Testimony in Opposition to Senate Bill 2408

North Dakota Special Legislative Session
September 2026
Special Ad Hoc Policy Committee

Chairman and members of the committee,

Good morning. My name is Chelsea Ridge, and I am from Williston, North Dakota. I am here today speaking solely as a private citizen and public health professional. My comments are my own and do not represent my employer, or any other organization with which I am affiliated.

Thank you for the opportunity to testify regarding House Bill 1628 and the future of kratom in North Dakota.

First, I would respectfully ask to keep North Dakota's full prohibition on kratom and kratom-derived products in place.

I live and work in western North Dakota, where the consequences of these products are not theoretical. We have watched kratom become increasingly visible and accessible in our communities. We have heard from families affected by dependence and addiction. We have seen these products marketed from convenience stores and smoke shops as though they were simply another harmless retail product.

Since the statewide prohibition took effect, retailers may have removed kratom from their shelves, but many of the neon signs and advertisements remain in storefronts across western North Dakota. Those signs represent a market just waiting to be turned back on. I'd be perfectly comfortable if that market never turned back on.

It is also important to recognize the action recently taken by the Mandan, Hidatsa and Arikara Nation. The MHA Nation Tribal Business Council chose to prohibit the sale and distribution of kratom and its derivatives on the Fort Berthold Reservation, classifying mitragynine, 7-hydroxymitragynine, and pseudoindoxyl mitragynine as Schedule I controlled substances.

That decision deserves consideration as North Dakota determines its own path forward. MHA Nation is part of the same western North Dakota region where many of us have been watching these products become increasingly available. Tribal leaders made the decision to act in the interest of the health and safety of their community, citing concerns about dependence, serious health effects, and deaths in the area.

I respect the sovereignty of MHA Nation and recognize that their policy decision is their own. But I also believe we should listen when a neighboring sovereign nation looks at the same emerging substance, the same regional concerns, and the same potential consequences and decides that prohibition is the appropriate public health response.

I understand that you are hearing testimony from individuals who believe kratom helps them manage pain, anxiety, post-traumatic stress, opioid withdrawal, and other serious health conditions. I do not dismiss those individuals or their experiences.

But I believe those claims raise an important policy question, if the justification for allowing kratom back into North Dakota is its claimed medical benefit, why would we regulate it like tobacco rather than like a substance being used for medical purposes?

North Dakota already has a framework for a substance that is permitted because patients report therapeutic benefits: our medical cannabis program. That program does not place marijuana products next to energy drinks at a convenience store or smoke shop.

Patients must have qualifying medical conditions. Many of the conditions for which people describe using kratom overlap with the same conditions or symptoms recognized within North Dakota's medical cannabis program, including chronic or severe debilitating pain, anxiety disorder, PTSD, migraines, neuropathy, fibromyalgia, and other serious conditions. Through this pathway, users establish a relationship with a qualified healthcare provider. There are registration requirements, renewals, regulated dispensaries, product controls, and state oversight.

If the Legislature believes kratom's therapeutic claims justify continued access, then those claims should justify greater medical oversight, not less.

I appreciate that House Bill 1628 attempts to establish safeguards that did not previously exist. It would establish a minimum age of 21, licensing requirements, product standards, labeling requirements, limits on 7-hydroxymitragynine, and restrictions on synthetic alkaloids.

But it does not address my fundamental concern and further establishes kratom as a commercial retail product. We do not allow tobacco companies to advertise cigarettes as treatments for anxiety or stress. We do not allow alcohol companies to claim that drinking treats chronic pain or PTSD. Instead, those industries are subject to extensive public health warnings and restrictions precisely because their products carry risks of dependence, addiction, and other harms.

Yet with kratom, we are simultaneously hearing that this substance should remain available because people need it for medical reasons, while considering legislation that would return it to retail shelves as a consumer product. Those two positions do not comfortably coexist.

If it is a consumer substance with addiction and health risks, North Dakota has every reason to maintain the prohibition. North Dakota does not need to recreate a commercial kratom market simply because one existed before August.

If the Legislature concludes that it has legitimate therapeutic value, then access should occur through an appropriately regulated healthcare pathway. Please reconsider the retail model proposed in House Bill 1628. Instead, consider a framework similar to North Dakota's medical cannabis program. This approach would allow North Dakota to distinguish between an individual seeking legitimate symptom management under healthcare supervision and an unrestricted commercial marketplace built around a psychoactive, habit-forming product.

We do not have to wait until another generation becomes accustomed to seeing kratom signs glowing in convenience store windows. We do not have to build an industry first and attempt to contain its consequences later. The market has already been interrupted. You can choose not to turn it back on.

Thank you for your time and your service to North Dakota.

Chelsea Ridge
Citizen of Williston, North Dakota