Ohio House Agriculture Committee
House Bill 587 – Proponent Testimony
March 4, 2026 Hearing
Dr. Heidi Sykora, DNP
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Salt Lake City, Utah

**Written Testimony of Dr. Heidi Sykora in Support of HB587**

Chair Klopfenstein, Vice Chair Newman, Ranking Member Miller, and Members of the House Agriculture Committee,

Thank you for allowing me to testify today. My name is Dr. Heidi Sykora. I am a Doctor of Nursing Practice, a retired nurse practitioner and healthcare executive, and I serve as the volunteer Chief Scientific Officer for the nonprofit, International Plant and Herbal Alliance. My background is in developing evidence-based clinical guidelines grounded in pharmacology, rigorous data evaluation, and patient outcomes. I have no financial interest in kratom, and I am here today in **support of House Bill 587**.

Ohio's regulatory goals are best met by focusing on alkaloid content and product safety, rather than the physical form of natural kratom leaf. The Department of Agriculture's recent fact sheet treats capsules and extracts as "processed" or "adulterated" forms, but from a pharmacologic standpoint, form does not change the alkaloid profile or the safety of natural kratom leaf. The issue before Ohio is not natural kratom leaf in any form. The concern is chemically enriched or synthetic 7-hydroxymitragynine, which is not kratom and which HB587 prohibits.

Multiple federal analyses have not supported scheduling natural kratom or mitragynine, but they have supported scheduling manufactured 7-OH because of its very different potency and risk profile. Natural kratom leaf contains well under 2% 7-OH of total alkaloids. That is why HB587—and every state that has adopted a Kratom Consumer Protection Act—uses the 2% limit: it reflects the natural chemistry of the plant and prevents the sale of enriched or synthetic 7-OH products that behave pharmacologically like opioids.

Capsules and compliant extracts are simply different delivery methods of the same natural kratom alkaloids. They are not synthetics, not concentrates enriched with 7-OH, and not adulterated products. HB587 already sets the correct scientific boundary: any kratom product—regardless of form—must remain below the 2% limit, which converts to a serving size of not greater than 1 mg of 7-OH. This prevents the sale of chemically enriched or unexpectedly potent products. The safety variable is alkaloid content, not whether the product is a powder, capsule, or liquid.

For many Ohioans—older adults, people with chronic pain, people with disabilities, and individuals with swallowing difficulties—capsules and liquid preparations are the only practical and consistent ways to take natural kratom. Removing these forms does not improve safety; it only removes the forms that allow for measured, predictable, and accessible use.

I also want to note that many Ohioans in recovery rely on kava/kratom cafés as safe, alcohol-free social spaces. Isolation is one of the strongest predictors of relapse for people with a history of alcohol or substance use, and it is also a major risk factor for serious mental-health outcomes, including suicide. These community-based establishments provide connection, structure, and belonging—protective factors that support stability, mental health, and long-term sobriety. HB587 preserves access to natural kratom products while ensuring that only safe, compliant products remain available in Ohio.

The most protective and consistent approach is the one already in HB587: a form-neutral, alkaloid-based standard that regulates natural kratom products while prohibiting manufactured 7-OH. Natural kratom in any non-concentrated form, including capsules and extracts below the 2% threshold, should remain available to Ohioans who rely on it for function, stability, and harm reduction.

Thank you for your time. I'm happy to answer any questions.

**Sincerely,**

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