

ITEM 1.

**DISCUSSION OF AAEP REPORT;
*PUTTING THE HORSE FIRST:
VETERINARY RECOMMENDATIONS
FOR THE
SAFETY & WELFARE OF THE
THOROUGHBRED RACEHORSE***

JANUARY 2009

Putting the Horse First:

Veterinary Recommendations for the Safety and Welfare of the Thoroughbred Racehorse



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The American Association of Equine Practitioners was founded in 1954 by 11 racetrack veterinarians. While the association has grown to serve nearly 10,000 members worldwide who work with all equine breeds and disciplines, the AAEP's horse racing origin brings a unique understanding of the health and welfare needs of the racehorse.

It is with this perspective and commitment to equine safety and welfare that the AAEP formed its Racing Task Force in July 2008 to evaluate the safety and welfare issues affecting Thoroughbred horse racing. Catastrophic injuries, medication usage and a changing societal view of the appropriate use of horses in competition present formidable challenges to those entrusted with the care of the racehorse and the structure of the industry.

The AAEP Racing Task Force developed this white paper with the intent of recommending practices that place the welfare and safety of the horse first while supporting those who seek to make meaningful change. As equine veterinarians, we are committed to working with the Thoroughbred racing industry to implement procedures that protect the horse. In addition, the AAEP expects its veterinary members to abide by the rules of all jurisdictions where they practice.

General Principles

The AAEP has long held position statements that address many aspects of racehorse health and safety. We encourage the Thoroughbred racing industry to support the following essential elements of an overall industry structure that promotes horse safety:

- The adoption of uniform rules of medication usage, testing, security and enforcement by all industry participants.
- Increased funding for regulatory functions, including state-of-the-art testing and racetrack security.
- Continued identification and implementation of procedures and strategies that will significantly reduce the injury rate of horses, such as the recent recommendations to eliminate the use of toe grabs other than wear plates with a height no greater than 2 millimeters.

The AAEP makes the following recommendations for the Thoroughbred racing industry in four key areas: societal change and the public perception of horse racing, the racing business model, the veterinarian-owner-trainer relationship, and medication.

Societal Change and the Public Perception of Racing

Since the turn of the century, American society has drifted far from its agrarian roots to the point that only 15 percent of Americans today are involved with agriculture of any form. The horse, which was once a staple of American agriculture and general transportation, has become less of a beast of burden and is now viewed by many in the

public to be a companion animal, much the same as a dog or cat. In this societal context, welfare issues affecting the horse resonate with the public like never before.

In order to address the impact of societal change upon the Thoroughbred racing industry, the AAEP recommends:

- Racing industry support for a strategic plan that places the safety and welfare of the horse among its highest priorities. It is imperative that the industry urgently demonstrate an ability to affect sweeping change without government intervention. The AAEP recognizes and supports efforts by the National Thoroughbred Racing Association (NTRA) to accomplish this goal.
- The continued collaboration of multiple racing organizations (NTRA, TOBA, HBPA, ARCI, The Jockey Club, AAEP, racetracks and sales companies and others) to address the challenges affecting racing. An excellent opportunity for a cooperative industry-wide effort is the NTRA Safety and Integrity Alliance, and the AAEP enthusiastically supports this effort.
- When the substantive issues of race horse welfare have been addressed by the industry, an aggressive public relations effort must be mounted to educate the public about what is being done to protect the welfare and safety of the horse (e.g.: racetrack injury reporting program, racetrack surface testing and medication studies).

The Business Model of Racing

Thoroughbred racing is a \$15 billion industry in the United States, and the business model has evolved over the years to favor training and racing of two-year-old horses that compete for championship purses late in their two-year-old year. Their peak earning potential is in the three-year-old year, with a gradually diminishing emphasis on continued racing into the four-year-old year and later.

Thoroughbred racing operates on a year-round schedule in 38 separate racing jurisdictions. Because a larger field of horses promotes more wagering, which in turn increases purse size, small field sizes have caused racing secretaries in some instances to apply pressure to trainers to enter horses who might not otherwise be suitable for racing. This practice must be eliminated, as it encourages entry of horses at shorter intervals that may place them at increased risk of injury due to increased frequency of high-speed cyclic loading. Another concerning trend is an increasing number of racino executives that do not have experience in horse racing or horse care. We believe it is imperative that senior racetrack management become knowledgeable about the issues and business practices that directly affect the welfare and safety of the horses that race at their tracks.

As noted, two-year-old racing is an important aspect of the industry business model. Some degree of training and racing of two year olds is not harmful to the welfare and safety of the horse. In fact, a review of Jockey Club information indicates that horses that race as two year olds are more successful and race longer than horses that do not race at

the age of two. However, not all horses are able to sustain the same level of training without significant stress or injury. There is a need for continued investigation of the welfare and safety implications of current policies and procedures employed to sell, condition and race two-year-olds.

Other practices that will improve the safety of the racehorse include the development of a consistent protocol for pre-race examinations by regulatory veterinarians as well as uniform criteria for scratching horses. Currently there is variation in these procedures among the 38 racing jurisdictions. There also is lack of uniformity in reporting racehorse injuries, particularly those that occur during morning workouts. Judicious application of a standardized reporting system will increase the racing industry's ability to monitor and address racing and training injuries.

In most racing jurisdictions there is no institutional program to care for horses that can no longer race. The view of most racing facilities is that the responsibility for the care of horses rests entirely with the owner. This view is entirely appropriate. However, if a horse owner does not provide responsible care for retired racehorses, the industry becomes vulnerable to attack for apparent lack of concern for equine welfare. The resulting negative impact on horse racing's image can contribute to disenfranchisement of racing fans.

The AAEP acknowledges that the following recommendations for modification of the business model of racing will have significant economic implications (some positive, some negative) for racing managers. We do not make these recommendations lightly. Further, we emphasize that one of our highest priorities as an industry must be to reduce equine injuries. The greatest potential for decreasing injury exists in making procedural and policy changes within the business model of racing, particularly in the claiming arena.

In order to put the safety and welfare of the horse first in the business model of racing, the AAEP recommends:

- A critical analysis by the racing industry of the safety and welfare implications of the current schedules, procedures and policies surrounding the conditioning, sale and racing of two-year-old horses.
- A period of rest for all horses to provide an opportunity to refresh and diminish the volume of persistent cyclic loading that occurs in the absence of rest.
- No horse shall be permitted to race within 10 days of its last start.
- Every horse entered to race shall be on association grounds in sufficient time to have a pre-race veterinary inspection for racing soundness by the regulatory veterinarian.
- Standardization and enhancement of pre-race and post-race veterinary examinations with mandatory cross-jurisdictional sharing of information.
- In those jurisdictions that practice it, racetrack management must discontinue the coercion of trainers to enter horses according to stall allotment.

- Uniform participation by all jurisdictions in injury reporting for both racing and training injuries.
- Investment by all racing venues in capital improvements of the racing oval that will enhance horse, rider and personnel safety, such as safety rails, padded starting gates, and helmets and vests for starting gate personnel.
- Immediate adoption of ARCI riding crop and shoeing standards in all racing jurisdictions and at in-training sales.
- The development in all racing jurisdictions of a program for rehabilitation, retraining and adoption for horses whose racing careers have ended. These programs should reinforce owner responsibility and support a secondary market for racehorses. The Finger Lakes Thoroughbred Adoption Program in Farmington, N.Y., is an example of successful collaboration between racetrack management and horsemen. Any new programs can be linked nationally with the Unwanted Horse Coalition, currently operated by the American Horse Council.
- The generation of funds by the industry to assist in the transition of horses from racing into second careers.
- Governance change within the horse racing industry to establish uniform regulatory authority to accomplish widespread and consistent compliance throughout the industry.
- Development of continuing education and accreditation programs for owners, trainers, stewards, jockeys, grooms, starters, farriers, veterinarians and security personnel.

Claiming Races

There are essentially two groups of horses that compete at the racetrack. The sport's top level competitors, representing approximately 30 percent of the total racing population, compete in stakes and allowance races, while the majority of horses compete in condition or claiming races. Because the schedules and physical demands on these two groups of horses are unique and quite disparate, the AAEP recommends the following changes to the structure of claiming races in order to protect the welfare and safety of claiming-level horses:

- Claimed horses must be tested post-race, as is currently the rule in New York. Horses that test positive shall have the claim rescinded at the discretion of the buyer.
- No claiming race should have a purse that exceeds the claiming price by more than 50 percent.
- If a horse is claimed, it shall not start in a claiming race for a period of 30 days since the date of claim for less than 25% more than the amount for which it was claimed.
- When appropriate, horses must demonstrate a work between races that displays fitness and soundness.
- Horses that do not finish the race or those that sustain a catastrophic injury during the race remain the property of the original owner.

Veterinarian-Owner-Trainer Relationship

Open and consistent communication between the owner, the trainer and the veterinarian will develop a relationship built on trust and shared philosophies. The result will be decisions that are made in the best interest of the horse. The current reality of racetrack operations is that the owner is often excluded from the communication chain, and we as veterinarians would like to change that. Veterinarians also are sensitive to the costs of services that are provided. It is important for owners to know that veterinary care is not given to any racehorse without the trainer's direct or implicit approval and that their trainer is acting as their legal agent when requesting veterinary services for their horses. Without open communication, differing management philosophies often result in confusion and dissatisfaction.

In order to provide complete transparency for the veterinary-owner-trainer relationship, the AAEP recommends the following:

- Trainers should include horse owners in all aspects of health care decisions.
- Owners should have a thorough understanding of the medication and training philosophy of their trainer with particular emphasis upon the level of medical care provided to their horses.
- Veterinarians should provide unfettered access to owners and trainers for consultation and discussion of medical treatments.

Medication

While much progress toward uniformity has been made by industry stakeholders such as the Racing Medication and Testing Consortium in recent years, medication remains the flash point for much of the public's scrutiny of horse racing today. U.S. racing jurisdictions impose medication regulations that vary from one jurisdiction to the next. This disparity in medication rules presents significant challenges to owners and trainers who race horses in more than one jurisdiction, and often leads to confusion about how to best implement appropriate therapeutic regimens. In addition, many racing jurisdictions have their own testing laboratory, which currently do not operate by a uniform accreditation standard.

Horse racing in most other jurisdictions throughout the world operates under the medication rules of the International Federation of Horseracing Associations (IFHA). The principle difference in the medication regulations of the United States and the IFHA is the permitted use of anti-bleeder medication furosemide (Salix® and adjunctive anti-bleeder medications in some racing jurisdictions) and permitted levels of non-steroidal anti-inflammatory drugs (NSAIDS). With anabolic steroid regulation now in place in the United States, most other differences are largely semantic and are primarily a function of the state regulatory structure of U.S. racing.

All medication treatment programs should be based upon the safety and welfare of the horse. While the veterinarian is ultimately the provider of medical care for the horse, treatment philosophies should be determined in conjunction with input from the owner and trainer.

With regard to medication policy in the United States, the AAEP recommends the following:

- Universal adoption in all racing jurisdictions of the Association of Racing Commissioners International (ARCI) model rules, as proposed by the Racing Medication and Testing Consortium (RMTC), including no race-day medication except furosemide (Salix®). The industry should work with the RMTC, where advisable, to make progress toward uniform medication rules that are in the best interest of the horse.
- Continued research, with industry support, to determine the causes and appropriate treatment of exercise-induced pulmonary hemorrhage (EIPH) in the race horse.
- Collaboration between the RMTC and the IFHA to create an international model rule of racing that can be uniformly administered worldwide.
- Establishment of a limited number of regional confirmation/reference laboratories that are adequately funded to meet the current challenges of drug testing.
- Establishment of minimal requirements, accreditation and monitoring of all testing laboratories.
- Development of uniform testing protocols for accredited laboratories.
- Adoption of uniform out-of-competition testing protocols by all racing jurisdictions.
- Adoption of uniform TCO₂ testing protocols by all racing jurisdictions.
- Universal adoption of the penalty structures recommended in ARCI model rules and proposed by the RMTC.
- Adoption of uniform reporting practices for medication violations by all racing jurisdictions.
- Management of medication violations by racing jurisdictions with three objectives in mind: (1) to discover how the medication entered the system of the horse in order to prevent future positive tests; (2) to manage and report sub-therapeutic levels of therapeutic medication overages in a way that does not further degrade the public image of racing; and (3) to sufficiently penalize the violators and discourage further attempts to violate the rules
- The key to successful implementation of these medication recommendations is **increased racetrack security** to promote enforcement and achieve uniform compliance.

Horses Intended for Sale at Public Auction

The treatment of horses intended for sale at public auction should be regulated in a similar way as for horses that are racing. The adoption of similar regulations will protect the horse and ensure the integrity of the sales process, recognizing that the sales process is a unique experience for immature horses.

The AAEP recommends the following actions in regards to medication usage in race horses intended for sale:

- Yearling and 2-year-old in training sales should institute stringent medication rules that are similar to RMTC guidelines.
- Yearling and 2-year-old in training sales should institute random testing of horses consistent with RMTC testing protocol recommendations.
- Any health problems that require medical treatment on the sales grounds must be announced in a timely manner, giving the buyer time to consult with a veterinarian prior to purchase.
- A list of all medications administered to a horse while the horse is on the sales grounds and being displayed to potential purchasers should be submitted to the sales company. If testing results vary from this list, the sale may be voided at the buyer's discretion.
- Penalties for medication violations at auctions must be significant to deter consignors from medication practices that may place the horse at increased risk of injury and/or compromise the integrity of the sales process.

The AAEP's mission is to promote the health and welfare of the horse. Although the focus of the AAEP Racing Task Force has primarily been the Thoroughbred racing industry, nearly all of the recommendations put forth are relevant to other racing breeds in the United States. To this end the AAEP is eager to assist the racing industry in reforming policies and practices in order to enhance the safety and welfare of the horse by putting the horse first. We believe that this effort, based upon what's best for the horse, will also be the key to restoring public confidence in the racing industry. Simply put, what is good for the horse is good for racing.

Respectfully completed by the AAEP Racing Task Force:

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Approved by AAEP Board of Directors, January 2009.

ITEM 2.

RCI MODEL RULES AND PRACTICES COMMITTEE MEETING ON JULY 30, 2009

- 1. Proposed Changes to Post Mortem Exams of Horses Rule, p. 36**
- 2. Proposed Changes to Rules about Drug Testing of Horses, pp. 37-38**
- 3. Discussion of Recommended Penalty Guidelines for Medication Violations, pp. 46-52**

**ASSOCIATION OF RACING COMMISSIONERS INTERNATIONAL
MODEL RULES AND PRACTICES COMMITTEE MEETING**

THURSDAY, JULY 30, 2009, 9:00 AM -5:00 PM

AGENDA

Call to Order

Introduction of Committee Members and other Attendees

Minutes of April, 20, 2009 Committee Meeting p 2

Report of Subcommittee on Proposed SPMO Certification Rule pp3-21

Rick Goodell, assistant counsel, NY State Racing and Wagering Board, Chairman

Report of Subcommittee on Proposed Changes to Safety Vest Rule p 22

Hugh Gallagher, Delaware Harness Racing Commission, Chairman

John Wayne, Delaware Thoroughbred Racing Commission, Vice Chairman

Proposed Rule Change on Jockey Fees p 23-33

Proposed Rule Change on Use of the Riding Crop in Flat Races p 34

Proposed Amendment to effective date of Mandatory Trainer CE Rule p 35

Proposed Changes to Post Mortem Exams of Horses Rule p 36

Proposed Changes to Rules about Drug Testing of Horses pp37-38

Discussion of Changes to Jockeys Weighing In Before and After the Races p 39

Discussion of Uses of Hyperbaic Oxygen Chambers pp 40-43

Lisa Underwood, Kentucky Horse Racing Commission

Discussion of Racing Compacts p 45

Rick Goodell, assistant legal counsel, NY State Racing and Wagering Board

Discussion of Recommended Penalty Guidelines for Medication Violations pp46-51

Charla Ann King, Texas Racing Commission

Discussion of Out of Competition Testing of Horses pp 52-58

Lisa Underwood, Kentucky Horse Racing Commission

Report on June 24-25 Greyhound Model Rules Subcommittee

Charla Ann King, Texas Racing Commission

Discussion of Possible Topics for Next Meeting p 59

Discussion of Date(s) and Location(s) of Next Meeting(s)

Philadelphia area in mid September and/or Tucson, Arizona, in early December

Larry B. Eliason
Chairman

Hugh Gallagher
Vice Chairman

Rick Goodell
Vice Chairman

Proposal #10 Postmortem Examinations

Propose the following changes to Chapter 11 (Equine Veterinary Practices, Health and Medication), Section 30:

ARCI-011-030 Physical Inspection of Horses

C. Postmortem Examination

- (1) The Commission ~~may conduct~~ shall require a postmortem examination of any horse that ~~is injured in this jurisdiction while in training dies or in competition and that subsequently expires or is destroyed is euthanized~~ on association grounds. In proceeding with a postmortem examination the Commission or its designee shall coordinate with the trainer and/or owner to determine and address any insurance requirements.
- (2) The Commission may conduct a postmortem examination of any horse that ~~expires while housed on association grounds dies or is euthanized~~ at recognized training facilities within this jurisdiction. Post mortem examinations should be conducted based on recommendations of the American Association of Equine Practitioners. Trainers and owners shall be required to comply with such action as a condition of licensure.
- (3) The Commission may take possession of the horse upon death for postmortem examination. If possible, the Commission should collect blood, urine and/or other bodily fluids immediately after the horse dies or is euthanized and all shoes and equipment on the horse's legs should be left on the horse. The Commission may submit blood, urine, other bodily fluid specimens or other tissue specimens collected during a postmortem examination for analysis. ~~Upon completion of the postmortem examination, the carcass may be returned to the owner or disposed of at the owner's expense.~~
- (4) The presence of a prohibited substance in a specimen collected during the postmortem examination may constitute a violation.
- ~~(5) The cost of Commission ordered postmortem examinations, testing and disposal shall be borne by the Commission.~~

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ARCI-011-023 Testing

A. Reporting to the Test Barn

- (1) The official winning horse and any other horse ordered by the Commission and/or the stewards shall be taken to the test barn to have a blood and urine samples taken at the direction of the official veterinarian.
- (2) The Racing Medication and Testing Consortium recommends that the horses that should be designated for blood and urine sample collection are:
 - o All winners
 - o First three in any stakes
 - o Betting favorites that finish in last two places
 - o Second or third place horses at 20-1 or longer odds
 - o Three stewards' discretionary selections based on probable cause & random selection

The Racing Medication and Testing Consortium recommends that the horses that should be designated for blood and urine sample testing are:

- o Winners at 10-1 or longer odds plus stake winner & up to half of other winners in order to test at least 50% of the winners
 - o Second & third place horses in stakes
 - o Betting favorites that finish in the last two places
 - o Second & third place horses at 20-1 or longer odds
 - o Two stewards' discretionary selections based on probable cause & random selection
- (3) Random or extra testing may be required by the stewards or the Commission at any time on any horse on association grounds.
 - (4) Unless otherwise directed by the stewards or the official veterinarian, a horse that is selected for testing must be taken directly to the test barn.
 - (5) A track security guard shall monitor access to the test barn area during and immediately following each racing performance. All persons who wish to enter the test barn area must be a minimum of 18-years-old, be currently licensed by the Commission, display their Commission identification badge and have a legitimate reason for being in the test barn area.

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#4 Sample Collection

The McKinsey Report called for an objective system to select horses for drug testing that would help ensure the integrity of racing by providing effective deterrence at the lowest feasible cost. The recommended policy guidelines called for a system that

- o Targets cheaters who profit by capturing purses and/or betting payoffs
- o Ensures a positive public perception by focusing on the most visible targets -- winners and unexpectedly good and bad performers
- o Collects as few samples as possible without sacrificing effectiveness
- o Provides clear direction to stewards while preserving the flexibility to select additional horses if necessary.

McKinsey recommended reducing the number of horses collected and tested from two per race on average, which was the practice in 1991, to an average of 1.5 per race. After discussions with a number of regulators and stewards, there was concern about not collecting and testing all winners which is the rule and/or statute in all states. Given this consideration and the McKinsey recommendation, I would suggest the following:

Horses to be collected:

- o All winners
- o First three in any stakes
- o Betting favorites that finish in last three places
- o Second or third place horses at 20-1 or longer odds
- o Two randoms per day
- o Two probable causes per day

Samples to be tested:

- o Winners at 10-1 or longer odds plus stake winner & up to half of other winners in order to test at least 50% of the winners
- o All probable causes
- o One random
- o Second & third place horses in stakes
- o Second & third place horses at 20-1

The term "probable cause" would be defined as the trainer or owner having a recent history of a medication rule violation or multiple medication rule violations in the last five years, credible information that the horse had received a prohibited substance, the trainer's has a win percentage significantly above the average, and/or horses in his care demonstrating significant form reversals.

ARCI-011-020 Medications and Prohibited Substances

Upon a finding of a violation of these medication and prohibited substances rules, the stewards shall consider the classification level of the violation as listed in at the time of the violation in the Uniform Classification Guidelines of Foreign Substances as promulgated by the Association of Racing Commissioners International and impose penalties and disciplinary measures consistent with the recommendations contained therein. The stewards shall also consult with the official veterinarian to determine if the violation was a result of the administration of a therapeutic medication as documented in a veterinarian's Medication Report Form received per ARCI-011-010 (C). The stewards may also consult with the laboratory director or other individuals to determine the seriousness of the laboratory finding or the medication violation. Penalties for all medication and drug violations shall be investigated and reviewed on a case by case basis. Extenuating factors include, but are not limited to:

- (1) The past record of the trainer, veterinarian and owner in drug cases;
- (2) The potential of the drug(s) to influence a horse's racing performance;
- (3) The legal availability of the drug;
- (4) Whether there is reason to believe the responsible party knew of the administration of the drug or intentionally administered the drug ;
- (5) The steps taken by the trainer to safeguard the horse;
- (6) The probability of environmental contamination or inadvertent exposure due to human drug use;
- (7) The purse of the race;
- (8) Whether the drug found was one for which the horse was receiving a treatment as determined by the Medication Report Form;
- (9) Whether there was any suspicious betting pattern in the race, and;
- (10) Whether the licensed trainer was acting under the advice of a licensed veterinarian.

As a result of the investigation, there may be mitigating circumstances for which a lesser or no penalty is appropriate for the licensee and aggravating factors, which may increase the penalty beyond the minimum.

A. Uniform Classification Guidelines

The following outline describes the types of substances placed in each category. This list shall be publicly posted in the offices of the official veterinarian and the racing secretary.

(1) Class 1

Opiates, opium derivatives, synthetic opioids, psychoactive drugs, amphetamines and U.S. Drug Enforcement Agency (DEA) scheduled I and II drugs. Also found in this class are drugs which are potent stimulants of the nervous system. Drugs in this class have no generally accepted medical use in the racehorse and their pharmacological potential for altering the performance of a race is very high.

(2) Class 2

Drugs in this category have a high potential for affecting the outcome of a race. Most are not generally accepted as therapeutic agents in the racehorse. Many are products

intended to alter consciousness or the psychic state of humans, and have no approved or indicated use in the horse. Some, such as injectable local anesthetics, have legitimate use in equine medicine, but should not be found in a racehorse. The following groups of drugs are in this class:

- (a) Opiate partial agonists, or agonist-antagonists;
- (b) Non-opiate psychotropic drugs, which may have stimulant, depressant, analgesic or neuroleptic effects;
- (c) Miscellaneous drugs which might have a stimulant effect on the central nervous system (CNS);
- (d) Drugs with prominent CNS depressant action;
- (e) Antidepressant and antipsychotic drugs, with or without prominent CNS stimulatory or depressant effects;
- (f) Muscle blocking drugs which have a direct neuromuscular blocking action;
- (g) Local anesthetics which have a reasonable potential for use as nerve blocking agents (except procaine); and
- (h) Snake venoms and other biologic substances, which may be used as nerve blocking agents.

(3) Class 3

Drugs in this class may or may not have an accepted therapeutic use in the horse. Many are drugs that affect the cardiovascular, pulmonary and autonomic nervous systems. They all have the potential of affecting the performance of a racehorse. The following groups of drugs are in this class:

- (a) Drugs affecting the autonomic nervous system which do not have prominent CNS effects, but which do have prominent cardiovascular or respiratory system effects (bronchodilators are included in this class);
- (b) A local anesthetic which has nerve blocking potential but also has a high potential for producing urine residue levels from a method of use not related to the anesthetic effect of the drug (procaine);
- (c) Miscellaneous drugs with mild sedative action, such as the sleep inducing antihistamines;
- (d) Primary vasodilating/hypotensive agents; and
- (e) Potent diuretics affecting renal function and body fluid composition.

(4) Class 4

This category is comprised primarily of therapeutic medications routinely used in racehorses. These may influence performance, but generally have a more limited ability to do so. Groups of drugs assigned to this category include the following:

- (a) Non-opiate drugs which have a mild central analgesic effect;
- (b) Drugs affecting the autonomic nervous system which do not have prominent CNS, cardiovascular or respiratory effects
 - (A) Drugs used solely as topical vasoconstrictors or decongestants
 - (B) Drugs used as gastrointestinal antispasmodics
 - (C) Drugs used to void the urinary bladder

- (D) Drugs with a major effect on CNS vasculature or smooth muscle of visceral organs.
 - (E) Antihistamines which do not have a significant CNS depressant effect (This does not include H1 blocking agents, which are listed in Class 5);
 - (c) Mineralocorticoid drugs;
 - (d) Skeletal muscle relaxants;
 - (e) Anti-inflammatory drugs--those that may reduce pain as a consequence of their anti-inflammatory actions, which include:
 - (A) Non-Steroidal Anti-Inflammatory Drugs (NSAIDs);
 - (B) Corticosteroids (glucocorticoids); and
 - (C) Miscellaneous anti-inflammatory agents.
 - (f) Anabolic and/or androgenic steroids and other drugs;
 - (g) Less potent diuretics;
 - (h) Cardiac glycosides and antiarrhythmics including:
 - (A) Cardiac glycosides;
 - (B) Antiarrhythmic agents (exclusive of lidocaine, bretylium and propranolol); and
 - (C) Miscellaneous cardiotonic drugs.
 - (i) Topical Anesthetics--agents not available in injectable formulations;
 - (j) Antidiarrheal agents; and
 - (k) Miscellaneous drugs including:
 - (A) Expectorants with little or no other pharmacologic action;
 - (B) Stomachics; and
 - (C) Mucolytic agents.
- (5) Class 5
 Drugs in this category are therapeutic medications for which concentration limits have been established as well as certain miscellaneous agents. Included specifically are agents, which have very localized action only, such as anti-ulcer drugs and certain anti-allergenic drugs. The anticoagulant drugs are also included.

B. Penalties

- (1) In issuing penalties against individuals found guilty of medication and drug violations a regulatory distinction shall be made between the detection of therapeutic medications used routinely to treat racehorses and those drugs that have no reason to be found at any concentration in the test sample on race day.
- (2) The stewards or the commission will use the Racing Medication and Testing Consortium's penalty category and schedule as a starting place in the penalty stage of the deliberations for a rule violation for any drug listed in the *Association of Racing Commissioners International Uniform Classification Guidelines for Foreign Substances*.
- (3) If a licensed veterinarian is administering or prescribing a drug not listed in the RCI *Uniform Classification Guide lines for Foreign Substances* or shown in the RMTC

Penalty Guideline Listing, the identity of the drug shall be forwarded to the official veterinarian to be forwarded to the Racing Medication and Testing Consortium for classification.

- (4) Any drug or metabolite thereof found to be presenting a pre- or post-race sample which is not classified in the most current RCI *Uniform Classification Guidelines for Foreign Substances* shall be assumed to be a RCI Class 1 Drug and the trainer and owner shall be subject to those penalties as set forth in schedule "A" unless satisfactorily demonstrated otherwise by the Racing Medication and Testing Consortium, with a penalty category assigned.
- (5) The penalty categories and their related schedules, if applicable, shall be on the following criteria:
 - (a) Whether the drug is approved by the U.S. Food and Drug Administration for use in the horse;
 - (b) Whether the drug is approved by the U.S. Food and Drug Administration for use in any species;
 - (c) Whether the drug has any legitimate therapeutic application in the equine athlete;
 - (d) Whether the drug was identified as "necessary" by the RMTTC Veterinary Advisory Committee;
 - (e) Whether legitimate, recognized therapeutic alternatives exist, and;
 - (f) The current RCI Classification of the drug.
- (6) The penalty categories "A", "B" and "C" and their related schedules for Trainers and Owners are shown in the following tables.

The following are recommended penalties for violations due to the presence of a drug carrying a Category "A" penalty and for violations of ARCI-011-015: Prohibited Practices:

LICENSEE CATEGORY	1 st offense	2 nd LIFETIME offense in any jurisdiction	3 rd LIFETIME offense in any jurisdiction
	<ul style="list-style-type: none"> ◦ Minimum one-year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a three-year suspension. <li style="text-align: center;">AND ◦ Minimum fine of \$10,000 or 10% of total purse (greater of the two) absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$25,000 or 25% of purse (greater of the two). <li style="text-align: center;">AND ◦ May be referred to the Commission for any further action deemed necessary by the Commission. 	<ul style="list-style-type: none"> ◦ Minimum three-year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of license revocation with no reapplication for a three-year period. <li style="text-align: center;">AND ◦ Minimum fine of \$25,000 or 25% of total purse (greater of the two) absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$50,000 or 50% of purse (greater of the two). <li style="text-align: center;">AND ◦ May be referred to the Commission for any further action deemed necessary by the Commission. 	<ul style="list-style-type: none"> ◦ Minimum five-year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of license revocation with no reapplication for a five-year period. <li style="text-align: center;">AND ◦ Minimum fine of \$50,000 or 50% of total purse (greater of the two) absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$100,000 or 100% of purse (greater of the two). <li style="text-align: center;">AND ◦ May be referred to the Commission for any further action deemed necessary by the Commission.
	<ul style="list-style-type: none"> ◦ Disqualification and loss of purse. <li style="text-align: center;">AND ◦ Horse shall be placed on the veterinarian's list for 90 days and must pass a commission-approved examination before becoming eligible to be entered. 	<ul style="list-style-type: none"> ◦ Disqualification and loss of purse. <li style="text-align: center;">AND ◦ Horse shall be placed on the veterinarian's list for 120 days and must pass a commission-approved examination before becoming eligible to be entered. 	<ul style="list-style-type: none"> ◦ Disqualification, loss of purse and \$50,000 fine. <li style="text-align: center;">AND ◦ Horse shall be placed on the veterinarian's list for 180 days and must pass a commission-approved examination before becoming eligible to be entered. <li style="text-align: center;">AND ◦ Referral to the Commission with a recommendation of a suspension for a minimum of 90 days.

The following are recommended penalties for violations due to the presence of a drug carrying Category "B" penalty, for the presence of more than one NSAID in a plasma/serum sample, subject to the provisions set forth in ARCI-011-020 E.(1)(c) and for violations of the established levels for total carbon dioxide:

LICENSED TRAINER	1 st offense	2 nd offense (365-day period) in any jurisdiction	3 rd offense (365-day period) in any jurisdiction
	<ul style="list-style-type: none"> ◦ Minimum 15-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 60-day suspension. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Minimum fine of \$500 absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$1,000. 	<ul style="list-style-type: none"> ◦ Minimum 30-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 180-day suspension. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Minimum fine of \$1,000 absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$2,500. 	<ul style="list-style-type: none"> ◦ Minimum 60-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a one-year suspension. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Minimum fine of \$2,500 absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of \$5,000 or 5% of purse (greater of the two). <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ May be referred to the Commission for any further action deemed necessary by the Commission.
	<ul style="list-style-type: none"> ◦ Disqualification and loss of purse [in the absence of mitigating circumstances]*. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Horse must pass a commission-approved examination before becoming eligible to be entered. 	<ul style="list-style-type: none"> ◦ Disqualification and loss of purse [in the absence of mitigating circumstances]*. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Horse must pass a commission-approved examination before becoming eligible to be entered. 	<ul style="list-style-type: none"> ◦ Disqualification and loss of purse, and in the absence of mitigating circumstances a \$5,000 fine.* <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ◦ Horse shall be placed on the veterinarian's list for 45 days and must pass a commission-approved examination before becoming eligible to be entered.

* (The RMTTC recommendation called for loss of purse to happen in absence of mitigating circumstances the Joint Model Rules Committee has made loss of purse mandatory in their proposal)

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The following are recommended penalties for violations due to the presence of a drug carrying a Category "C" penalty and averages for permitted NSAIDs and furosemide: (*All concentrations are for measurements in serum or plasma.*)

<p>LICENSED TRAINER</p>	<p>Phenylbutazone (5.1-9.9 mcg/ml) Flunixin (21-99 ng/ml) Ketoprofen (41-49 ng/ml) Furosemide (>100 ng/ml) and no furosemide when identified as administered**</p>	<p>Phenylbutazone (≥10.0 mcg/ml) Flunixin (≥100 ng/ml) Ketoprofen (≥50 ng/ml) and CLASS C Violations</p>
<p>1st Offense (365-day period) in any jurisdiction</p>	<p>Minimum fine of \$250 absent mitigating circumstances</p>	<p>Minimum fine of \$500 absent mitigating circumstances</p>
<p>2nd Offense (365-day period) in any jurisdiction</p>	<p>Minimum fine of \$500 absent mitigating circumstances</p>	<p>Minimum fine of \$1,000 and 15-day suspension absent mitigating circumstances</p>
<p>3rd Offense (365-day period) in any jurisdiction</p>	<p>Minimum fine of \$1,000 and 15-day suspension absent mitigating circumstances</p>	<p>Minimum fine of \$2,500 and 30-day suspension absent mitigating circumstances</p>
<p>LICENSED OWNER</p>	<p>Phenylbutazone (5.1-9.9 mcg/ml) Flunixin (21-99 ng/ml) Ketoprofen (41-49 ng/ml) Furosemide (>100 ng/ml) and no furosemide when identified as administered**</p>	<p>Phenylbutazone (≥10.0 mcg/ml) Flunixin (≥100 ng/ml) Ketoprofen (≥50 ng/ml) AND CLASS C VIOLATIONS</p>
<p>1st Offense (365-day period) in any jurisdiction</p>		<p>Loss of purse. Horse must pass commission-approved examination before being eligible to run</p>
<p>2nd Offense (365-day period) in any jurisdiction</p>		<p>Loss of purse. If same horse, placed on veterinarian's list for 45 days, must pass commission-approved examination before being eligible to run</p>
<p>3rd Offense (365-day period) in any jurisdiction</p>		<p>Loss of purse. Minimum \$5,000 fine. If same horse, placed on veterinarian's list for 60 days, must pass commission-approved examination before being eligible to run</p>

ITEM 3.

DISCUSSION OF RMTTC PROPOSED AMENDMENTS TO RCI MODEL RULE ON STERIODS

J. Androgenic-Anabolic Steroids (AAS)

- (1) No AAS shall be permitted in test samples collected from racing horses except for residues of the major metabolite of stanozolol, nandrolone, and testosterone, and the naturally occurring substances nandrolone, boldenone, and testosterone at concentrations less than the indicated thresholds.
- (2) Concentrations of these AAS shall not exceed the following plasma or serum thresholds for unchanged (i.e., not conjugated) substance or urine threshold for total (i.e., free drug or metabolite plus drug or metabolite liberated from its conjugates):
 - (a) Stanozolol – 1 ng/mL of total 16 β -hydroxystanozolol (metabolite of stanozolol) in urine of all horses regardless of sex; or 25 pg/mL of stanozolol in plasma or serum of all horses regardless of sex.
 - (b) Boldenone – 15 ng/mL of total boldenone in urine of male horses other than geldings; or 25 pg/mL of boldenone in plasma or serum of all horses regardless of sex.
 - (c) Nandrolone
 - (A) In geldings - 1 ng/mL of total nandrolone in urine or 25 pg/mL of nandrolone in plasma or serum;
 - (B) In fillies and mares – 1 ng/mL of total nandrolone in urine or 25 pg/mL of nandrolone in plasma or serum;
 - (C) In male horses other than geldings – 45 ng/mL of the metabolite, 5 α -oestrane-3 β ,17 α -diol in urine.
 - (d) Testosterone
 - (A) In geldings – 20 ng/mL of total testosterone in urine or 25 pg/mL of testosterone in plasma or serum;
 - (B) In fillies and mares – 55 ng/mL of total testosterone in urine or 25 pg/mL of testosterone in plasma or serum;
 - (C) in fillies and mares that are confirmed at the time of racing as being pregnant, testosterone is not regulated;
 - (D) In male horses other than geldings testosterone is not regulated under this provision.
- (3) All other AAS are prohibited in racing horses.
- (4) Post-race urine and plasma or serum samples must have the sex of the horse identified to the laboratory.
- (5) Any horse to which an anabolic steroid has been administered in order to assist in the recovery from illness or injury may be placed on the veterinarian's list in order to monitor the concentration of the drug or metabolite in urine or drug in plasma or serum. After the concentration has fallen below the designated threshold for the administered AAS, the horse is eligible to be removed from the list

Adopted in Version 1.4 ARCI 8/27/02 NAPRA 10/2/02
 Version 1.4 to 2.0 ARCI 4/26/03 NAPRA 4/14/03: Rule topic was renumbered to ARCI-011-023
 Version 2.1 to 3.0 ARCI 4/3/04 NAPRA 4/3/04: Amended and modified new rule language

ITEM 4.

**PROPOSAL TO AMEND
RULE § 319.364,
TESTING FOR
ANDROGENIC-ANABOLIC
STERIODS**

1 **Sec. 319.364. Testing for Androgenic-Anabolic Steroids**

2 (a) No androgenic-anabolic steroids shall be permitted in test
3 samples collected from racing horses except for residues of the
4 major metabolite of stanozolol, nandrolone, and the naturally
5 occurring substances boldenone and testosterone at
6 concentrations less than the indicated thresholds.

7 (b) Concentrations of these androgenic-anabolic steroids shall
8 not exceed the following urine threshold concentrations for
9 total (i.e., free drug or metabolite and drug or metabolite
10 liberated from its conjugates):

11 (1) 16 β -hydroxystanozolol (metabolite of stanozolol
12 (Winstrol))--1 ng/ml in urine for all horses regardless of sex;

13 (2) Boldenone (Equipoise® is the undecylenate ester of
14 boldenone) in male horses other than geldings--15 ng/ml in
15 urine. No boldenone shall be permitted in geldings or female
16 horses.

17 (3) Nandrolone (Durabolin® is the phenylpropionate ester and
18 Deca-Durabolin® is the decanoate ester)

19 (A) In geldings--1 ng/ml in urine

20 (B) In fillies and mares--1 ng/ml in urine

21 (4) Testosterone

22 (A) In geldings--20 ng/ml in urine

23 (B) In fillies and mares--55 ng/ml in urine

24 (c) Any other anabolic steroids are prohibited in racing horses.

25 (d) Post-race urine samples must have the sex of the horse
26 identified to the laboratory.

27 (e) Any horse to which an anabolic steroid has been administered
28 in order to assist in the recovery from illness or injury may be
29 placed on the veterinarian's list in order to monitor the

1 concentration of the drug or metabolite in urine. After the
2 concentration has fallen below the designated threshold for the
3 administered androgenic-anabolic steroids, the horse is
4 eligible to be removed from the list.