization representing families across the country who have experienced similar tragedies. These are not isolated stories. These are real people, real deaths, and real harm.

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.

because state-by-state consumer protection laws are not enough to protect families.

I ask you to consider whether a regulatory model that assumes safety is appropriate for a substance associated with dependency, adverse effects, and documented fatalities.

No parent should learn about kratom from a death certificate.

Thank you for your time and for listening to my son's story.
https://www.kratomdangerawareness.org/
Will submit DEA petition letter
Toxicology reports upon request

MISSOURI HOUSE OF REPRESENTATIVES

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

WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **WENDY LEE CHAMBERLAIN**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **2/25/2026 3:45 PM**

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

Good evening Members of the Committee ,

My name is Wendy Chamberlain. I am a mother from New York, and I am here because my son Joseph lost his life to kratom.

Joseph was 38 years old. He was a business owner, a father, and someone who believed he was using a safe, legal product. He did not struggle with illicit drugs. He was not seeking to get high. He used kratom because it was marketed as a natural, harmless substance for energy and well-being.

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No parent should learn about kratom from a death certificate.

Thank you for your time and for listening to my son’s story.

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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**	

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