PROPONENT TESTIMONY: HB 587
Ohio House Agriculture Committee

Submitted by:
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Chair Roy Klopfenstein, Vice Chair Johnathan Newman, Ranking Member Joseph A. Miller, III, and Members of the Committee:

I submit this testimony in my personal capacity as an Ohio attorney and veteran. The views expressed here are my own and do not reflect the views of my law firm or any client.

Issue Presented

Whether Ohio should address kratom through the targeted regulatory framework reflected in HB 587 and SB 299, or instead through a broad administrative Schedule I classification of mitragynine (as submitted by the Governor and recommended by the Ohio Board of Pharmacy in December 2025) that would effectively ban *all* traditional kratom products.

Short Answer

Ohio should proceed through the legislative framework reflected in HB 587, not through a sweeping administrative ban. The pending bills take a measured approach. They preserve access to traditional kratom while imposing guardrails on newer, higher-risk products, including certain high-7-hydroxymitragynine products, synthetic kratom-like compounds, semi-synthetic alkaloids, labeling failures, and sales to minors. That structure is materially different from a Schedule I ban on mitragynine, which would eliminate the regulated market altogether.

The timing also matters. National overdose deaths, including opioid-involved deaths, have finally begun to fall after years of increases. The CDC reported that opioid-involved deaths fell from an estimated 83,140 in 2023 to 54,743 in 2024, nearly a 27% drop. The Economist, in a recent article (https://www.economist.com/united-states/2026/01/08/why-overdose-deaths-are-falling-in-america), similarly reported that opioid overdose deaths fell from nearly 85,000 in the year ending June 2023 to 48,000 in the year ending April 2025, and The Wall Street Journal likewise reported a steep national decline in fatal overdoses (Fatal Overdoses Fall to Pre-Pandemic Levels, May 2015). It is no doubt that the availability of traditional kratom products has been instrumental to these life-saving reductions.

A ban-first approach risks undermining that progress by pushing existing consumers away from regulated products and toward black-market or otherwise unregulated alternatives. As a policy matter, the better course is to preserve access to traditional kratom, regulate derivatives and potency, require testing and labeling, and keep minors out of the market.

In short, I strongly support HB 587.

Background

HB 587 and SB 299 are materially similar bills addressing sales of kratom products. The official Ohio legislative pages for each bill identify them as measures "regarding sales of kratom products." The Legislative Service Commission analysis of HB 587 explains that the bill would require kratom products to be registered, prohibit sales to individuals under 18, require labeling disclosures, and establish product standards and civil penalties. It also places rulemaking authority with the Department of Agriculture and, for retail food establishments, the Department of Agriculture and Department of Health, not the Board of Pharmacy.

The bills define "kratom" as the plant Mitragyna speciosa and define a "kratom product" as either leaf material in fresh, dehydrated, or dried form, or a kratom extract manufactured using FDA-approved food-grade solvents. The statutory structure then bars products containing controlled substances or excessive residual solvents, products exceeding stated naturally occurring 7-hydroxymitragynine thresholds, products containing certain synthetic kratom-like compounds or semi-synthetic alkaloids where mitragynine is not the majority alkaloid, and products lacking required label disclosures.

HB 587's text reflects that design, and SB 299's official introduced text is the Senate analogue. By contrast, the Ohio Board of Pharmacy has proposed placing mitragynine itself into Schedule I, and the Register of Ohio reflects the proposed rule filing for "Mitragynine-related compounds."

The central policy distinction is therefore straightforward. The legislation regulates. The administrative rule prohibits.

Analysis

I. HB 587 represents a balanced and responsible regulatory approach.

The strongest argument for HB 587 is that it does not ignore risk. It addresses it directly, but in a targeted way. It recognizes that the market has changed.

For years, kratom was sold primarily as a traditional plant product, typically in powder, tea, capsule, liquid/tincture, or conventional extract form. In more recent years, the market has been complicated by the emergence of concentrated 7-hydroxymitragynine products and other synthetic or semi-synthetic derivatives.

The bill responds to that development by drawing a line between traditional kratom and newer high-potency products, while also requiring labeling, testing, registration, and age limits.

That distinction matters. A regulated market allows the state to separate the products derived from the plant (which have been available in the United States for many years) from newer

products that raise heightened safety concerns. A Schedule I ban does the opposite. It collapses everything into one category and destroys the legal framework needed to differentiate safer products from riskier ones.

HB 587 reflects a common-sense regulatory principle: When a product already exists in the marketplace and is widely used by adults, the state's role should be to regulate it responsibly rather than drive it into an unregulated black market.

II. The public-health timing counsels caution, not prohibition.

The national overdose picture has changed materially in the last two years. The CDC reported that overdose deaths involving opioids decreased from an estimated 83,140 in 2023 to 54,743 in 2024, a decline of nearly 27%. The CDC also stated that many states, including Ohio, saw large decreases. The CDC's broader drug-overdose data show that the age-adjusted overdose death rate, after rising over many years, declined from 2022 to 2023 and then again into 2024. (https://www.cdc.gov/nchs/products/databriefs/db549.htm); (https://www.cdc.gov/nchs/products/databriefs/db522.htm).

The Economist described this as a meaningful national shift, writing that opioid overdose deaths decreased from nearly 85,000 in the year ending June 2023 to 48,000 in the year ending April 2025. The Wall Street Journal likewise reported that the country saw a substantial decline in overdose deaths year over year based on the latest preliminary estimates.

The availability of step-down alternatives, such as kratom, used by some individuals attempting to transition away from more dangerous substances, is logically at least partially responsible for this success in saving lives. Nonetheless, regardless of the precise mix of causes, policymakers should be cautious about eliminating products that some individuals perceive as lower-risk substitutes for stronger opioids.

Where the country is finally seeing progress, Ohio should avoid abrupt policy changes that could unintentionally reverse it. *Once lives are lost, they cannot be brought back.*

III. Market reality matters: Demand does not disappear when a product is banned.

A core policy concern is straightforward: When a product with established demand is banned outright, demand usually does not disappear. It moves. It moves to out-of-state sellers, online vendors, and unregulated channels.

The state loses labeling requirements, testing standards, traceability, and meaningful oversight.

This point is especially important in the opioid context. If even a small portion of current consumers revert to fentanyl-contaminated street products, the human cost could be irreversible. Again, once people are dead, they are dead.

This is not an area where policymakers can comfortably assume that any error can be fixed later. A mistaken overbreadth here would not simply create paperwork burdens. It could create funerals.

IV. Traditional kratom should not be conflated with newer concentrated 7-OH products.

A recurring problem in the current debate is conceptual confusion. "Kratom" has become an umbrella term used to describe very different products. Traditional kratom in plant or conventional extract form is not the same thing as newer products centered on highly concentrated 7-hydroxymitragynine or certain synthetic or semi-synthetic compounds.

HB 587 is attractive precisely because it acknowledges that difference and responds by regulating accordingly.

That is why the legislation is preferable to what the Board of Pharmacy is proposing. It returns the legal framework to something closer to what existed years ago, before the market was blurred by highly concentrated products, while also imposing modern consumer-protection guardrails.

V. The available literature does not support treating traditional kratom as equivalent to the most dangerous illicit opioids.

The literature does not support treating traditional kratom as equivalent to legal or illicit opioids. A 2024 Frontiers in Psychiatry commentary reviewing postmortem toxicology reports discussed only seven decedents in whom mitragynine was reportedly the sole detected substance and emphasized substantial methodological limitations surrounding those cases. (https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1411964/full)

A 2025 review of acute adverse health effects similarly noted that many reported cases involved confounding substances and weak or inadequate toxicology testing. Another 2024 Frontiers paper described a growing body of literature examining kratom as a potential harm-reduction tool for individuals with substance use disorders. (https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1416689/full)

None of this means policymakers should ignore risks. It means they should regulate intelligently. HB 587 does that. A Schedule I ban does not.

VI. Veteran and constituent experience strongly supports preserving access to traditional kratom.

There is also a human dimension that should not be lost in an abstract policy debate. As a former Naval Officer and Naval Academy graduate, I have observed many veterans who have struggled with PTSD, depression, anxiety, chronic pain, and dependence on prescription opioids or alcohol. Some have reported that traditional kratom products have helped them manage symptoms or reduce reliance on stronger substances.

Equally important, the product most frequently described in those experiences is traditional kratom, not the newer high-potency 7-OH products.

In that respect, HB 587 is especially important because it protects access to the traditional product while regulating the newer, more troubling derivatives.

Legislators routinely rely on lived experience from constituents when assessing whether regulation aligns with how products function in the real world. In this context, the experiences reported by many veterans and working professionals suggest that traditional kratom has served as a stabilizing alternative for some individuals struggling with pain, mood disorders, or substance dependence.

Conclusion

Public policy is rarely about choosing between perfection and risk; it is about choosing the regulatory framework that produces the safest real-world outcome.

HB 587 reflects the better path. It preserves access to traditional kratom while regulating newer products that have raised legitimate concern. It creates labeling, registration, age restrictions, and product standards. It recognizes that the market has evolved and that state law should evolve with it, but in a careful way.

A broad administrative Schedule I ban on mitragynine would discard that nuanced approach and replace it with outright prohibition.

That would not eliminate demand. It would eliminate safeguards.

At a moment when opioid deaths are finally falling, Ohio should not take an action that could erase part of that progress. The more responsible course is the legislative one: Regulate the newer high-potency and synthetic products, protect minors, require labeling and testing, and preserve access to the traditional plant products that many Ohioans have used responsibly for years. HB 587 strikes the appropriate balance between public safety and personal responsibility by protecting minors and regulating higher-risk derivatives while preserving access to traditional kratom products used by many adults.

Thank you for your consideration of this testimony and for your work on this important issue.

Respectfully submitted,

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