

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 875
Finance

(Senator Folden)

Public Health – Medetomidine and Xylazine Consumer Protection Act

This bill prohibits a “retailer” from distributing or selling a “medetomidine product” or a “xylazine product” unless the purchaser provides proof of intent to use the product for institutional, veterinary, or scientific purposes. A retailer may not distribute, sell, or expose for sale a medetomidine or xylazine product to an individual younger than 21. A retailer that distributes, sells, or exposes for sale medetomidine or xylazine products must maintain records of all sales, including a copy of (1) the identification used as the purchaser’s proof of age and (2) each document or other material used as proof of the purchaser’s intended use. A retailer that violates any of the bill’s prohibitions is subject to a civil penalty of up to \$3,000 for a first violation and \$6,500 for each subsequent violation. Civil penalties must be deposited in the Maryland Substance Abuse Fund. The Maryland Department of Health (MDH) must adopt regulations to implement the bill.

Fiscal Summary

State Effect: Any impact on general fund expenditures for enforcement depends on the regulations adopted. Special fund revenues to the Maryland Substance Abuse Fund may increase beginning as early as FY 2026 if civil penalties are assessed; however, civil penalties are not likely to have a material impact on State finances or operations.

Local Effect: The revenue from civil penalty provisions of the bill is not anticipated to have a material impact on local finances or operations.

Small Business Effect: Minimal, as discussed below.

Analysis

Bill Summary: “Medetomidine product” means a product containing any amount of medetomidine. “Xylazine product” means a product containing any amount of xylazine.

“Retailer” means a person that (1) sells, prepares, or maintains medetomidine products or xylazine products or (2) advertises, represents, or holds itself out as selling, preparing, or maintaining medetomidine products and xylazine products. This includes a manufacturer, wholesaler, corporation, partnership, limited liability company, firm, online platform, or any other business entity doing business within the State.

Current Law: The State does not currently regulate medetomidine or xylazine. However, Chapters 249 and 748 of 2024 put restrictions and penalties on the labeling, advertising, and selling of tianeptine and kratom, respectively, for consumer protection.

Under federal law (21 CFR § 522.1335 and 21 CFR § 522.2662), medetomidine and xylazine are only for use by or on the order of a licensed veterinarian. Xylazine may also not be used on animals that produce domestic food.

The Maryland Substance Abuse Fund must be used by the Behavioral Health Administration for the following purposes in order of priority: (1) planning expenses and related costs incurred by local drug and alcohol councils; (2) planning expenses and related costs incurred by any State unit designated to coordinate planning by local drug and alcohol councils and review grant requests from local governments; and (3) substance abuse evaluation and treatment services, including services provided through a drug treatment court. Administrative expenditures from the fund may be made only in accordance with the State budget. Disbursements from the fund must supplement, and may not substitute for, any other funds appropriated for substance abuse evaluation and treatment services.

State Fiscal Effect: Under the bill, MDH must adopt regulations and remit civil penalties to the Maryland Substance Abuse Fund. Until regulations have been adopted, however, it is unclear whether MDH needs additional resources to enforce the bill’s documentation requirements. This analysis assumes MDH adopts an enforcement mechanism that may be handled with existing resources. (More robust enforcement could necessitate additional staffing, but any such impact would be a result of regulations.) Further, this analysis assumes compliance by retailers, particularly given federal law that limits use by or on the order of a licensed veterinarian.

Thus, assuming retailers comply with the bill, the civil penalty provisions are not anticipated to generate a significant increase in State revenues. Nevertheless, to the extent civil penalties are collected and remitted, special fund revenues to the Maryland Substance Abuse Fund increase beginning as early as fiscal 2026.

Small Business Effect: Although the bill establishes restrictions, it does not prohibit the sale of medetomidine or xylazine products. Even so, small business retailers that prepare, distribute, sell, or expose for sale a medetomidine or xylazine product must comply with the bill’s proof of age and intended use, documentation, and maintenance of records

requirements. Moreover, they may be subject to civil penalty provisions for noncompliance.

Additional Comments: Medetomidine is a veterinary anesthetic drug often used on dogs and not approved for human use. Its effects are similar to those of xylazine. In August 2024, the U.S. Centers for Disease Control and Prevention reported that medetomidine is being detected as an adulterant in illicit drugs, overdoses, and drug paraphernalia. It is often detected alongside fentanyl in patients who overdosed on street drugs. While the U.S. Food and Drug Administration (FDA) has only approved medetomidine for veterinary use, another form of it called dexmedetomidine is approved for use as a sedative on humans.

Xylazine is a veterinary tranquilizer and pain reliever that has also been detected alongside fentanyl in illicit drugs. It has been FDA-approved for use in veterinary medicine but not humans.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 1109 (Delegate Pippy) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Comptroller's Office; Maryland Department of Health; U.S. Centers for Disease Control and Prevention; National Institutes of Health; Department of Legislative Services

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