

OPPOSE HB 1523/SB 820

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To the Honorable Representatives and Senators of the State of Maryland,

My name is Stephen McIntosh. I am medically retired and permanently disabled with advanced heart failure and chronic pain. **I am writing to voice my OPPOSITION to House Bill 1523/Senate Bill 820** that would prohibit and criminalize kratom.

I oppose HB 1523/SB 820 because it is ambiguous what products would or would not be approved by the enforcement agency. It could approve products that are presently illegal, or prohibit all products including those regulated under existing law. I would vastly prefer the legislature design parameters about what products are or are not illegal, and think the current parameters are very reasonable.

I have many friends and family in Maryland, so the ability to travel to Maryland is very important to me. Maryland is one of my favorite places to travel in and greatly enjoy those times I am fortunate enough to visit (particularly in the Lusby/Solomons Area).

I suffered a massive heart attack in 2010, with 99% occlusion of the LAD artery. My heart stopped for nearly 4 minutes. Against odds, I was revived with CPR, clot-busting medications, and defibrillation. This led to my early retirement despite genuine effort to return to work, largely due to unplanned absences due to CHF exacerbation, unstable angina, and insomnia due to pain. Unfortunately, I still experience significant and constant chest pain to this day that is not responsive to nitrates. The medications I was taking before the heart attack for unrelated lower back pain (NSAIDs) are no longer advisable.

I was formerly given Oxycodone by my provider since 2011, but like many with chronic pain in the following years, had my medication stopped (2018) without warning against my will.

I use botanical kratom to manage acute and chronic pain and have since 2018. It allows me to perform basic housework, and the PT exercises recommended by cardiology to preserve cardiac function. Without adequate pain management I am unable to do these things and am substantially more impaired.

Like many Americans, I have very few choices when it comes to healthcare. Our middle-class (married) household income is too high to qualify for Medicaid and for subsidized insurance through the ACA Marketplace. I am too young for Medicare. My only healthcare option is through the HMO offered through my wife's employer (a public school district). My insurance only covers seeing HMO physicians and only covers prescription drugs prescribed by their doctors or a dentist. It is financially insurmountable to seek out-of-network pain management where no visits, procedures, or drugs would be covered—if they are even willing to do anything my existing provider originally was, or some other option.

Before kratom, I was either in the ER or hospital 14-30 days per year. This has been reduced to 0-3 each year since using it. Every hospital or ER visit costs me at minimum \$100, and costs the health plan (and ultimately rate-payers) a minimum of \$8000 per incident if they do the absolute bare minimum cardio workup.

Most pain management tools are unavailable to me, did not work, or had significant side effects. I have been strongly urged by multiple cardiologists not to take NSAIDs for any reason and have documented as such in my chart. I used to take this prior to my heart issues for lower back pain and it was effective, though may have contributed to early heart disease. While safe for most consumers in most situations it carries strong warnings for the heart attack risk, but is sold in every grocery, pharmacy, convenience

store, and gas station in the state (and should be) often in 1000-count bottles. Tylenol, while gold-standard for typical headache and fever, is not useful for my chest or lower back pain.

Steroids are discouraged. Due to having a pacemaker I cannot use TENS or other electro-stimulation tools. Even consumer health products like massagers and electrical heat pads warn against use on the chest. I have tried cannabis in a legal state, but found that it was impairing, not very effective, and inconsistent at best. CBD oil provides some minor benefit, but is very expensive. I am given a medication that is somewhat helpful for my lower back (a muscle relaxant) but not for my chest.

Kratom is my last available resource for managing pain, maintaining a reasonable quality of life, and controlling household healthcare costs I am unfortunately able to do very little to contribute to.

Maryland already has an effective Kratom Consumer Protection Act (HB 1229 of 2024), as enacted by states across the political spectrum, from Texas to Oregon, that prohibit dangerously adulterated and/or semi-synthetic products including those exceeding 2% 7-hydroxymitragynine which does not occur in nature. A limit on kratom products at 2% by alkaloid fraction to those levels that exist in nature and whose safety is well represented in centuries of traditional use in Southeast Asia, contemporary western research, and in the FDA Single Ascending Dose Study^{1,2} where subjects were given up to 12 grams of botanical kratom and only reported vomiting and nausea at the maximum study dose.

Major organizations oppose the criminalization or prohibition of botanical kratom for adult consumers including:

- American Medical Association (Resolution 515)
- World Health Organization Expert Committee on Drug Dependence (ECDD)
- US National Institute on Drug Addiction (NIDA)
- International Plant and Herbal Alliance
- Major industry associations including the American Kratom Association, Global Kratom Coalition, and Botanicals for Better Health and Wellness

Giving unchecked power to unelected boards in the state government that are not accountable directly to voters is a step backward from ideal representative democracy.

Sincerely,

SIGNED
STEPHEN MCINTOSH
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1 <https://clinicaltrials.gov/study/NCT06072170>

2 <https://cdek.pharmacy.purdue.edu/trial/NCT06072170/>