

Statement of Speaker Pro Tempore Brian Patrick Kennedy
Rhode Island House of Representatives

Submitted to the: **Connecticut Department of Consumer Protection**

Subject: Proposed Classification of Kratom as a Schedule I Substance

Thank you for the opportunity to provide written comments on the proposal to classify kratom as a Schedule I controlled substance under Connecticut state law. My name is Brian Patrick Kennedy, and I serve as Speaker Pro Tempore of the Rhode Island House of Representatives.

Earlier this year, during the 2025 Legislative Session, the Rhode Island General Assembly voted overwhelmingly to repeal our state's long-standing ban on kratom and replace it with the Rhode Island Kratom Consumer Protection Act (KCPA). That decision was not made lightly. It followed years of careful review, including extensive input from scientists, public health officials, and consumer advocates.

The pivotal moment in Rhode Island's policy shift came when the Rhode Island Department of Health completed its evaluation of kratom's pharmacology and addiction liability. The Department concluded that natural kratom leaf does not meet the statutory criteria for scheduling as a controlled substance. Specifically, kratom and its primary alkaloids, mitragynine and 7-hydroxymitragynine in their natural concentrations, do not exhibit the kind of pharmacological effects or abuse potential that justify classification as a Schedule I drug.

The Department further recognized that the products creating legitimate safety concerns were not natural kratom at all but chemically manipulated compounds—particularly synthetic or concentrated forms of 7-hydroxymitragynine (7-OH)—that had been masquerading for years as kratom products. Those substances, which bear little resemblance to the traditional kratom leaf used safely for centuries in Southeast Asia, were appropriately banned under the new law.

The Rhode Island Kratom Consumer Protection Act draws a clear and scientifically sound distinction between natural kratom leaf products, which under the new law will be legally sold and regulated, and synthetic or chemically enhanced compounds, which are prohibited. This approach ensures consumer safety while maintaining consistency with current scientific understanding and federal policy.

To be clear, the science does not support the scheduling of natural kratom leaf products. Federal agencies, including the U.S. Food and Drug Administration and the National Institute on Drug Abuse, have both acknowledged that kratom mortalities are extremely rare and typically involve polydrug use or adulterated products. Moreover, FDA officials have clarified that the agency's regulatory focus today is on 7-hydroxymitragynine and other manipulated analogues, not on the natural kratom plant.

Connecticut law on controlled substances defines a *controlled substance* as a “drug, substance or immediate precursor” included in **Schedules I to V** under its controlled substance scheduling regulations.

Under Conn. Gen. Stat. § 21a-243, the Commissioner of Consumer Protection is empowered to adopt regulations to classify substances into Schedules I–V for enforcement of the controlled substances laws. That statute also allows the Commissioner by regulation to change the schedule of a substance already classified (i.e. to reschedule) and requires annual reports of schedule changes to the legislature.

The statute further states that substances shall be classifiable into categories like amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type, or other stimulants/depressants — i.e., the statute contemplates a taxonomy of substances to guide classification.

Connecticut should not repeat the policy mistakes that the State of Rhode Island was compelled to correct based on current scientific evidence and data that was ignored or misinterpreted. A ban in Connecticut would drive consumers to unregulated and unsafe sources, while a regulatory framework modeled on the Kratom Consumer Protection Act now in place in Rhode Island, and in 18 states overall, would allow responsible commerce, enforce safety standards and labeling requirements, and protect public health.

From the perspective of a legislator, I can affirmatively tell you that I would want the Department of Consumer Protection to adhere to the statutory criteria of what constitutes the scheduling of any substance based on the scientific evidence and data. That is, in my opinion, the essence of the review that the Department is required to conduct in the case of whether mitragynine (pure kratom leaf) meets the requirements for scheduling.

I would direct the Department's attention to the statements offered by HHS Secretary Robert F. Kennedy, Jr., and FDA Commissioner Marty Makary in a joint press conference held on July 29, 2025, wherein they plainly stated their recommendation was for 7-

hydroxymitragynine to be classified as a Schedule I substance under the Federal Controlled Substances Act.¹

Concurrently, their statements specifically excluded mitragynine (pure kratom leaf products) from the focus of that recommendation. If there was any foundation, based on current evidence and data, to include mitragynine in that recommendation, they surely would have done so.

The Connecticut schedules largely mirror the federal scheduling logic (e.g. distinguishing substances by their stimulant, depressant, or hallucinogenic effects, abuse and dependence liability, and accepted medical uses). It would be illogical for Connecticut to classify mitragynine as a controlled substance given the current evidence and data that HHS and FDA have recognized that does not warrant such a decision.

For these reasons, I respectfully recommend the Department reject the proposed classification of mitragynine (kratom) as a Schedule I substance and to instead recommend to the Legislature the adoption of a regulatory framework consistent with the approach taken by Rhode Island and other states.

Thank you for your consideration and for your commitment to ensuring that science, not stigma, drives public health policy. I am including the Rhode Island law as an attachment to this statement for your review.

Respectfully submitted,

A handwritten signature in cursive script that reads "Brian Patrick Kennedy".

Brian Patrick Kennedy
Speaker Pro Tempore
Rhode Island House of Representatives

¹ <https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>

House Bill No. [5565 SUB A](#)

Chapter 446

BY Kennedy, Edwards, Diaz

ENTITLED, AN ACT RELATING TO FOOD AND DRUGS -- THE RHODE ISLAND KRATOM ACT (Authorizes and regulates the distribution of the product known as "kratom.")

{LC1746/A/1}

02/26/2025 Introduced, referred to House Corporations

04/04/2025 [Scheduled for hearing and/or consideration](#) (04/08/2025)

04/08/2025 Committee recommended measure be held for further study

05/09/2025 [Scheduled for consideration](#) (05/15/2025)

05/09/2025 Proposed Substitute

05/15/2025 Committee recommends passage of Sub A

05/23/2025 [Placed on House Calendar](#) (05/29/2025)

05/29/2025 House passed Sub A

06/11/2025 Referred to Senate Health and Human Services

06/16/2025 [Scheduled for consideration](#) (06/18/2025)

06/18/2025 Committee recommends passage of Sub A in concurrence

06/18/2025 [Placed on Senate Calendar](#) (06/20/2025)

06/21/2025 Senate passed Sub A in concurrence

06/27/2025 Transmitted to Governor

07/02/2025 Signed by Governor