



**Joint Legislative Health Budget Hearing  
NYSVMS Written Testimony  
January 23, 2024**

The New York State Veterinary Medical Society (NYSVMS) is the acknowledged and respected voice for the profession of veterinary medicine in New York State with a mission to protect, promote, and advance the science and profession of veterinary medicine in New York. As the current President of the NYSVMS Board, I am submitting this written testimony to register **opposition** to **Section 17 of Part U of S.8307/A.8807** which would add xylazine, its salts, isomers, and salts of isomers to Schedule III of the controlled substances list in New York State.

Xylazine is a sedative and pain analgesic used widely in veterinary medicine and adding the drug to the list of controlled substances would have a negative impact on veterinary practice; this impact would be particularly acute among veterinarians treating horses and cattle as well as those practicing in more rural areas of New York State and serving the farming industry. It is undeniable that there has been an increase in overdoses and deaths linked to xylazine consumption, but the type of xylazine that has resulted in these tragic outcomes is **illicit** xylazine (powdered) and not the type of xylazine produced by regulated manufacturers (liquid) and used by veterinarians in treating animals. Xylazine has been safely used in veterinary medicine for over 50 years. There is no credible evidence that significant diversion is from the veterinary-approved product which is an injectable FDA approved solution. Diversion is occurring from the illegal importation of the raw active pharmaceutical agent in powder form.

A bill is currently moving through Congress to make any *illicit* use and distribution of xylazine subject to Schedule III penalties under the Federal Controlled Substances Act while allowing for the importation and manufacturing of xylazine for use in FDA-approved and compounded animal drugs.

*Controlled substance designation could lead to supply interruptions and the risk of xylazine becoming completely unavailable for legitimate use in New York State.*

There are currently only two manufacturers of xylazine and only one of those manufacturers has a DEA-compliant facility. If xylazine becomes a controlled substance in New York State, the manufacturers may decide to cease production of the drug rather than make the required infrastructural changes needed to comply with controlled substances manufacturing, further restricting the ability for veterinarians to use xylazine for treatment of their patients.

If the federal government takes action to restrict illicit xylazine, xylazine for veterinary use would not be a controlled substance at the federal level; if New York takes action to restrict all xylazine, there is no incentive for manufacturers to spend resources to invest in conforming to the appropriate infrastructure to supply New York. Minimally, the strength of and trust in the existing supply chain would be disrupted if New York acts unilaterally, causing costs to rise.

*Controlled substance designation will mean fewer animals receive veterinary care, impacting New York's agricultural industry.*

As a scheduled drug, large animal veterinarians serving rural and remote clients would not be allowed to dispense xylazine to clients to facilitate safe handling in urgent and emergent cases when the veterinarian is not on the premises. Xylazine has been essential in these types of circumstances, particularly when it comes to cattle and horse sedation as there is no practical alternative; in certain instances, it is the safest way for a horse owner to control a horse that is enduring immense abdominal pain. Allowing horse owners to have prescribed dosages of this medication allows temporary pain relief for the horse and enables the owner to monitor their horse safely until a veterinarian arrives on site. Limiting access to this critical veterinary drug will jeopardize animal welfare and human safety.

There is already a shortage of large-animal and equine veterinarians, resulting in a smaller number of professionals to cover large and often rural or remote areas of New York State. The proposal to add xylazine to the controlled substances list would leave sick animals without access to veterinary care, reducing the capacity of important industries in New York such as the New York food industry and the state's racing industry.

**NYSVMS supports legislation that limits the availability of illicit xylazine, but this can and should be achieved without restricting veterinary access. Such restrictions may drive up the cost of care or disrupt the supply chain for legitimate usage of the drug.**

New York Public Health Law Section 3306, Schedule II (h) controls anabolic steroids, and Schedule III (g) controls chorionic gonadotropin, both drugs relied on by veterinarians for treatment of animals. As such, when these substances were controlled, an exception was included (in Schedule II (i) and Schedule III (g)(2), respectively) to allow for use expressly intended for administration through implants or injection to cattle or other nonhuman species and that are approved by the federal food and drug administration solely for such use. The language also contains penalties for those who knowingly and willfully administers, prescribes, dispenses, or distributes the substances for other than implantation or injection to cattle or nonhuman species.

Given the precedence set for anabolic steroids and chorionic gonadotropin, NYSVMS supports an amendment to the existing language contained in Section 17, Part U of S.8307/A.8807 as follows:

(17) Paragraph 16 of this subdivision shall not include any substance containing xylazine expressly intended for administration through injections to cattle or other nonhuman species and that are approved by the Federal Food and Drug Administration solely for such use. Any individual who knowingly and willfully administers to himself or another person, prescribes, dispenses, or distributes such substances for other than injection to cattle or nonhuman species shall be subject to the same penalties as a practitioner who violates the provisions of this section or any other penalties prescribed by law.



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