

State Representative Scott Lipps

State Representative Mark Fraizer

Sponsor Testimony – House Bill 136

## (Rep. Lipps)

Vice Chair Holmes, Ranking Member Russo, and Members of the Health Committee, thank you for this opportunity to provide sponsor testimony on H.B. 236, the Ohio Kratom Consumer Protection Act.

Many of you may remember this legislation from Representative Scherer during the former GA. We weren't able to see it passed last GA, but I am strongly hoping to see it passed this GA to protect the freedom of Ohioans to use Kratom. I was alerted to this bill by a legislator in Utah who sponsored similar legislation in that state. When I researched the issue in Ohio, I became convinced that this topic deserves robust

discussion in the legislature to determine the correct path forward for our state.

Kratom is a tree in the coffee family, grown primarily in Indonesia. It has a long history of use in Southeast Asia and has grown in popularity in North America and Europe over the last several decades. The leaves of kratom are often consumed in a tablet or mixed into a tea. It is estimated that as many as 10 million Americans consume kratom for a variety of reasons. Based on survey data, most kratom consumers use it as an alternative to coffee for its caffeine-like alerting and focusing effects or to improve their mood. There are about 20 - 25% of consumers who use kratom because it addresses some health need and is either more effective or more acceptable than FDA-approved medicines to manage pain or opioid withdrawal. It is important to note: kratom, in its' natural state, has no psychedelic, euphoric, or hallucinogenic effects. It does not get users "high".

Like coffee, kratom contains many alkaloids. One, mitragynine, mimics some of caffeine's alerting effects and has mild pain-relieving properties, but without the signature powerful brain-rewarding addictive nature and lethal respiratory depressing effects of opioids. Often cited in news reports, these alkaloids do bind to the mu-opioid receptors in the human brain. However, this does not qualify kratom as an opioid. Many substances we consume regularly, such as chocolate and cheese, contain alkaloids that also bind to these same receptors in our brains.

The Ohio Board of Pharmacy, in reaction to a report of 44 deaths worldwide over several years connected to kratom, proposed a rule in 2018 that would ban the sale and use of kratom in Ohio. When these statistics are examined, nearly every one of these deaths can be attributed to one of two causes: poly-drug use or adulterated kratom products. It appears that, in limited cases, bad actors in the supply chain have taken advantage of the growing popularity of kratom, particularly among those suffering from opioid addiction, by mixing other compounds into the plant to produce an unnatural high. Natural kratom

is not causing these adverse effects – adulterated kratom is. HB 236 seeks to address that problem. My joint sponsor, Representative Frazier, will now speak to the specifics of the bill:

## (Rep. Frazier)

Vice Chair Holmes, Ranking Member Russo, and members of the Ohio House Health Committee, thank you for this opportunity.

House Bill 236 will do the following to protect Ohio consumers:

- The new bill is structured largely to mirror the state's Hemp
   Program. In the fall of 2020, the Ohio Department of
   Agriculture posed this idea to stakeholders (including the
   American Kratom Association, Gary Scherer, and the Ohio
   Board of Pharmacy) as something they could ultimately support.
- We understand Kratom is not cultivated in Ohio (or much nationally). But it is processed in Ohio (taking raw kratom and creating a product), and those processors often sell at retail and

to other retailers. So, although the bill doesn't create a cultivation license, it requires all Kratom processors to be licensed.

• As described in the bullets, although the bill creates various prohibitions / penalties on the unlawful distribution and sale of kratom (such as the prohibition on the distribution / sale of adulterated kratom), no license is required to possess, buy, or sell kratom (similar to the state's hemp law).

During the rulemaking process at the Ohio Board of Pharmacy, thousands of comments were submitted urging the Board not to ban kratom. During a public hearing, dozens of Ohioans provided passionate testimony pleading to keep kratom off the Schedule I substance list.

Many of these individuals explained that they use kratom to manage pain. Several stated that they had struggled with opioid addiction in the past, and that kratom seemed to be a substance that provided them relief without producing dangerous effects of pharmaceuticals or heroin. These Ohioans feared what would happen to them if they could no longer

access this plant. Listening to this testimony strengthened my belief that this is an issue of great importance to many of our constituents and bears further discussion in this body. Particularly when we see the devastating effects of the ongoing opioid crisis, we should take extra care when we are considering a product that Ohioans view as an alternative to dangerous drugs.

Similar legislation has recently been enacted into law in Utah, Georgia, Arizona and Nevada. At the federal level, there has been disagreement between the FDA, DEA, and various organizations like the National Institute on Drug Abuse. Various FDA officials have issued statements urging a ban of kratom, but the DEA has taken no such action. This has led states to action.

An issue that is obviously important to so many of our constituents deserves thorough debate in the legislature. It is my hope that this committee will hear from supporters, consumers, scientists, and detractors of kratom and determine the best policy for our state.

Thank you for this opportunity to provide this testimony on H.B. 236, and we welcome any questions you may have, however, we encourage you to save questions about the finer details of kratom for expert witnesses.