

To the Honorable Legislators,

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 **SUPPORT** for HB 1628 that would reauthorize and regulate kratom.

The current prohibited status in the state combined with profound disability makes it impossible for me to visit friends and family within the state, visit state and federal public lands within the state, or otherwise contribute to the local economy.

I use botanical kratom to manage acute and chronic pain and have since 2018 when my pain medication was stopped against my will. 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.

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 but with significant damage. 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.

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. 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, contraindicated for cardiac patients or cardiac patients with pacemakers, did not work, or had significant side effects. While I am glad it is an option, medical cannabis has not been effective, erratic, and very impairing. Kratom is my last available resource for managing pain.

Again, I ask you to pass this legislation for me and people like me who have no other viable options to do the kinds of things that most people take for granted and to have some reasonable quality of life.

Sincerely,

SIGNED
STEPHEN MCINTOSH
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