HB0417/953328/1

BY: Health Committee

AMENDMENTS TO HOUSE BILL 417
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike "**and Kerr**" and substitute "**, Kerr, Alston, Bagnall, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaufman, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Ross, Szeliga, Taveras, White Holland, and Woorman**"; in line 2, strike "**Public Health**" and substitute "**Criminal Law – Schedule III Controlled Dangerous Substances**"; in the same line, strike "**Consumer Protection Act**"; strike beginning with "prohibiting" in line 3 down through "Fund" in line 11 and substitute "establishing medetomidine and xylazine as Schedule III controlled dangerous substances under the Maryland Controlled Dangerous Substances Act"; and in line 12, strike "products".

On pages 1 and 2, strike in their entirety the lines beginning with line 13 on page 1 through line 2 on page 2, inclusive, and substitute:

"BY repealing and reenacting, with amendments,
Article - Criminal Law
Section 5-404
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)".

AMENDMENT NO. 2

On pages 2 through 4, strike in their entirety the lines beginning with line 3 on page 2 through line 2 on page 4, inclusive, and substitute:

"**Article – Criminal Law**

5–404.

(a) Schedule III consists of**:**

(1) MEDETOMIDINE;

(2) XYLAZINE; AND

(3) each controlled dangerous substance by whatever official name, common or usual name, chemical name, or brand name:

[(1)**] (I)** added to Schedule III by the Department under § 5–202(b) of this title; or

[(2)**] (II)** designated as a Schedule III controlled dangerous substance by the federal government unless the Department objects under § 5–202(f) of this title.

(b) The Department may not add a substance to Schedule III under § 5–202 of this title unless the Department finds:

(1) a potential for abuse of the substance that is less than that for the substances listed in Schedule I and Schedule II;

(2) well documented and approved medical use of the substance in the United States; and

(3) evidence that abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.”.