Washington, D.C. 20515
Testimony by Samantha Smith
Industry Initiatives Representative
The Jockey Club
House Energy & Commerce Subcommittee on Consumer Protection & Commerce
HR 1754 Horseracing Integrity Act
Tuesday, January 28, 2020

Dear Chair Schakowsky and Ranking Member McMorris Rodgers,

My name is Samantha Smith, and I work for The Jockey Club supporting its Industry Initiatives department. One of my responsibilities is to monitor and report the status of racing regulations per state as compared to best practice industry standards or model rule suggestions.

I offer this testimony in support of the Horseracing Integrity Act of 2019, H.R. 1754, which will create nationwide uniform medication rules and regulations through the creation of a private, independent national Horseracing Anti-Doping and Medication Control Authority responsible for developing and administering a strict anti-doping and medication control program in all racing jurisdictions.

The sport of horse racing has been struggling for decades to achieve the goal of having uniform medication rules, testing, and penalties across all racing jurisdictions. Achieving uniformity in these areas is essential to maintaining the integrity of the sport, stopping violators from finding cracks in the system to exploit, and ensuring that all athletes compete on a level playing field.

One of the major attempts at uniformity of medication regulations among U.S. racings states is the National Uniform Medication Program (NUMP), an on-going program initiated and run by the Racing Medication and Testing Consortium (RMTC) since 2012. As discussed below, the NUMP sets out model rules in four distinct areas of medication regulation for adoption by each of the United States' 38 separate racing jurisdictions. In June 2018, when Congress last held hearings on this matter, opponents of the bill maintained that total medication rule uniformity was already in hand or, at least, just around the corner:

- "H.R. 2651 purports to create a system for the uniform regulation and use of medication in the racing industry, **but such a uniform system already exists, and it works well**." (Verbal statement of Alan Foreman, Hearing Transcript, June 22, 2018, pg. 25.) (Emphasis added.)
- "[R]acing has uniform rules, policies, guidelines, and laboratory testing in all racing States that are superior to any sport or business in the world." (Verbal statement of Alan Foreman, Hearing Transcript, June 22, 2018, pg. 25.)
- "[The] lack of uniformity is no longer the problem it once was." (Written Testimony of Eric Hammelback, June 22, 2018, pg. 3.)

These comments were made to assuage Congress' concerns over the incongruity in the horse racing regulatory system. However, our research shows that the above assessments were overstated and, more so, that in the 18 months since that hearing the states have drifted further away from uniformity than they were at the time of the hearing. At present, not one state has fully adopted all four of the current components of NUMP. Despite all the years of effort since NUMP's inception, uniformity remains elusive and experience dictates that if it is ever achieved via the NUMP it will be fleeting.

Adoption of the NUMP Among U.S. Racing Jurisdictions

More fully detailed in the attached analysis and review, the following is a snapshot of the current adoption level of each of the four parts of the NUMP:

- Controlled Therapeutic Medication Schedule: Four out of 33 states*
- Third-party administration of furosemide: Nine out of 33 states
- Lab accreditation: 31 out of 33 states
- Association of Racing Commissioners International Penalty Guidelines for Multiple Medication Violations: 11 out of 33 states

Sadly, while a number of states are NUMP compliant in part, no single state of the 33 reviewed maintains regulations that are compliant with all four of NUMP's currently stated parts. While others may point out that some states have, at times, been fully compliant with the NUMP in all respects in the past, the fact that zero states are currently compliant illustrates the clear flaw in the NUMP program: states are unable to keep pace with the changes necessary to keep our horses safe and our sport clean.

Without passage of the Horseracing Integrity Act, the Thoroughbred racing industry will continue to flounder under the highly fragmented NUMP-based system that enables and invites disparity in medication regulation, testing, and enforcement from state to state.

U.S. racing jurisdictions have had decades to achieve uniformity, yet it has still not been achieved, and the NUMP program has proved ineffective in making it happen. The best way to achieve uniformity is through the Horseracing Integrity Act of 2019, H.R. 1754. When enacted, H.R. 1754 would provide the horse racing industry with a single set of uniform drug testing rules and enforcement protocols that would be managed by an independent, non-governmental, not-for-profit anti-doping organization.

**While there are 38 racing jurisdictions in the U.S., this analysis was based on the 33 states that have flat racing and that are surveyed by the RMTC in its NUMP analysis.*

ATTACHMENT 1: ANALYSIS AND REVIEW

Foundation of NUMP

The Racing Medication and Testing Consortium (RMTC) is governed by a board of directors representing 23 racing industry stakeholder groups with the mission to develop and promote uniform rules, policies, and testing standards at the national level. These efforts gave rise to the foundation of the National Uniform Medication Program (NUMP). The NUMP was intended to be the tool used to unify all jurisdictions authorized to hold pari-mutuel horse racing under a single set of drug-testing rules, enforcement procedures, and penalties.

What is NUMP?

The NUMP is a regulatory program that has been advocated through volunteer efforts among the states and is composed of the following four principal components:

1. Implementation of a two-tier drug classification system: controlled therapeutic medications and prohibited substances with regulatory thresholds and withdrawal guidelines provided for each of the controlled therapeutic medications. This Controlled Therapeutic Medication Schedule (CTMS) is provided by the Association of Racing Commissioners International Inc. (ARCI). The most recent version is Version 4.2 published in December 2019.

2. Third-party administration of furosemide on race day by the official veterinarian, the racing veterinarian, or his/her designee no fewer than four hours prior to post time. The model rule is provided by ARCI Model Rules in the most recent version, Version 9.2, published December 2019 found in ARCI-011-020 Medications and Prohibited Substances; Section H(2)(a).

3. Accreditation of all equine drug-testing facilities that meets the recently enacted RMTC Code of Standards for Drug Testing Laboratories.

4. Adoption of the current version of the ARCI Penalty Guidelines for Multiple Medication Violations (MMV) by state racing commissions. The model rule is provided by ARCI Model Rules in the most recent version, Version 9.2, published December 2019 found in ARCI-011-020 Medications and Prohibited Substances; Section B(13).

State-by-State Adoption of NUMP

The RMTC provides a report that surveys the NUMP adoption efforts of each racing jurisdiction. This report identifies states that have fully incorporated regulations that mirror all four tiers of the then currently effective version NUMP, but also recognizes good faith efforts of jurisdictions that show NUMP-based revisions are under review or that maintain regulations that comport with previous versions of the NUMP rules. Unfortunately, comingling the number of up-to-date jurisdictions with those that are not compliant makes it nearly impossible to discern overall compliance with NUMP in the U.S.

In order to evaluate the actual status of NUMP adoption within the U.S., we took a systematic approach to review all individual jurisdictions on a state-by-state, rule-by-rule basis. Each state's regulations were individually examined. Only materials that were publicly available, including meeting minutes, commission notices, and published rules, were considered. This ensures a clear view of each state's rule-

making process and adoption method. Internal operating procedures and policies not accessible to the general public were not considered. Informal practices and racetrack "house rules" were not considered because their enforcement is transient at best.

Our examination focused on each state's adoption of (or failure to adopt) each currently effective component of NUMP: CTMS, third-party furosemide administration, penalty guidelines for MMV, and laboratory accreditation status (the lattermost being determined according to the RMTC National Uniform Medication Program Thoroughbred Racing Summary (2017, June) and confirmation from RMTC that there have been no updates since the date of that publication).

Based upon the above-described analysis, we categorized adoption of each component of the NUMP by each state as "fully adopted," "partially adopted," or "no adoption." Then, each state was further categorized on the basis of its compliance across all components of NUMP, only according "fully adopted" status to those states that fully adopted all current components of NUMP.

The 33 states examined are Arizona, Arkansas, California, Colorado, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Virginia, Washington, West Virginia, and Wyoming.

January 2020 Status

The first component of NUMP is compliance with the ARCI Controlled Therapeutic Medication Schedule for Horses (currently in Version 4.2). In general, states adopted this portion of NUMP either by express reference to it or by specifying individual drug thresholds. Those states that practice adoption by reference vary in their practice. Some states incorporate new versions of the CTMS automatically while others require a review prior to adoption of future versions. For those states that adopt by individual thresholds, each of the current 23 controlled therapeutic medications and its recommended threshold level has to be examined and approved by each state.

Deviations found within listed drugs or recommended thresholds mean that the state is out of compliance. A state quantifies as fully adopting the current CTMS only if it regulated the current recommended therapeutic threshold level for all 23 controlled therapeutic medications at the same threshold within the same test medium. Only four states have fully adopted the thresholds for all 23 controlled therapeutic medications listed on the most current version of the CTMS (Version 4.2): Louisiana, Massachusetts, Minnesota, and Montana.

The second component of NUMP examined was third-party furosemide (or Lasix) administration. A wide range of language variation was seen among the states within their rules specifying the manner of furosemide administration. For this portion of NUMP, it was found that only nine states have fully adopted the model rule for administration of furosemide by a third party, such as the official or commission veterinarian or his/her designee, as outlined in the ARCI Model Rules Version 9.2, published December 2019, found in ARCI-011-020 Medications and Prohibited Substances; Section H(2)(a). These states are Arkansas, California, Colorado, Delaware, Iowa, Kentucky, Maryland, North Dakota, and Virginia.

The third component of NUMP observed was the RMTC laboratory accreditation. This information was obtained through the survey and status report conducted by RMTC (National Uniform Medication Program Thoroughbred Racing Summary, June 2017) and confirmed via the executive director. This portion of NUMP was adopted in full by 31 of the 33 states reviewed.

The fourth component of NUMP examined was the current version of the ARCI Penalty Guidelines for MMV per ARCI Model Rules Version 9.2, found in ARCI-011-020 Medications and Prohibited Substances; Section B(13). This component has been fully adopted in the most current version by only 11 of the states reviewed: Arizona, Arkansas, Colorado, Indiana, Maryland, Massachusetts, Montana, South Dakota, Virginia, Washington, and West Virginia.

The conclusive data shows that no jurisdiction that hosts Thoroughbred or Quarter Horse racing has adopted all four components of NUMP in full with the most recent versions of the recommended model rules. States that have partially adopted NUMP with three of four components are Arkansas, Colorado, Maryland, Massachusetts, Montana, and Virginia. The states having adopted two of four components are Arizona, California, Delaware, Indiana, Iowa, Kentucky, Minnesota, New Mexico, North Dakota, Washington, and West Virginia. The states having adopted one of four are Florida, Idaho, Illinois, Louisiana, Michigan, Nebraska, Nevada, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, and Wyoming.

Constant Change

In addition to the inconsistency among the states in regard to adoption of these rules, the other issue state to state is the constant fluctuation of adoption. Not only does the adoption status of a state change when it implements rule changes, which is an arduous process, but when the ARCI Model Rules become updated it also affects the adoption status of a state depending on how it has implemented the former model rule.

For example, in December 2019, the ARCI Controlled Therapeutic Medication Schedule (CTMS) updated to Version 9.2, eliminating seven of the therapeutic medications on the schedule, reverting the threshold to level of detection, and amending two of the other threshold levels. This affected the status of the states that adopted the previous version through rule text inserted into the state rules or through reference of a previous CTMS version number. This change alone caused four states that would have adopted the program in full (4/4 tiers) to be bumped down to partial status (3/4 tiers). In fact, 13 states total shifted down a tier in their cumulative adoption status due to just this update.

To further summarize the constant change in adoption of the NUMP, the following table is a brief summary of changes between June 2018 and January 2020.

January 2020	June 2018
0 states adopt program in full (4/4)	2 states adopt program in full (4/4) • AR, MD
6 states adopt program in partial (3/4) • AR, CO, MD, MA, MT, VA	4 states adopt program in partial (3/4) • CA, CO, MT, VA
11 states adopt program in partial (2/4) • AZ, CA, DE, IN, IA, KY, MN, NM, ND, WA, WV	13 states adopt program in partial (2/4) • AZ, DE, IN, KY, MA, MN, NJ, NM, ND, SD, TX, WA, WV
16 states adopt program in partial (1/4) • FL, ID, IL, LA, MI, NE, NV, NJ, NY, OH, OK, OR, PA, SD, TX, WY	12 states adopt program in partial (1/4) • ID, IL, LA, MI, NE, NV, NY, OH, OK, OR, PA, WY
N/A	2 states with no adoption • FL, IA

Since June 2018:

- Arkansas and Maryland no longer comply with the new version of the CTMS changing from full to partial adoption of the NUMP.
- There are now zero states that fully comply with all four tiers of NUMP.
- California no longer complies with the new version of the CTMS changing from partial status previously adopting 3/4 tiers now to only 2/4 tiers.
- New Jersey, South Dakota, and Texas no longer comply with the new version of the CTMS changing from partial status previously adopting 2/4 tiers now to only 1/4 tiers.
- Iowa went from no adoption to partial adoption of 2/4 tiers with the implementation of third-party Lasix administration and lab accreditation.
- Florida went from no adoption to partial adoption of 1/4 tiers with the implementation of lab accreditation.
- Massachusetts has fully adopted the most recent version of the MMV changing adoption status from 2/4 tiers to 3/4 tiers.

NUMP Status Review
January 2020

Resource Materials

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Final Summary of NUMP Status per State According to Rule Language (January 2020)

State	Scorecard	#	Phase 1 (CTMS)	Phase 2 (Lasix)	Phase 3 (Lab)	Phase 4 (MMV)
Florida	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Fully Adopted	Partially Adopted
Idaho	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Illinois	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Louisiana	Adopted Program Partially (1 of 4)	1	Fully Adopted	Uncommitted	Under Discussion or In Pro	Uncommitted
Michigan	Adopted Program Partially (1 of 4)	1	Uncommitted	Uncommitted	Fully Adopted	Uncommitted
Nebraska	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Partially Adopted
Nevada	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
New Jersey	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Fully Adopted	Partially Adopted
New York	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Fully Adopted	Partially Adopted
Ohio	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Oklahoma	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Oregon	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Pennsylvania	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Partially Adopted
South Dakota	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Uncommitted	Fully Adopted
Texas	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Wyoming	Adopted Program Partially (1 of 4)	1	Uncommitted	Uncommitted	Fully Adopted	Uncommitted
Arizona	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
California	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Delaware	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Indiana	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Iowa	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Uncommitted
Kentucky	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Uncommitted
Minnesota	Adopted Program Partially (2 of 4)	2	Fully Adopted	Uncommitted	Fully Adopted	Uncommitted
New Mexico	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
North Dakota	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Washington	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
West Virginia	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Arkansas	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Colorado	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Maryland	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Massachusetts	Adopted Program Partially (3 of 4)	3	Fully Adopted	Uncommitted	Fully Adopted	Fully Adopted
Montana	Adopted Program Partially (3 of 4)	3	Fully Adopted	Uncommitted	Fully Adopted	Fully Adopted
Virginia	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted

NUMP Changes from June 2018 to January 2020

January 2020	**June 2018**
0 states adopt program in full (4/4)	2 states adopt program in full (4/4) • AR, MD
6 states adopt program in partial (3/4) • AR, CO, MD, MA, MT, VA	4 states adopt program in partial (3/4) • CA, CO, MT, VA
11 states adopt program in partial (2/4) • AZ, CA, DE, IN, IA, KY, MN, NM, ND, WA, WV	13 states adopt program in partial (2/4) • AZ, DE, IN, KY, MA, MN, NJ, NM, ND, SD, TX, WA, WV
16 states adopt program in partial (1/4) • FL, ID, IL, LA, MI, NE, NV, NJ, NY, OH, OK, OR, PA, SD, TX, WY	12 states adopt program in partial (1/4) • ID, IL, LA, MI, NE, NV, NY, OH, OK, OR, PA, WY
N/A	2 states with no adoption • FL, IA

Since June 2018:

- Arkansas and Maryland no longer comply with the new version of the CTMS changing from full to partial adoption of the NUMP.
- There are now zero states that fully comply with all four tiers of NUMP.
- California no longer complies with the new version of the CTMS changing from partial status previously adopting 3/4 tiers now to only 2/4 tiers.
- New Jersey, South Dakota, Texas no longer comply with the new version of the CTMS changing from partial status previously adopting 2/4 tiers now to only 1/4 tiers.
- Iowa went from no adoption to partial adoption of 2/4 tiers with the implementation of third party Lasix administration and lab accreditation.
- Florida went from no adoption to partial adoption of 1/4 tiers with the implementation of lab accreditation.
- Massachusetts has fully adopted the most recent version of the MMV changing adoption status from 2/4 tiers to 3/4 tiers.

2018 NUMP Adoption Comparison

State	RMTC NUMP Adoption Status	TJC (HRR) NUMP Adoption Status	#	Phase 1 (CTMS)	Phase 2 (Lasix)	Phase 3 (Lab)	Phase 4 (MMV)
Florida	"2 of 4" = Missing MMV & Lab	No Adoption	0	Partially Adopted	Partially Adopted	Uncommitted	Partially Adopted
Iowa	"3 of 4" = Lab in progress	No Adoption	0	Partially Adopted	Uncommitted	Under Discussion or	Uncommitted
Idaho	"3 of 4" = All except MMV	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Illinois	"2 of 4" = Missing MMV & Lasix	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Louisiana	"1 of 4" = Only adopts CTMS	Adopted Program Partially (1 of 4)	1	Fully Adopted	Uncommitted	Uncommitted	Uncommitted
Michigan	"2 of 4" = Missing CTMS & Lasix	Adopted Program Partially (1 of 4)	1	Uncommitted	Uncommitted	Fully Adopted	Uncommitted
Nebraska	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Partially Adopted
Nevada	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
New York	"Adopted in full"	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Fully Adopted	Partially Adopted
Ohio	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Oklahoma	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Oregon	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
Pennsylvania	"Adopted in full"	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Partially Adopted
Wyoming	"1 of 4" = Only adopts Lab	Adopted Program Partially (1 of 4)	1	Uncommitted	Uncommitted	Fully Adopted	Uncommitted
Arizona	"1 of 4" = Only adopts Lab	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Delaware	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Indiana	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Kentucky	"3 of 4" = All except MMV	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Uncommitted
Massachusetts	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Fully Adopted	Uncommitted	Fully Adopted	Partially Adopted
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New Jersey	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Fully Adopted	Partially Adopted	Fully Adopted	Partially Adopted
New Mexico	"2 of 4" = Missing MMV & Lasix	Adopted Program Partially (2 of 4)	2	Fully Adopted	Uncommitted	Fully Adopted	Uncommitted
North Dakota	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
South Dakota	"0 of 4" All except lab under discussion	Adopted Program Partially (2 of 4)	2	Fully Adopted	Partially Adopted	Uncommitted	Fully Adopted
Texas	"2 of 4" = Missing MMV & Lasix	Adopted Program Partially (2 of 4)	2	Fully Adopted	Uncommitted	Fully Adopted	Uncommitted
Washington	"1 of 4" = Only adopts Lab	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
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California	"3 of 4" = All except MMV	Adopted Program Partially (3 of 4)	3	Fully Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Colorado	"3 of 4" = All except CTMS	Adopted Program Partially (3 of 4)	3	Fully Adopted	Fully Adopted	Fully Adopted	Partially Adopted
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Virginia	"Adopted in full"	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Arkansas	"Adopted in full"	Adopted Program in Full	4	Fully Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Maryland	"Adopted in full"	Adopted Program in Full	4	Fully Adopted	Fully Adopted	Fully Adopted	Fully Adopted

* RMTC Resource = June 2017 Summary

2020 NUMP Adoption Comparison

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Pennsylvania	"Adopted in full"	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Partially Adopted
South Dakota	N/A - Not Quantified on Map	Adopted Program Partially (1 of 4)	1	Partially Adopted	Partially Adopted	Uncommitted	Fully Adopted
Texas	"2 of 4" = Missing MMV & Lasix	Adopted Program Partially (1 of 4)	1	Partially Adopted	Uncommitted	Fully Adopted	Uncommitted
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Indiana	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Iowa	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Uncommitted
Kentucky	"3 of 4" = All except MMV	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Uncommitted
Minnesota	"3 of 4" = All except MMV	Adopted Program Partially (2 of 4)	2	Fully Adopted	Uncommitted	Fully Adopted	Uncommitted
New Mexico	"2 of 4" = Missing MMV & Lasix	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
North Dakota	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Fully Adopted	Fully Adopted	Partially Adopted
Washington	"3 of 4" = All except Lasix	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
West Virginia	"Adopted in full"	Adopted Program Partially (2 of 4)	2	Partially Adopted	Uncommitted	Fully Adopted	Fully Adopted
Arkansas	"Adopted in full"	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Colorado	"3 of 4" = All except CTMS	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Maryland	"Adopted in full"	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted
Massachusetts	"Adopted in full"	Adopted Program Partially (3 of 4)	3	Fully Adopted	Uncommitted	Fully Adopted	Fully Adopted
Montana	"3 of 4" = All except CTMS*Note	Adopted Program Partially (3 of 4)	3	Fully Adopted	Uncommitted	Fully Adopted	Fully Adopted
Virginia	"Adopted in full"	Adopted Program Partially (3 of 4)	3	Partially Adopted	Fully Adopted	Fully Adopted	Fully Adopted

*RMTC Resource = Maps Available on Website

*Montana - RMTC notes use CTMS as a guideline but not in rulebook - Please note Medication Policy on the Board of Horse Racing website which incorporates CTMS via reference to the most recent version

Side by Side NUMP Adoption Comparison 2018-2020

State	2018 RMTC	2020 RMTC	2018 TJC	2020 TJC
Arizona	1 of 4	1 of 4	2 of 4	2 of 4
Arkansas	4 of 4	4 of 4	4 of 4	3 of 4
California	3 of 4	3 of 4	3 of 4	2 of 4
Colorado	3 of 4	3 of 4	3 of 4	3 of 4
Delaware	4 of 4	4 of 4	2 of 4	2 of 4
Florida	2 of 4	3 of 4	0 of 4	1 of 4
Idaho	3 of 4	3 of 4	1 of 4	1 of 4
Illinois	2 of 4	2 of 4	1 of 4	1 of 4
Indiana	4 of 4	4 of 4	2 of 4	2 of 4
Iowa	3 of 4	4 of 4	0 of 4	2 of 4
Kentucky	3 of 4	3 of 4	2 of 4	2 of 4
Louisiana	1 of 4	1 of 4	1 of 4	1 of 4
Maryland	4 of 4	4 of 4	4 of 4	3 of 4
Massachusetts	4 of 4	4 of 4	2 of 4	3 of 4
Michigan	2 of 4	2 of 4	1 of 4	1 of 4
Minnesota	3 of 4	3 of 4	2 of 4	2 of 4
Montana	4 of 4	3 of 4	3 of 4	3 of 4
Nebraska	1 of 4	1 of 4	1 of 4	1 of 4
Nevada	1 of 4	1 of 4	1 of 4	1 of 4
New Jersey	4 of 4	4 of 4	2 of 4	1 of 4
New Mexico	2 of 4	2 of 4	2 of 4	2 of 4
New York	4 of 4	4 of 4	1 of 4	1 of 4
North Dakota	4 of 4	4 of 4	2 of 4	2 of 4
Ohio	1 of 4	1 of 4	1 of 4	1 of 4
Oklahoma	1 of 4	2 of 4	1 of 4	1 of 4
Oregon	1 of 4	1 of 4	1 of 4	1 of 4
Pennsylvania	4 of 4	4 of 4	1 of 4	1 of 4
South Dakota	0 of 4	0 of 4	2 of 4	1 of 4
Texas	2 of 4	2 of 4	2 of 4	1 of 4
Virginia	4 of 4	4 of 4	3 of 4	3 of 4
Washington	1 of 4	3 of 4	2 of 4	2 of 4
West Virginia	4 of 4	4 of 4	2 of 4	2 of 4
Wyoming	1 of 4	2 of 4	1 of 4	1 of 4

Adoption Quantification: Example Rule Resources for CTMS

LOUISIANA - CTMS Rule Citations & Resources (Reference of Current Version)

Louisiana Racing Commission
http://horseracing.louisiana.gov/

LA Rules of Racing Book
http://horseracing.louisiana.gov/documents/LARulesofRacingBookNovember2019Update.pdf

Rule Resource:

Louisiana Administrative Code;
Title 35. Horse Racing;
Part I. General Provisions;
Chapter 17. Corrupt and Prohibited Practices;
§1725. Controlled Medication
A. Controlled medications are permitted in Louisiana as set forth in the list of controlled therapeutic medications published by the Association of Racing Commissioners International, Inc. and shall only be administered as therein prescribed and regulated at the threshold levels set forth in said list.
B. The controlled therapeutic medications list as published by the Association of Racing Commissioners International, Inc., shall be maintained on the commission website and at the domicile office and be made available to the public upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148.
HISTORICAL NOTE: Adopted by the Racing Commission in 1971, promulgated by the Department of Commerce, Racing Commission, LR 2:449 (December 1976), amended LR 3:45 (January 1977), LR 4:287 (August 1978), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 41:1672 (September 2015).

1. The state veterinarian may draw blood samples from a horse for the purpose of obtaining a TCO_2 (total dissolved carbon dioxide) concentration level.

2. Blood samples for TCO_2 may be drawn prior to, or after, the race. Samples drawn after the race shall not be drawn earlier than 90 minutes following official post time. Samples drawn pre-race shall be drawn prior to the official post time.

3. The pre- or post-race TCO_2 level in the blood shall not exceed 36.0 milliequivalents per liter (mEq/L).

4. In the event a sample drawn from a horse contains an amount of TCO_2 which exceeds the levels described above, the following penalties shall apply.

a. The first time the laboratory reports an excessive TCO_2 level, the trainer shall be fined $1,000 and the purse shall be redistributed.

b. The second time the laboratory reports an excessive TCO_2 level, the stewards shall suspend the trainer for the duration of the race meeting plus 10 days or for a period not to exceed six months, whichever is greater, the purse shall be redistributed and the case referred to the commission.

c. For each subsequent report of an excessive TCO_2 level, the penalties provided for in Subparagraph B.4.b shall apply.

5. The provisions of §1733 and §§1769-1775, pertaining to split samples, shall not apply to blood samples drawn for the purposes of TCO_2 testing.

6. No permittee other than veterinarians shall possess a nasogastric tube, as described herein, on the premises under the jurisdiction of the commission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148.

HISTORICAL NOTE: Adopted by the Department of Economic Development, Racing Commission LR 26:1992 (September 2000), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 32:1221 (July 2006), LR 33:845 (May 2007).

§1721. Modern Therapeutic Measures

A. Full use of modern therapeutic measures for the improvement and protection of the health of a horse is authorized. However, no medication, including any prohibited drug, permitted medication, chemical or other substance, or any therapeutic measure may be administered, caused to be administered or applied by any means to a horse during the 24-hour period before post time for the race in which the horse is entered unless otherwise provided by Rule.

B.1. The presence of exogenous anabolic steroids in a race horse is strictly prohibited. The presence of endogenous anabolic steroids:

a. boldenone;

b. nandrolone; and

c. testosterone at levels above the normal physiological state of the stallion, gelding or mare is strictly prohibited.

2. The administration of any of these endogenous steroids within 45 days of a race day shall be considered a violation. A violation of this sub-paragraph shall be regarded as a Class III violation under the penalty guidelines.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148.

HISTORICAL NOTE: Adopted by the Racing Commission in 1971, promulgated by the Department of Commerce, Racing Commission, LR 2:449 (December 1976), amended LR 3:45 (January 1977), LR 4:287 (August 1978), LR 6:174 (May 1980), LR 6:543 (September 1980), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 35:463 (March 2009).

§1723. Personal Veterinary Records

A. Personal veterinary records, which accurately record all medications, shall be maintained by veterinarians, owners, trainers, and/or authorized personnel and will be made available to racing officials on request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148 and R.S. 4:153.

HISTORICAL NOTE: Adopted by the Racing Commission in 1971, promulgated by the Department of Commerce, Racing Commission, LR 2:449 (December 1976), amended LR 3:45 (January 1977), LR 4:287 (August 1978).

§1725. Controlled Medication

A. Controlled medications are permitted in Louisiana as set forth in the list of controlled therapeutic medications published by the Association of Racing Commissioners International, Inc. and shall only be administered as therein prescribed and regulated at the threshold levels set forth in said list.

B. The controlled therapeutic medications list as published by the Association of Racing Commissioners International, Inc., shall be maintained on the commission website and at the domicile office and be made available to the public upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:148.

HISTORICAL NOTE: Adopted by the Racing Commission in 1971, promulgated by the Department of Commerce, Racing Commission, LR 2:449 (December 1976), amended LR 3:45 (January 1977), LR 4:287 (August 1978), amended by the Office of the Governor, Division of Administration, Racing Commission, LR 41:1672 (September 2015).

§1727. Drugs Which Affects Performance; Guarding Horse

A. No person shall administer, or cause or knowingly permit to be administered, or connive at the administration of any drug not permitted by Chapter 15 to any horse to be entered or entered for a race.

B. No person shall feed, or cause or knowingly permit to be fed, or connive in any manner to feed products which contain any drug not permitted by Chapter 15 to a horse to be entered or entered for a race.

DELAWARE - CTMS Rule Citations & Resources (Reference of Previous Version 2.1)

Delaware Thoroughbred Racing Commission
http://dda.delaware.gov/thoroughbred/

Delaware Racing Rules and Regulations
http://regulations.delaware.gov/AdminCode/title3/1000/1001/1001.shtml

Rule Resource:
Title 3 Agriculture, Delaware Administrative Code;
1000 Thoroughbred Racing Commission;
1001 Thoroughbred Racing Rules and Regulations;
15.0 Medication; Testing Procedures;
15.1.3.1.3 A foreign substance of accepted therapeutic value may be administered as prescribed by a Veterinarian when test levels and guidelines for its use have been established by the Association of Racing Commissioners International (ARCI). The Commission hereby adopts by reference the ARCI Controlled Therapeutic Medication Schedule, Version 2.1. If there is any inconsistency between the Commission's regulations and the ARCI Controlled Therapeutic Medication Schedule, the provisions of the Commission's regulations shall prevail. Androgenic-Anabolic Steroids are subject to the provisions of Rule 15.17.

See Also: ARCI Controlled Therapeutic Medication Schedule 2.1
https://racingcommission.nd.gov/sites/racingcommission/files/documents/horsemen/arci-controlled-therapeutic-medication-schedule-version-2.1.pdf

15.1.2.6 Test Sample shall mean any body substance including, but not limited to, blood or urine taken from a horse under the supervision of the Commission's Veterinarian and in such manner as prescribed by the Commission for the purpose of analysis.

15.1.2.7 Race Day shall mean the 24-hour period prior to the scheduled post time for the first race.

15.1.3 Foreign Substances:

15.1.3.1 No horse participating in a race shall carry in its body any foreign substance except as provided in Rule 15.1.3.1.3:

15.1.3.1.1 A finding by the chemist that a foreign substance is present in the test sample shall be prima facie evidence that such foreign substance was administered and carried in the body of the horse while participating in a race. Such a finding shall also be taken as prima facie evidence that the Trainer and agents responsible for the care or custody of the horse has/have been negligent in the handling or care of the horse.

15.1.3.1.2 A finding by the chemist of a foreign substance or an approved substance used in violation of Rule 15.1 in any test sample of a horse participating in a race shall result in the horse being disqualified from purse money or other awards, except for purposes of pari-mutuel wagering which shall in no way be affected.

15.1.3.1.3 A foreign substance of accepted therapeutic value may be administered as prescribed by a Veterinarian when test levels and guidelines for its use have been established by the Association of Racing Commissioners International (ARCI). The Commission hereby adopts by reference the ARCI Controlled Therapeutic Medication Schedule, Version 2.1. If there is any inconsistency between the Commission's regulations and the ARCI Controlled Therapeutic Medication Schedule, the provisions of the Commission's regulations shall prevail. Androgenic-Anabolic Steroids are subject to the provisions of Rule 15.17.

15.1.3.1.4 Except as provided in DTRC Rule 15.20, the only approved non-steroidal anti-inflammatory drug (NSAID) that may be present in a horse's body while it is participating in a race is phenylbutazone/oxyphenobutazone in the level stated in 15.1.3.1.5 or 15.1.3.1.6. The presence of any other NSAID at any test level is forbidden.

Revised: 1/6/92.

15.1.3.1.5 The test level of phenylbutazone under this Rule shall not be in excess of two (2.0) micrograms (mcg) per milliliter (ml) of plasma without penalties in the following format:

Micrograms per milliliter	Penalties
0 to 2.0	No action
2.1 to 4.4	First Offense-$500.00 fine
2.1 to 4.4	Second Offense within 365 days $1000.00 fine
2.1 to 4.4	Third Offense within 365 days $1000.00 fine and/or Suspension and/or Loss of Purse
4.5 and Over	Fine, Suspension, Loss of Purse

15.1.3.1.6 The test level for oxphenobutazone under this Rule shall not be in excess of two (2) micrograms (mcg) per milliliter (ml) of plasma.

15.1.3.1.7 If a horse is to receive Furosemide (Salix), the trainer shall declare said use at the time of entry.

15.1.3.1.8 The race program shall denote if Furosemide (Salix) has been administered to a horse in the race and the past performance lines in the program, if any, shall denote any medications administered to said horse in those races.

15.1.3.1.9 Any horse running on Furosemide (Salix) under these Rules shall remain on the medication for a period of not less than sixty (60), unless permitted by the Stewards, days before being permitted to race without the Furosemide (Salix).

MARYLAND - CTMS Rule Citations & Resources (Individual Thresholds)

Maryland Racing Commission Laws and Regulations
http://www.dllr.maryland.gov/racing/racinglaw.shtml

Maryland Racing Medication Guidelines
https://www.dllr.state.md.us/racing/racingmedsguide.pdf

Maryland Racing Commission Rule: 09.10.03.01-1
http://www.dsd.state.md.us/comar/comarhtml/09/09.10.03.01-1.htm

Rule Resource:
Code of Maryland Regulations;
Title 09 DEPARTMENT OF LABOR, LICENSING, AND REGULATION ;
Subtitle 10 RACING COMMISSION;
Chapter 03 Prohibited Acts;
.01-1 Restricted Use of Medications and Other Substances; The use of the following medications and other substances are permitted if quantitated at not more than the specified thresholds …

.01-1 Restricted Use of Medications and Other Substances.

The use of the following medications and other substances are permitted if quantitated at not more than the specified thresholds:

A. Acepromazine quantitated at not more than 10 nanograms per milliliter of HEPS in urine;

A-1. Albuterol quantitated at not more than 1 nanogram per milliliter of urine;

B. Betamethasone quantitated at not more than 10 picograms per milliliter of blood plasma or serum;

C. Butorphanol quantitated at not more than 300 nanograms per milliliter of total butorphanol in urine, or 2 nanograms per milliliter of free butorphanol in blood plasma or serum;

D. Caffeine quantitated at not more than 100 nanograms per milliliter of blood plasma or serum;

D-1. Cetirizine quantitated at not more than 6 nanograms per milliliter of blood plasma or serum;

D-2. Cimetidine quantitated at not more than 400 nanograms per milliliter of blood plasma or serum;

E. Clenbuterol quantitated at not more than 140 picrograms per milliliter of urine, or the limit of detection in blood plasma or serum;

E-1. Cobalt quantitated at not more than 25 nanograms per milliliter of blood plasma or serum;

F. Dantrolene qunatitated at not more than 100 picrograms per milliliter of 5-hydroxydantrolene in blood plasma or serum;

G. Detomidine quantitated at not more than 2 nanograms per milliliter of carboxydetomidine in urine, or 1 nanogram of detomidine per milliliter of blood plasma or serum;

H. Dexamethasone quantitated at not more than 5 picograms per milliliter of blood plasma or serum;

I. Diclofenac quantitated at not more than 5 nanograms per milliliter of blood plasma or serum;

J. Dimethlysulfoxide (DMSO) quantitated at not more than 10 micrograms per milliliter of blood plasma or serum;

K. Firocoxib quantitated at not more than 20 nanograms per milliliter of blood plasma or serum;

L. Flunixin quantitated at not more than 20 nanograms per milliliter of blood plasma or serum;

M. Furosemide (Lasix), as provided in Regulation .08 of this chapter;

M-1. Gamma aminobutyric acid quantitated at not more than 110 nanograms per milliliter of blood plasma or serum;

N. Glycopyrrolate quantitated at not more than 3 picograms per milliliter of blood plasma or serum;

N-1. Guaifenesin quantitated at not more than 12 nanograms per milliliter of blood plasma or serum;

N-2. Isoflupredone quantitated at not more than 100 picograms per milliliter of blood plasma or serum;

O. Ketoprofen quantitated at not more than 2 nanograms per milliliter of blood plasma or serum;

P. Lidocaine quantitated at not more than 20 picograms per milliliter of total 3-hydroxylidocaine in blood plasma or serum;

Q. Mepivacaine quantitated at not more than 10 nanograms per milliliter of total hydroxymepivacaine in urine, or the limit of detection of mepivacaine in blood plasma or serum;

R. Methocarbamol quantitated at not more than 1 nanogram per milliliter of blood plasma or serum;

S. Methylprednisolone quantitated at not more than 100 picograms per milliliter of blood plasma or serum;

T. Omeprazole quantitated at not more than 10 nanograms per milliliter of blood plasma or serum;

U. Phenylbutazone quantitated at not more than 2 micrograms per milliliter of the blood plasma or serum;

V. Prednisolone quanitated at not more than 1 nanogram per milliliter of blood plasma or serum;

W. Procaine Penicillin quantitated at not more than 25 nanograms per milliliter of blood plasma or serum;

W-1. Ranitidine quantitated at not more than 40 nanograms per milliliter of blood plasma or serum;

X. Tiamcinolone acetonide quantitated at not more than 100 picograms per milliliter of blood plasma or serum;

Y. Xylazine quantitated at not more than 200 picigrams per milliliter of blood plasma or serum;

Z. Nandrolone quantitated at not more than 1 nanogram per milliliter of urine taken from a gelding, filly, or mare;

AA. Boldenone quantitated at not more than 15 nanograms per milliliter of urine taken from a colt or horse;

BB. Testosterone quantitated at not more than 20 nanograms per milliliter of urine taken from a gelding; and

CC. Testosterone quantitated at not more than 55 nanograms per milliliter of urine taken from a filly or mare.

STATE OF MARYLAND

DLLR

DEPARTMENT OF LABOR, LICENSING AND REGULATION

Maryland Racing Commission Medication Guidelines

September 1, 2018

Uniform Medication Program Overview

The Mid Atlantic racing states joined together to implement a Mid-Atlantic Uniform Medication Program, effective January 1, 2014. These rules and policies have been implemented in New York, New Jersey, Pennsylvania, Delaware, Maryland, West Virginia, Virginia and Massachusetts. The Mid-Atlantic Program has spawned a national uniformity effort that has resulted in the National Uniform Medication Program that is being adopted and implemented throughout the racing industry in North America. The elements of the Uniform Program are as follows:

All medications have been divided into 2 categories.

There is a category of medications called Controlled Therapeutic Substances. This category contains a list of therapeutic medications that have been recognized as necessary in the routine treatment of illness or injury in the horse. Withdrawal time guidance and uniform laboratory detection thresholds for these medications are being provided as a safe harbor for horsemen. Horsemen are strongly encouraged to restrict use of medications to those on the Controlled Therapeutic Substances list, which will be amended from time-to-time. The list was developed by the RMTC's Scientific Advisory Committee, which is comprised of the racing industry's most respected toxicologists, pharmacologists, analytical chemist and regulatory and practicing veterinarians and combines international research efforts and practical considerations, have been approved by the RMTC Board, reviewed by the ARCI's Drug Testing and Standards and Practices Committee and the ARCI Board. The list is a living document and will be amended from time-to-time. The medications currently on the Controlled Therapeutic Substances List are listed later in this booklet.

RMTC Racing Medication & Testing Consortium

The recommendations for these therapeutics are available on the THA website (tharacing.com) and are listed alphabetically and by category of medication.

The other category of medications, which are the medications not on the Controlled Therapeutic Substances List, are called Prohibited Substances. No guidance is given as to recommended dosage and uniform testing detection level. Use of these medications is not necessarily prohibited in training, but they may not be present in the horse in a post race sample and, therefore, extreme caution must be exercised in their use in a horse entered to race. It is recognized that there are medications that may be used in the treatment of illness or injury in the horse that are not on the Controlled Therapeutic Substances List and for which no treatment guidance or uniform testing levels are provided. Horsemen and veterinarians are strongly cautioned to withdraw a horse from racing for a sufficient period of time after the administration of a medication not on the Controlled Therapeutic Substances list to ensure against a positive test. The penalties for the presence of these medications in post race samples are enhanced.

Substances that do not affect the organ systems of a horse such as antibiotics, anti-microbials, vaccines, etc. (except for procaine penicillin and levamisole) are not prohibited and are not the subject of testing.

Salix® (furosemide), pursuant to Commission supervised administration, is the only medication that can be administered to a horse within 24 hours of its race.

The use of adjunct bleeder medications is prohibited.

Although five (5) nonsteroidal anti-inflammatories (NSAIDs) and recommendations for their use are listed on the Controlled Therapeutic Substances List - diclofenac, firocoxib, flunixin, ketoprofen, phenylbutazone - they may not be used in combination and only one of these NSAIDs may be present in a post-race sample.

No intra-articular (IA) corticosteroid may be administered within seven (7) days of a race. The recommendations for the IA corticosteroids on the Controlled Therapeutic Substances list are limited to administrations in one (1) articular space. In regards to methylprednisolone acetate (Depo-Medrol), horsemen are strongly cautioned against the use of this medication for a horse in training. A trainer who chooses to race a horse that has been treated with Depo-Medrol despite this warning should, at his/her expense, get the horse tested prior to entry to ensure that the horse will test below the regulatory limit.

All laboratories performing testing for jurisdictions in this program are required to accredited to ISO 17025 (International laboratory standards) and the RMTC Code of Standards. These laboratories are required to participate in the RMTC's external quality assurance program.

All participating jurisdictions are required to adopt and enforce the Multiple Medication Violation System, which tracks and regulates those horsemen who commit multiple medication infractions. Multiple medication rules offenders face mandatory enhanced penalties under the system.

All medications are classified (1-5) based upon their potential to influence a horse's performance and the welfare of the horse. All medications are also assigned a penalty class (A-D). Horsemen can consult the Uniform Classification of Foreign Substances, List, maintained and updated from time-to-time by the ARCI, to determine a particular substance's classifications which can be found here.

The ARCI also maintains a recommended system of Penalty Guidelines (Class A-D) for regulators to consider when adjudicating medication violations. Horsemen should consult these Guidelines.

For any specific questions regarding the uniform program, compliance with the program, medication guidelines and withdrawal times and the appropriate use of medications, you are encouraged to contact Dionne Benson, Executive Director of the RMTC at 859-224-2844 and/or consult your regulatory Equine Medical Director or State Veterinarian.

Controlled Therapeutic Substances List & Guidelines

WARNING: The information on the Controlled Therapeutic Substances List does not constitute and is not a guaranty, warranty or assurance that the use of any of the therapeutic medications at the dosage and withdrawal time listed will not result in a positive post-race test.

Use of this information does not lessen or relieve any trainer's responsibility for affirming that, during a horse race, a horse is free of any therapeutic medication listed in his or her state's racing commission rulebook, and for complying with provisions of the state racing commission's regulations.

Owners, trainers or any other persons responsible for the care of a racehorse are strongly advised to consult a veterinarian and the state racing commission regulatory veterinarian for guidance and advice on the use and withdrawal times of all therapeutic medications, as testing methodologies may change with little or no notice. The guidelines provided in this list are not consistent with foreign regulations or laboratory methods.

PLEASE NOTE: These guidelines are based upon the administration of a single medication. Combining medications or using multiple doses of single medication may significantly affect withdrawal times.

All drugs and medications are classified (1-5) based upon their potential to influence a horse's performance and the welfare of the horse. All drugs and medications are also assigned a penalty class (A-D). Horsemen can consult the Uniform Classification of Foreign Substances, List, maintained and updated from time-to-time by the ARCI, to determine a particular substance's classifications which can be found here.

The ARCI also maintains a recommended system of Penalty Guidelines (Class A-D) for regulators to consider when adjudicating medication violations. Horsemen should consult these Guidelines.

ACEPROMAZINE (Atrovet®, Notensil®, PromAce®)

Withdrawal time: 48 hours
Threshold: 10 ng/ml HEPS in urine
Dosage: Single IV dose of acepromazine at 0.05 mg/kg
Class: 3 – Penalty Class B
Points: 2
Expires: 2 Years

ALBUTEROL (Proventil®, Ventolin®)

Withdrawal time: 72 hours
Threshold: 1 ng/ml in urine
Dosage: 720 micrograms total dose intra- nasal only. Based upon dosing up to 4 times per day
Class: 3 – Penalty Class B
Points: 2
Expires: 2 Years
Notes: Administration of albuterol other than via intra-nasal routes is not recommended. Use of therapeutic doses of oral albuterol even outside of the recommended withdrawal guidelines carries a substantial risk of exceeding the regulatory threshold.

BETAMETHASONE (Betasone®)

Withdrawal time: 7 days
Threshold: 10 pg/mL of plasma or serum
Dosage: Single intra-articular administration of 9 milligrams of Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspenion, USP (American Regent product #0517-0720-01)
Class: 4 – Penalty Class C
Points: 1/2, with incremental increases of 1/2 point for each additional violation within 365 days
Expires: 1 Year

BUTORPHANOL (Torbugesic®)

Withdrawal time: 48 hours
Threshold: 300 ng/mL of total butorphanol in urine or 2 ng/mL of free butorphanol in plasma or serum
Dosage: Single IV dose of butorphanol as Torbugesic® (butorphanol tartrate) at 0.1 mg/kg
Class: 3 – Penalty Class B
Points: 2
Expires: 2 Years

CETIRIZINE (Zyrtec®)

Withdrawal time: 48 hours
Threshold: 6 nanograms per millititer in plasma or serum
Dosage: 0.4 milligram per kilogram twice a day for 5 doses.
Class: 4 – Penalty Class C
Points: 1/2, with incremental increases of 1/2 point for each additional violation within 365 days
Expires: 2 Years
Notes: Do not administer any avermectin drugs (including ivermectin) within 48 hours of a race if the horse has been administered cetirizine as it carries an increased risk of a concentration of cetirizine in excess of the regulatory threshold.

CIMETIDINE (Tagamet®)

Withdrawal time: 24 hours
Threshold: 400 nanograms per milliliter in plasma or serum
Dosage: 20 milligram per kilogram BID for 7 doses
Class: 5 – Penalty Class D
Points: 0
Expires: n/a

CLENBUTEROL (Ventipulmin®)

Withdrawal time: 14 days
Threshold: 140 pg/mL of urine or LOD in plasma or serum
Dosage: Oral administration of clenbuterol as Ventipulmin® syrup (Boehringer-Ingelheim Vetmedica Inc., NADA 140-973) at 0.8 mcg/kg twice a day
Class: 3 – Penalty Class B
Points: 2
Expires: 2 Years

DANTROLENE (Dantrium®)

Withdrawal time:	48 hours
Threshold:	100 pg/mL 5-hydroxydantrolene in plasma or serum
Dosage:	Oral administration of 500 mg of dantrolene as paste (compounding pharmacy) or capsule formulation (Proctor and Gamble)
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days
Expires:	1 Year

DETOMIDINE (Dormosedan®)

Withdrawal time:	48 hours
Threshold:	2 nanograms per milliliter of carboxydetomidine in urine; 1 nanogram per milliliter of detomidine in plasma
Dosage:	Single intravenous dose of 5 milligrams
Class:	3 – Penalty Class B
Points:	2
Expires:	2 Years

DEXAMETHASONE (Azium®, Dexium SP®)

Withdrawal time:	72 hours
Threshold:	5 pg/mL of plasma or serum
Dosage:	IM and IV administration of dexamethasone sodium phosphate or oral administration of dexamethasone at 0.05 mg/kg regardless of route
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days
Expires:	1 Year

DICLOFENAC (Surpass®)

Withdrawal time:	48 hours
Threshold:	5 ng/mL of plasma or serum
Dosage:	Five inch ribbon topical application of 1% diclofenac liposomal cream formulation. (Surpass Topical Anti-Inflammatory Cream, IDEXX Pharmaceuticals)
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year
Warning:	Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

DMSO - DIMETHYL SULFOXIDE

Withdrawal time:	48 hours
Threshold:	10 mcg/mL of plasma or serum
Dosage:	2 ounces topically administered
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Years

FIROCOXIB (EQUIOXX®)

Withdrawal time:	14 days
Threshold:	20 ng/mL of plasma or serum
Dosage:	Oral administration of firocoxib as EQUIOXX oral paste at a daily dose of 0.1 mg/kg for four days
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year
Warning:	Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

FLUNIXIN (Banamine®)

Withdrawal time:	32 hours
Threshold:	20 ng/mL of plasma or serum
Dosage:	Single IV dose of flunixin as Banamine® (flunixin meglumine) at 1.1 mg/kg
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year
Warning:	Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

FUROSEMIDE (Salix®)

Withdrawal time:	4 hours
Threshold:	100 ng/mL of plasma or serum
Dosage:	Single IV dose of furosemide up to 500 mg
Class:	n/a
Points:	n/a
Expires:	n/a

GLYCOPYRROLATE (Robinul®)

Withdrawal time:	48 hours
Threshold:	3 pg/mL plasma or serum
Dosage:	Single IV dose of 1 mg of glycopyrrolate as Glycopyrrolate Injection, USP (American Regent product # 0517-4601-25)
Class:	3 – Penalty Class B
Points:	2
Expires:	2 Years

GUAIFENESIN (Mucinex®)

Withdrawal time:	48 hours
Threshold:	12 ng/mL in plasma or serum
Dosage:	2 grams BID for 5 doses
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year

ISOFLUPREDONE (Predef2x®)

Withdrawal time:	7 days
Threshold:	100 pg/mL plasma or serum
Dosage:	10 milligrams total dose subcutaneous or 20 milligrams total dose in one articular space
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year

KETOPROFEN (Ketofen®)

Withdrawal time: 24 hours
Threshold: 2 ng/mL of plasma or serum
Dosage: Single IV dose of ketoprofen as Ketofen® at 2.2 mg/kg
Class: 4 – Penalty Class C
Points: 1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires: 1 Year
Warning: Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

LIDOCAINE (Xylocaine®)

Withdrawal time: 72 hours
Threshold: 20 pg/mL of total 30H-lidocaine in plasma or serum
Dosage: 200 mg of lidocaine as its hydrochloride salt administered subcutaneously
Class: 2 – Penalty Class B
Points: 2
Expires: 2 Years

MEPIVACAINE (Carbocaine®)

Withdrawal time: 72 hours
Threshold: 10 ng/mL total hydroxymepivacaine in urine or above LOD of mepivacaine in plasma or serum
Dosage: Single 0.07 mg/kg subcutaneous dose of mepivacaine
Class: 2 – Penalty Class B
Points: 2
Expires: 2 Years

METHOCARBAMOL (Robaxin®)

Withdrawal time:	48 hours
Threshold:	1 ng/mL of plasma or serum
Dosage:	Single IV dose of 15 mg/kg methocarbamol as Robaxin® or 5 grams orally
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year
Warning:	An oral dose may be utilized but longer withdrawal time may be required to fall below the threshold. Trainers using methocarbamol orally for multiple days are encouraged to have the horse tested prior to entry.

METHYLPREDNISOLONE (DepoMedrol®)

Withdrawal time:	See Dosing Specifications
Threshold:	100 pg/mL of plasma or serum
Dosage:	Total dose of methylprednisolone acetate suspension in one articular space. The recommended withdrawal for methylprednisolone acetate is a minimum of 21 days at a 100 milligram dose.
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year
Warning:	Notwithstanding the ARCI recommendation, horsemen are strongly cautioned against the use of Depo-Medrol for a horse in training. A trainer who chooses to race a horse that has been treated with Depo-Medrol despite this warning should, at his/her expense, get the horse tested prior to entry to ensure that the horse will test below the regulatory limit, which is 100 picograms per milliliter of plasma or serum.

OMEPRAZOLE (Gastrogard®)

Withdrawal time: 24 hours
Threshold: Omeprazole Sulfide 10 ng per ml in serum or plasma
Dosage: Single 2.2 gram oral dose of omeprazole as Gastrogard® for up to 4 days
Class: 5 – Penalty Class D
Points: 0
Expires: n/a

PHENYLBUTAZONE (Bute, Butazolidin®)

Withdrawal time: 24 hours
Threshold: 2 mcg/mL of plasma or serum
Dosage: Single IV dose of phenylbutazone at 4.0 mg/kg
Class: 4 – Penalty Class C
Points: 1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires: 1 Year
Warning: Horsemen are urged to avoid combining the non-steroidal anti-inflammatory drugs Flunixin (Banamine®), Ketoprofen (Ketofen®), Diclofenac (Surpass®), Firocoxib (Equioxx®) and Phenylbutazone (Butazolidin®). Only one NSAID can be present in a post-race test sample below established thresholds. If more than one NSAID is detected in a post-race sample above the established thresholds, it is considered stacking and is a medication violation subject to penalty.

PREDNISOLONE (Solu-delta Cortef®)

Withdrawal time: 48 hours
Threshold: 1 ng/mL serum or plasma
Dosage: 1 mg/kg orally
Class: 4 – Penalty Class C
Points: 1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires: 1 Year

PROCAINE PENICILLIN (Wycillin®)

(administration within 30 days of a race must be reported to the Stewards and the horse must be submitted to 6-hour pre-race surveillance)

Withdrawal time:	May not be administered following entry into a race
Threshold:	25 ng/mL plasma or serum
Dosage:	Intramuscular at 17 milligrams per kilogram
Class:	3 – Penalty Class B
Points:	2
Expires:	2 Years
Warning:	Administration must be reported to Commission

RANITIDINE (Zantac®)

Withdrawal time:	24 hours
Threshold:	40 ng/mL serum or plasma
Dosage:	8 mg/kg twice daily for seven doses
Class:	5 – Penalty Class D
Points:	0
Expires:	n/a

TRIAMCINOLONE ACETONIDE (Vetalog®)

Withdrawal time:	7 days
Threshold:	100 pg/mL of plasma or serum
Dosage:	Total dose of 9mg in one articular space
Class:	4 – Penalty Class C
Points:	1/2, with incremental increases of 1/2 point for each additional violation within 365 days.
Expires:	1 Year

XYLAZINE (Rompun®)

Withdrawal time:	48 hours
Threshold:	200 pg/ml of plasma or serum
Dosage:	200 mg Intravenous
Class:	3 – Penalty Class B
Points:	2
Expires:	2 Years

Controlled Therapeutic Medications
Medication Glossary

Drug	Indication
Acepromazine (ProMACE®, "Ace")	Tranquilizer, preanesthetic, sedative; Hypotensive resuscitation in hemorrhage. Hypotensive dose for laminitis/renal failure. Suggested sedative in botulism.
Albuterol (Proventil®)	Bronchodilator
Butorphanol Tartate (Torbugesic®, Stadol®)	Analgesic/sedative, preanesthetic, antitussive; cough suppressant; may cause CNS excitement (antidote, Naloxone), GI motility
Cetirizine hydrochloride (Zyrtec®)	Antihistamine
Cimetidine (Tagamet®)	Gastrointestinal (H2 antagonist, ulcer medication), Anti-melanoma; May inhibit testosterone production
Clenbuterol (Ventipulmin®)	Bronchodilator; Tocolytic (blocks uterine contractions)
Dantrolene (Dantrium®)	Treatment of Exertional Rhabdomyolysis and treatment of post anesthetic Myopathy.
Detomidine	Analgesia/Sedation
Dimethyl Sulfoxide (DMSO)	NSAID; Anti-CNS, spinal and lung edema.
Flunixin Meglumine (Banamine®)	NSAID; Colic-Visceral pain, endotoxemia, musculoskeletal pain.
Furosemide (Lasix®, Salix®)	Anti-edema, esp. pulmonary; Epistaxis prevention (EIPH-bleeders).
Glycopyrrolate (Robinul®)	Bradyarrhythmia, bronchodilator for horses with heaves; used in bleeders.
Guaifenesin	Muscle relaxant / anesthetic; Expectorant.
Ketoprofen (Ketofen®)	NSAID; Alleviation of inflammation and pain associated with musculoskeletal disorders.
Lidocaine	Treatment for acute cardiac ventricular tachycardia; Prokinetic for ileus; Epidural.
Mepivacaine Hydrochloride	Local anesthetic
Methocarbamol (Robaxin®)	Muscle relaxant; For myositis/tying-up; give for muscle spasms and to effect muscle relaxation.
Methylprednisolone Acetate	Corticosteroid
Omeprazole (Gastrogard®)	Treatment of ulcers; prevention treatment of gastric ulcer; proton blockade.
Phenylbutazone ("Bute")	NSAID; Musculoskeletal inflammation and pain.
Procaine Penicillin (Penicillin G Procaine)	Antibacterial for gram (+)
Ranitidine (Zantac®)	Anti-ulcer, gastric H2 receptor antagonist
Xylazine	Sedative/Analgesic

Resources:

ARCI Controlled Therapeutic Medication Schedule for Horses - Version 4.1 (December, 2019)
https://www.arci.com/wp-content/uploads/2019/12/2019_12_CTS_V4_2.pdf

Colorado State Veterinary Drug Formulary (2014)
https://www.cvmbs.colostate.edu/aphi/web/outreach/Veterinary%20Drug%20Formulary2014%20English.pdf

Hagyard Equine Medicine Formulary (2015) Print Version

ANALYSIS OF RACES BY STATE OR PROVINCE - 2019

State / Province	No. of Races	Gross Purses*	Starters	Starts	Race Days	Average Field	Average Starts Per Runner
Arizona	1,211	11,463,442	2,024	8,871	173	7.3	4.4
Arkansas	532	34,054,340	1,846	4,845	57	9.1	2.6
California	3,574	160,375,859	5,368	24,764	520	6.9	4.6
Colorado	223	2,146,965	399	1,447	35	6.5	3.6
Delaware	628	15,698,684	1,782	4,132	81	6.6	2.3
Florida	3,286	122,273,822	7,206	26,529	327	8.1	3.7
Georgia	5	175,000	42	42	1	8.4	1.0
Idaho	15	41,892	54	76	9	5.1	1.4
Illinois	1,308	27,972,306	2,014	9,331	162	7.1	4.6
Indiana	917	25,808,160	2,311	7,266	114	7.9	3.1
Iowa	591	15,506,960	1,134	3,891	67	6.6	3.4
Kentucky	1,766	113,642,903	6,112	15,435	190	8.7	2.5
Louisiana	2,870	71,815,800	5,545	22,656	326	7.9	4.1
Maryland	1,691	63,094,149	3,883	12,949	187	7.7	3.3
Massachusetts	65	2,676,400	316	493	6	7.6	1.6
Minnesota	534	15,366,637	1,038	3,873	65	7.3	3.7
Montana	37	142,200	138	240	6	6.5	1.7
Nebraska	420	2,955,812	732	2,985	52	7.1	4.1
Nevada	31	150,500	101	164	9	5.3	1.6
New Jersey	697	28,352,919	1,970	5,124	68	7.4	2.6
New Mexico	1,331	28,719,577	2,036	10,505	203	7.9	5.2

New York	2,972	182,360,497	5,535	21,547	335	7.3	3.9
North Carolina	4	200,000	28	28	1	7.0	1.0
North Dakota	59	193,476	113	342	12	5.8	3.0
Ohio	2,370	50,013,100	4,028	18,091	293	7.6	4.5
Oklahoma	1,013	24,938,730	2,217	8,155	125	8.1	3.7
Oregon	308	1,649,200	558	1,931	47	6.3	3.5
Pennsylvania	3,641	96,438,833	5,547	26,823	431	7.4	4.8
South Carolina	21	505,000	136	163	5	7.8	1.2
Tennessee	7	450,000	53	53	1	7.6	1.0
Texas	761	13,470,717	1,620	5,822	97	7.7	3.6
Virginia	185	8,614,800	1,066	1,577	22	8.5	1.5
Washington	560	6,994,725	871	3,795	73	6.8	4.4
West Virginia	2,489	39,113,002	3,997	18,001	295	7.2	4.5
Wyoming	85	545,199	247	607	30	7.1	2.5
TOTAL	36,207	1,167,921,606	72,067	272,553	4,425	7.5	3.8

CANADA

Alberta	700	6,791,197	1,002	4,769	117	6.8	4.8
British Columbia	389	6,611,116	566	2,713	51	7.0	4.8
Manitoba	350	3,137,382	516	2,280	50	6.5	4.4
Ontario	1,526	66,026,116	2,410	11,838	171	7.8	4.9
Saskatchewan	170	560,287	267	1,142	24	6.7	4.3
TOTAL	3,135	83,126,098	4,761	22,742	413	7.3	4.8

Puerto Rico

Puerto Rico	1,456	12,430,383	1,343	10,659	208	7.3	7.9
TOTAL	1,456	12,430,383	1,343	10,659	208	7.3	7.9

Source: Equibase Company LLC
*Purses include monies not won and returned to state breeder or other funds.

ANALYSIS OF RACES BY STATE OR PROVINCE - 2018

State / Province	No. of Races	Gross Purses*	Starters	Starts	Race Days	Average Field	Average Starts Per Runner
Arizona	1,012	9,872,819	2,025	7,791	145	7.7	3.8
Arkansas	507	28,894,780	1,770	4,663	55	9.2	2.6
California	3,874	136,865,358	5,653	28,027	551	7.2	5.0
Colorado	246	2,631,496	453	1,662	36	6.8	3.7
Delaware	653	15,508,575	1,967	4,345	82	6.7	2.2
Florida	3,374	127,574,693	7,173	27,701	331	8.2	3.9
Georgia	9	260,000	49	51	2	5.7	1.0
Idaho	15	42,200	40	55	4	3.7	1.4
Illinois	1,294	28,947,300	2,125	9,571	161	7.4	4.5
Indiana	899	25,306,952	2,208	7,162	113	8.0	3.2
Iowa	593	14,530,702	1,240	4,073	67	6.9	3.3
Kentucky	1,794	115,778,248	5,992	15,282	195	8.5	2.6
Louisiana	2,961	73,654,420	5,908	23,872	332	8.1	4.0
Maryland	1,716	63,040,134	3,918	13,256	180	7.7	3.4
Massachusetts	98	4,370,650	546	850	8	8.7	1.6
Minnesota	561	15,286,500	1,201	4,252	69	7.6	3.5
Montana	44	181,375	149	274	8	6.2	1.8
Nebraska	426	3,129,850	767	3,072	54	7.2	4.0
Nevada	28	124,000	77	141	9	5.0	1.8
New Jersey	581	18,327,398	1,679	4,160	57	7.2	2.5
New Mexico	1,335	26,699,493	2,197	10,779	199	8.1	4.9

New York	3,170	178,936,281	5,545	22,479	360	7.1	4.1
North Carolina	9	280,000	63	65	2	7.2	1.0
North Dakota	74	226,677	161	485	14	6.6	3.0
Ohio	2,382	49,098,200	4,300	18,777	293	7.9	4.4
Oklahoma	1,037	25,052,322	2,301	8,484	131	8.2	3.7
Oregon	407	2,311,950	711	2,876	57	7.1	4.0
Pennsylvania	3,673	93,417,251	5,746	27,257	437	7.4	4.7
South Carolina	17	585,000	112	123	4	7.2	1.1
Tennessee	7	525,000	56	56	1	8.0	1.0
Texas	764	13,167,859	1,762	6,024	90	7.9	3.4
Virginia	42	1,471,600	241	335	7	8.0	1.4
Washington	578	7,046,035	961	4,049	73	7.0	4.2
West Virginia	2,324	34,134,322	3,875	17,210	274	7.4	4.4
Wyoming	82	463,900	207	515	31	6.3	2.5
TOTAL	36,586	1,117,743,340	73,178	279,774	4,432	7.6	3.8

CANADA

Alberta	659	6,413,231	967	4,603	116	7.0	4.8
British Columbia	373	6,458,014	532	2,573	51	6.9	4.8
Manitoba	350	3,217,007	584	2,454	50	7.0	4.2
Ontario	1,572	63,648,441	2,460	12,417	172	7.9	5.0
Saskatchewan	172	559,476	303	1,193	24	6.9	3.9
TOTAL	3,126	80,296,169	4,846	23,240	413	7.4	4.8

Puerto Rico

Puerto Rico	1,371	11,669,123	1,219	10,211	205	7.4	8.4
TOTAL	1,371	11,669,123	1,219	10,211	205	7.4	8.4

Source: Equibase Company LLC
*Purses include monies not won and returned to state breeder or other funds.

ARCI Controlled Therapeutic Medication Schedule for Horses - Version 4.1

Revised – December, 2019

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Acepromazine	10 nanograms per milliliter as 2-(1-hydroxyethyl) promazine sulfoxide (HEPS) in urine	48 hours	Single intravenous dose of acepromazine at 0.05 milligrams per kilogram	University of California at Davis project	Applicable analyte is metabolite HEPS
Albuterol	1 nanogram per milliliter of urine[1]	72 hours	720 micrograms total dose intra-nasal only[2]. Based upon dosing up to 4 times per day	European Horseracing Scientific Liaison Committee Data	See Endnote
Betamethasone **Harness Racing Only.**	10 picograms per milliliter of plasma or serum **SEE NOTE BELOW**	7 days	Intra-articular administration of 9 milligrams of Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspension, USP (American Regent product #0517-0720-01)[3]	RMTC study	Intra-articular dosing only - applicable analyte is betamethasone in plasma or serum
Butorphanol	300 nanograms per milliliter of total butorphanol in urine or 2 nanograms of free butorphanol per milliliter per milliliter of plasma or serum	48 hours	Single intravenous dose of butorphanol as Torbugesic® (butorphanol tartrate) at 0.1 milligrams per kilogram	*Journal of Veterinary Pharmacology and Therapeutics* doi: 10.1111/j.1365-2885.2012.01385.x	Applicable analytes are total butorphanol (drug and conjugates) in urine and butorphanol in plasma (the drug itself, not any conjugate)

[1] For Quarter Horses: Level of Detection in any permitted biological sample.
[2] Administration of albuterol by any means other than intra-nasally has a high likelihood in resulting in a positive finding. This specifically includes oral administration. Trainers and veterinarians are cautioned against using oral albuterol.
[3] Intramuscular administration of betamethasone acetate will result in plasma or serum concentrations that will exceed the Regulatory Threshold for weeks or even months, making the horse ineligible to race for an extended period.

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Cetirizine	6 nanograms per milliliter of plasma or serum	48 hours	0.4 milligrams per kilogram twice daily for 5 doses	Kentucky Equine Drug Research Council/University of California at Davis study	Do not administer ivermectin within 48 hours of a race if the horse has been administered cetirizine.
Cimetidine	400 nanograms per milliliter of plasma or serum	24 hours	20 milligrams per kilogram twice daily for 7 doses	Kentucky Equine Drug Research Council/University of California at Davis study	
Clenbuterol	140 picograms per milliliter of urine or Level of Detection in plasma or serum[4]	14 days[5]	Oral administration of clenbuterol as Ventipulmin® syrup (Boehringer-Ingelheim Vetmedica Inc., NADA 140-973) at 0.8 mcg/kg twice a day	University of California at Davis; Boehringer-Ingelheim Vetmedica, Inc.	Applicable analyte is clenbuterol
Dantrolene	100 picograms per milliliter of 5-hydroxydantrolene in plasma or serum	48 hours	Oral administration of 500 milligrams of dantrolene as paste (compounding pharmacy) or capsule formulation (Proctor and Gamble)	*Journal of Veterinary Pharmacology and Therapeutics* 34, 238–246	
Detomidine	2 nanograms per milliliter of carboxydetomidine in urine or 1 nanogram per milliter of detomidine in blood.	48 hours	5 mg IV (once)	*KY EDRC, UC Davis/UF Study.*	Dormosedan ™ used in study.

[4] For Quarter Horses: Level of Detection in any permitted biological sample.
[5] Clenbuterol is a prohibited substance in Quarter Horses and other breeds racing with Quarter Horses; there is no applicable withdrawal guideline for such horses.

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Dexamethasone **Harness Racing Only.**	5 picograms per milliliter of plasma or serum **SEE NOTE BELOW**	72 hours	Intramuscular and intravenous administration of dexamethasone sodium phosphate or oral administration of dexamethasone at 0.05milligrams per kilogram regardless of route	RMTC study	Applicable analyte is dexamethasone in plasma or serum
Dimethyl sulfoxide (DMSO)	10 micrograms per milliliter of plasma or serum	48 hours	Intravenous	ARCI model rule	Applicable analyte is DMSO in plasma or serum
Furosemide	100 nanogram per milliliter of plasma or serum	4 hours	Single Intravenous dose of furosemide up to 500 milligram[6]	ARCI model rule	Must also have urine specific gravity < 1.010 for a violation.
Glycopyrrolate	3 picograms per milliliter plasma or serum	48 hours	Single intravenous dose of 1 milligram of glycopyrrolate as Glycopyrrolate Injection, USP (American Regent product # 0517-4601-25)	RMTC study; *Journal of Veterinary Pharmacology and Therapeutics* doi: 10.1111/j.1365-2885.2011.01272.x	Applicable analyte is glycopyrrolate in plasma or serum

[6] ARCI-0110929(F)(2)(d) and ARCI-025-020(F)(2)(d) state that the dose of Furosemide "shall not exceed 500 milligrams nor be less than 150 milligrams."

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Guaifenesin	12 nanograms per milliliter of plasma or serum	48 hours	2 grams twice daily for 5 doses	Kentucky Equine Drug Research Council/University of California at Davis study	
Isoflupredone **Harness Racing Only.**	100 picograms per milliliter of plasma or serum **SEE NOTE BELOW**	7 days	10 milligrams total dose subcutaneous or 20 milligrams total dose in one articular space	RMTC Study	
Lidocaine	20 picograms per milliliter of total 30H-lidocaine in plasma or serum	72 hours	200 milligrams of lidocaine as its hydrochloride salt administered subcutaneously	European Horseracing Scientific Liaison Committee data; Iowa State University study.	Applies to total major hydroxylated metabolite (i.e., includes conjugates)
Mepivacaine	10 nanograms total hydroxymepivacaine per milliliter of urine or above Level of Detection of mepivacaine in plasma or serum	72 hours	Single 0.07 milligrams per kilogram subcutaneous dose of mepivacaine	European Horseracing Scientific Liaison Committee data	
Methocarbamol	1 nanogram per milliliter of plasma or serum	48 hours	Single intravenous dose of 15 milligrams per kilogram methocarbamol as Robaxin® or 5 grams orally	*Journal of Veterinary Pharmacology and Therapeutics* doi: 10.1111/jvp.12068	Applicable analyte is methocarbamol in plasma or serum

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Methylprednisolone	100 picograms per milliliter of plasma or serum	See Dosing Specifications	Total dose of methylprednisolone acetate suspension in one articular space[7]. The recommended withdrawal for methylprednisolone acetate is a minimum of 21 days at a 100 milligram dose	*Journal of Veterinary Pharmacology and Therapeutics* volume 37, Issue 2, pages 125–132, April 2014	Applicable analyte is methylprednisolone
Omeprazole	omeprazole sulfide - 10 nanograms per milliliter of plasma or serum	24 hours	Orally (2.2 grams) once daily for 4 doses	Kentucky Equine Drug Research Council/University of California at Davis study	GastroGuard™ used in the study
Prednisolone **Harness Racing Only.**	1 nanogram per milliliter of plasma or serum **SEE NOTE BELOW**	48 hours	1 milligram per kilogram orally		Applicable analyte is prednisolone in plasma or serum
Procaine penicillin *(administration must be reported to Commission)*	25 nanograms per milliliter of plasma or serum	Following entry to race	Intramuscular	RMTC – reference notes online	Mandatory surveillance of horse at owner's expense 6 hours before racing

[7] Intramuscular administration of methylprednisolone acetate will result in plasma or serum concentrations that will exceed the Regulatory Threshold for weeks or even months, making the horse ineligible to race for an extended period. Please see Dosing Specifications for recommended withdrawal time.

Controlled Therapeutic Medication	Threshold	Withdrawal Guideline	Dosing Specifications	Reference Notes	Note
Ranitidine	40 nanograms per milliliter of plasma or serum	24 hours	8 milligrams per kilogram twice daily for 7 doses	Kentucky Equine Drug Research Council/University of California at Davis study	
Triamcinolone acetonide **Harness Racing Only.**	100 picograms per milliliter of plasma or serum **SEE NOTE BELOW**	7 days	Total dose of 9 milligram in one articular space[8]	*Equine Veterinary Journal,* 10.1111/evj.12059 (2013)	Applicable analyte is triamcinolone acetonide in plasma or serum
Xylazine	200 picograms per milliliter of plasma or serum	48 hours	200 milligrams intravenously	University of California at Davis study	Applicable analyte is xylazine.

NOTE: The thresholds and withdrawal guidance for corticosteroids other than methylprednisolone do not apply to flat and jump racing which have a mandatory stand down period of 14 days following intra-articular injections and a prohibition on stacking pursuant to ARCI 011-020(F).

[8] Intramuscular administration of triamcinolone acetonide will result in plasma or serum concentrations that will exceed the Regulatory Threshold for weeks or even months, making the horse ineligible to race for an extended period.

Non-Steroidal Anti-Inflammatory Drug (NSAID) Rules for Horses††

Controlled Therapeutic Medication	Threshold (Primary)	Restricted Administration Time	Dosing Specifications	Reference Notes
Flunixin	5.0 nanogram per milliliter of plasma or serum	48 hours	Single intravenous dose of flunixin as Banamine® (flunixin meglumine) at 1.1 milligram per kilogram	University of California at Davis/RMTC study
Ketoprofen	2.0 nanograms per milliliter of plasma or serum	48 hours	Single intravenous dose of ketoprofen as Ketofen® at 2.2 milligrams per kilogram	HFL Sport Sciences/ Kentucky Equine Drug and Research Council/RMTC study/University of California Davis/RMTC.
Phenylbutazone	0.3 micrograms per milliliter of plasma or serum	48 hours	Single intravenous dose of phenylbutazone at 4.0 milligrams per kilogram	University of California Davis/RMTC study.

†† Samples collected may contain one of the NSAIDs in this chart at a concentration up to the Primary Threshold. The detection of one or more additional NSAIDs in blood and/or urine constitutes a stacking violation in addition to the violation associated with the detection of each additional NSAID.

Recent Document Revisions

Date	Version	Substance	Notes.
19-Dec	4.2	Betamethasone, Dexamethasone, Isoflupredone, Prednisolone, Triamcinolone acetonide.	Threshold and withdrawl guidance eliminated for flat and jump races; thresholds and withdrawl times apply only to harness racing. Fourteen day (14) stand down on interarticular injections referenced in Note.
19-Dec	4.2	Phenylbutazone	Threshold lowered to 0.3 micrograms per milliliter plasma/serum; 48 hour restricted administration time; Elimination of secondary threshold; Footnote on stacking modified.
19-Dec	4.2	Ketoprofen	48 hour restricted administration time; Elimination of secondary threshold; Footnote on stacking modified.
19-Dec	4.2	Flunixen	Threshold lowered to 5.0 ng/ml; 48 hour restricted administration time; Elimination of secondary threshold; Footnote on stacking modified.
19-Dec	4.2	Diclofenac and Firocoxib	Eliminated from CTS schedule; Policy reverts to level of detection if found.
19-Jan	4.1	Albuterol	Added footnote establishing Albuterol as a prohibited substance in Quarter Horses with no applicable withdrawal guideline for Quarter Horses or breeds racing with Quarter Horses.
17-Apr	4	Clenbuterol	Added footnotes establishing Clenbuterol as a prohibited substance in Quarter Horses with no applicable withdrawal guideline for Quarter Horses or breeds racing with Quarter Horses.
17-Apr	4	Whole document	Re-numbered footnotes throughout document to make them continuous
16-Dec	3.2	Omeprazole	Clarified threshold for omeprazole sulfide.
16-Sep	3.1	Detomidine	Amended threshold and dosing specifications.
16-Mar	3	Omeprazole	Amended threshold and dosing specifications
16-Mar	3	Xylazine	Amended threshold and dosing specifications
16-Mar	3	Guaifenesin	Added as New Substance to Controlled Therapeutic Medication Schedule
16-Mar	3	Cetirizine	Added as New Substance to Controlled Therapeutic Medication Schedule
16-Mar	3	Ranitidine	Added as New Substance to Controlled Therapeutic Medication Schedule
16-Mar	3	Cimetidine	Added as New Substance to Controlled Therapeutic Medication Schedule
15-Apr	2.02	Methylprednisolone	Directed readers to use Dosing Specification column for recommended withdrawal guideline.
15-Apr	2.02	Furosemide	Added clarifying language to Furosemide reflecting ARCI-011- 020(F)(2)(d) and ARCI-025-020(F)(2)(d) minimum and maximum thresholds
15-Apr	2.02	Added “For Horses” to Title	Added the words “for Horses” to document title

14-Apr	2.01	Methocarbamol	Corrected dosage from 0.15 milligrams per kilogram to 15 milligrams per kilogram
14-Apr	2	Dimethyl sulfoxide (DMSO)	Removed “oral” from dosing specifications
14-Apr	2	Xylazine	Changed Note section from “Applies to xylazine and xylazine metabolite” to “Applies to analyte xylazine”
Apr-14	2	Isoflupredone	Added Isoflupredone as New Substance to Controlled Therapeutic Medication Schedule
Apr-14	2	Albuterol	Added Albuterol as New Substance to Controlled Therapeutic Medication Schedule
Apr-14	2	Flunixin, Ketoprofen, Phenylbutazone	Added Secondary Anti-Stacking Threshold
Apr-14	2	Flunixin, Ketoprofen, Phenylbutazone	Created separate section for Non-Steroidal Anti-Inflammatory Drugs at end of Controlled Therapeutic Medication Schedule, Relocated Flunixin, Ketoprofen, and Phenylbutazone to new section
Apr-14	2	<All Substances>	Changed Table Header from “No Pre-Race Treatment Within” to “Withdrawal Guideline”
Apr-13	1	<All Substances>	Original Controlled Therapeutic Medication Schedule Adopted by ARCI Board of Directors

Adopted in Version 1.4 ARCI 8/27/02 NAPRA 10/2/02
Version 2.1 to3.0 ARCI 4/3/04 NAPRA 4/3/04: Amended new rule language
Version 4.3 to 4.4 ARCI Board 12/10/08: Amended Shock Wave to 10 days
Version 5.1 to 5.2 ARCI Board 7/15/12: Amended Shock Wave language
Version 5.2 to 5.3 ARCI Board 12/7/12 Amended Blood doping agents, limited uses of drugs and broadened approving agency designation, changed train to breeze in shock wave restrictions
Version 5.5 to 5.6 ARCI Board 12/9/13 Amended ARCI-011-015 (4) Extracorporeal Shock Wave Therapy
Version 5.5 to 5.6 ARCI Board 12/9/2013 Amended ARCI-011-015(4) Extracorporeal Shock Wave Therapy
Version 6.3 to 7.0 ARCI Board 12/09/2016 Amended ARCI 011-015(1) Prohibited Practices; Added ARCI-001-015(2) Prohibited Substances and Methods, Restricted Therapeutic Use language
Version 6.3 to 7.0 ARCI Board 12/09/2016 ARCI 011-015, added annexed materials "Prohibited List" and "Restricted Therapeutic Use Requirements" table.
Version 7.0 to 8.0, ARCI Board, 4/20.2017, Amended Annex II, "Restricted Therapeutic Use Requirements," (Added: footnote 4, re: Quarter Horses

Version 9.1 to 9.2 ARCI Board 12/13/19, Endorsed in Principal, Subsection 6 added to ban the use of bisphosphonates in horses younger than four years old, must be used to treat navicular disease only and FDA approved substances only. Can only be administered by label instructions and horses will be placed on a vet's list for 180 days if used. Subsection 6 (c) was added to ban bloodletting and chemical castration/immunocastration and to harmonize with IFHA rules.

ARCI-011-020 Medications and Prohibited Substances

Upon a finding of a violation of these medications 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 on 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, all United States Drug Enforcement Agency (DEA) Schedule I drugs and many Schedule II drugs. Also found in this class are drugs that are potent stimulants of the central nervous system. Drugs in this class have no generally accepted medical use in the racing horse and their pharmacologic potential for altering the performance of a racing horse is very high.

(2) Class 2

Drugs placed in this category have a high potential for affecting the outcome of a race. Most are not generally accepted as therapeutic agents in the racing horse. 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 racing horse. The following groups of drugs placed are in this class:

(a) Opiate partial agonists, or agonist-antagonists;

(b) Non-opiate psychotropic drugs. These drugs 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 that have a direct neuromuscular blocking action;

(g) Local anesthetics that 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 placed 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 racing horse. The following groups of drugs are placed in this class:

(a) Drugs affecting the autonomic nervous system that 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 that 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;

(e) Potent diuretics affecting renal function and body fluid composition; and

(f) Anabolic and/or androgenic steroids and other drugs

(4) Class 4

Drugs in this category comprise primarily therapeutic medications routinely used in racing horses. 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 that have a mild central analgesic effect;

(b) Drugs affecting the autonomic nervous system that 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) Antihistamines that do not have a significant CNS depressant effect. This does not include H2 blocking agents, which are in Class 5.

(d) Mineralocorticoid drugs;

(e) Skeletal muscle relaxants;

(f) Anti-inflammatory drugs. These drugs may reduce pain as a consequence of their anti-inflammatory action.

(A) Non-Steroidal Anti-Inflammatory Drugs (NSAIDs;

(B) Corticosteroids (glucocorticoids); and

(C) Miscellaneous anti-inflammatory agents.

(g) Less potent diuretics;

(h) Cardiac glycosides and antiarrhythmic agents.

(A) Cardiac glycosides;

(B) Antiarrhythmic agents (exclusive of lidocaine, bretylium andpropranolol); and

(C) Miscellaneous cardiotonic drugs.

(i) Topical Anesthetics--agents not available in injectable formulations; (j) Antidiarrheal drugs;

(k) Miscellaneous drugs.

(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 by the racing jurisdictions as well as certain miscellaneous agents. Included specifically are agents that have very localized actions only, such as anti-ulcer drugs and certain antiallergenic 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 penalty guidelines schedule contained in these rules 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*, the identity of the drug shall be forwarded to the official veterinarian to be forwarded to the Drug Testing Standards and Practices Committee of the Association of Racing Commissioners International 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 RMTC 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:

LICENSED TRAINER:		
1st offense	**2nd LIFETIME offense in any jurisdiction**	**3rd LIFETIME offense in any jurisdiction**
◦ Minimum one-year suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a three-year suspension. **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). **AND** ◦ May be referred to the Commission for any further action deemed necessary by the Commission.	◦ 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. **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). AND ◦ May be referred to the Commission for any further action deemed necessary by the Commission.	◦ 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. **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). AND ◦ May be referred to the Commission for any further action deemed necessary by the Commission.
LICENSED OWNER:		
1st offense	**2nd LIFETIME offense in owner's stable in any jurisdiction**	**3rd LIFETIME offense in owner's stable in any jurisdiction**
◦ Disqualification and loss of purse. **AND**	◦ Disqualification and loss of purse. **AND**	◦ Disqualification, loss of purse and $50,000 fine. **AND**

◦ Horse shall be placed on the veterinarian's list for 180 days and must pass a commissionapproved examination before becoming eligible to be entered.	◦ 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.	◦ 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. **AND** ◦ Referral to the Commission with a recommendation of a suspension for a minimum of 90 days.

Version 7.0 to 8.0, ARCI Board, April 2017, changed recommended veterinarian's list time to 180 Days for 1st and 2nd offense.

The following are recommended penalties for violations due to the presence of a drug carrying **Category "B" penalty**, for the for the detection of two or more NSAIDs in a plasma/serum and/or urine sample, subject to the provisions set forth in ARCI-011-020(E) and for violations of the established levels for total carbon dioxide:

LICENSED TRAINER:		
1st offense	**2nd offense (365-day period) in any jurisdiction**	**3rd offense (365-day period) in any jurisdiction**
◦ Minimum 15-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 60-day suspension. **AND** ◦ Minimum fine of $500 absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of $1,000.	◦ Minimum 30-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a 180-day suspension. **AND** ◦ Minimum fine of $1,000 absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of $2,500.	◦ Minimum 60-day suspension absent mitigating circumstances. The presence of aggravating factors could be used to impose a maximum of a one-year suspension. **AND** ◦ 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). **AND** ◦ May be referred to the Commission for any further action deemed necessary by the Commission.
LICENSED OWNER:		

1st offense	**2nd offense in stable (365-day period) in any jurisdiction**	**3rd offense in stable (365-day period) in any jurisdiction**
◦ Disqualification and loss of purse [in the absence of mitigating circumstances] * **AND** ◦ Horse must pass a commission-approved examination before becoming eligible to be entered.	◦ Disqualification and loss of purse [in the absence of mitigating circumstances] * **AND** ◦ Horse must pass a commission-approved examination before becoming eligible to be entered.	◦ Disqualification and loss of purse, and a $5,000 fine.* **AND** ◦ 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 following are recommended penalties for violations due to the presence of a drug carrying a Category "C" penalty and overages for permitted NSAIDs and furosemide: (***All concentrations are for measurements in serum or plasma.)***

LICENSED TRAINER	**Furosemide (>100 ng/ml) and no furosemide when identified as administered****	**Phenylbutazone (>0.3 mcg/ml) Flunxin (>5.0 ng/ml) Ketoprofen (>2.0 ng/ml) and CLASS C Violations**
1st Offense (365-day period) in any jurisdiction	Minimum of a written warning to a maximum fine of $500	Minimum fine of $1,000 absent mitigating circumstances
2nd Offense (365-day period) in any jurisdiction	Minimum of a written warning to a maximum fine of $750	Minimum fine of $1,500 and 15-day suspension absent mitigating circumstances

3rd Offense (365-day period) in any jurisdiction	Minimum fine of $500 to a maximum fine of $1,000	Minimum fine of $2,500 and 30-day suspension absent mitigating circumstances
LICENSED OWNER	**Furosemide (>100 ng/ml) and no furosemide when identified as administered****	**Phenylbutazone (>0.3 mcg/ml) Flunixin (>5.0 ng/ml) Ketoprofen (>2.0 ng/ml) AND CLASS C VIOLATIONS**
1st Offense (365-day period) in any jurisdiction	Horse may be required to pass commission-approved examination before being eligible to run.	Loss of purse [in the absence of mitigating circumstances]. Horse must pass commission-approved examination before being eligible to run
2nd Offense (365-day period) in any jurisdiction	Horse may be required to pass commission-approved examination before being eligible to run	Loss of purse. If same horse, placed on veterinarian's list for 45 days, must pass commission-approved examination before being eligible to run
3rd Offense (365-day period) in any jurisdiction	Disqualification and loss of purse. Horse must pass commission-approved examination before being eligible to run	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

*If the trainer has not had more than one violation within the previous two years, the Stewards/Judges are encouraged to issue a warning in lieu of a fine provided the reported level is below 3.0 mcg/ml, absent of aggravating factors.

After a two year period, if the licensee has had no further violations, any penalty due to an overage in the 2.0 – 5.0 category will be expunged from the licensee's record for penalty purposes.

(7) The recommended penalty for a violation involving a drug that carries a Category "D" penalty is a written warning to the trainer and owner. Multiple violations may result in fines and/or suspensions

(8) Any licensee of the commission, including veterinarians, found to be responsible for the improper or intentional administration of any drug resulting in a positive test may, after proper notice and hearing, be subject to the same penalties set forth for the licensed trainer.

(9) The licensed owner, veterinarian or any other licensed party involved in a positive laboratory finding shall be notified in writing of the hearing and any resulting action. In addition their presence may be required at any and all hearings relative to the case.

(10) Any veterinarian found to be involved in the administration of any drug carrying the penalty category of "A" shall be referred to the State Licensing Board of Veterinary Medicine for consideration of further disciplinary action and/or license revocation. This is in addition to any penalties issued by the stewards or the commission.

(11) Any person who the stewards or the commission believe may have committed acts in violation of criminal statutes may be referred to the appropriate law enforcement agency. Administrative action taken by the stewards or the commission in no way prohibits a prosecution for criminal acts committed, nor does a potential criminal prosecution stall administrative action by the stewards or the commission.

(12) Procedures shall be established to ensure that a licensed trainer is not able to benefit financially during the period for which the individual has been suspended. This includes, but is not limited to, ensuring that horses are not transferred to licensed family members.

(13) Multiple Medication Violations (MMV)

(a) A trainer who receives a penalty for a medication violation based upon a horse testing positive for a Class 1-5 medication with Penalty Class A-C, as provided in the most recent version of the ARCI Uniform Classification Guidelines for Foreign Substances, or similar state regulatory guidelines, shall be assigned points as follows:

Penalty Class	Points If Controlled Therapeutic Substance	Points If Non-Controlled Substance
Class A	N/A	6
Class B	2	4
Class C	½ for first violation with an additional ½ point for	1 for first violation with an additional ½ point for each additional violation within 365 days

	each additional violation within 365 days[4]	
Class D	0	0

If the Stewards or Commission determine that the violation is due to environmental contamination, they may assign lesser or no points against the trainer based upon the specific facts of the case.

(b) The points assigned to a medication violation by the Stewards or Commission ruling shall be included in the ARCI official database. The ARCI shall record points consistent with Section 13(a) including when appropriate, a designation that points have been suspended for the medication violation. Points assigned by such regulatory ruling shall reflect, in the case of multiple positive tests as described in paragraph (d), whether they constitute a single violation. The Stewards' or Commission Ruling shall be posted on the official website of the Commission and within the official database of the Association of Racing Commissioners International. If an appeal is pending, that fact shall be noted in such Ruling. No points shall be applied until a final adjudication of the enforcement of any such violation.

(c) A trainer's cumulative points for violations in all racing jurisdictions shall be maintained by the ARCI. Once all appeals are waived or exhausted, the points shall immediately become part of the trainer's official ARCI record and shall be considered by the Commission in its determination to subject the trainer to the mandatory enhanced penalties by the Stewards or Commission as provided in this regulation.

(d) Multiple positive tests for the same medication incurred by a trainer prior to delivery of official notice by the commission may be treated as a single violation. In the case of a positive test indicating multiple substances found in a single post-race sample, the Stewards may treat each substance found as an individual violation for which points will be assigned, depending upon the facts and circumstances of the case.

(e) The official ARCI record shall be used to advise the Stewards or Commission of a trainer's past record of violations and cumulative points. Nothing in this administrative regulation shall be construed to confer upon a licensed trainer

[4] *Points for NSAID violations only apply when the primary threshold of the NSAID is exceeded. Points are not to be separately assigned for a stacking violation.*

the right to appeal a violation for which all remedies have been exhausted or for which the appeal time has expired as provided by applicable law.

(f) The Stewards or Commission shall consider all points for violations in all racing jurisdictions as contained in the trainer's official ARCI record when determining whether the mandatory enhancements provided in this regulation shall be imposed.

(g) In addition to the penalty for the underlying offense, the following enhancements shall be imposed upon a licensed trainer based upon the cumulative points contained in his/her official ARCI record:

Points	**Suspension in days**
5-5.5	15 to 30
6-8.5	30 to 60
9-10.5	90 to 180
11 or more	180 to 360

MMV penalties are not a substitute for the current penalty system and are intended to be an additional uniform penalty when the licensee:

(i) Has had more than one medication violation for the relevant time period, and

(ii) Exceeds the permissible number of points.

The Stewards and Commission shall consider aggravating and mitigating circumstances, including the trainer's prior record for medication violations, when determining the appropriate penalty for the underlying offense. The MMP is intended to be a separate and additional penalty for a pattern of violations.

(h) The suspension periods as provided in Section 13(g) shall run consecutive to any suspension imposed for the underlying offense.

(i) The Stewards' or Commission Ruling shall distinguish between the penalty for the underlying offense and any enhancement based upon a Stewards or Commission review of the trainer's cumulative points and regulatory record, which may be considered an aggravating factor in a case.

(j) Points shall expire as follows:

Penalty Classification	Time to Expire
A	3 years
B	2 years
C	1 year

In the case of a medication violation that results in a suspension, any points assessed expire on the anniversary date of the date the suspension is completed.

C. Medication Restrictions

(1) A finding by the commission approved laboratory of a prohibited drug, chemical or other substance in a test specimen of a horse is prima facie evidence that the prohibited drug, chemical or other substance was administered to the horse and, in the case of a post-race test, was present in the horse's body while it was participating in a race. Prohibited substances include:

(a) Drugs or medications for which no acceptable threshold concentration has been established;

(b) Controlled therapeutic medications in excess of established threshold concentrations or administration within the restricted time period as set forth in the ARCI Controlled Therapeutic Medication Schedule, Version 2.2,;

(c) Substances present in the horse in excess of concentrations at which such substances could occur naturally; and

(d) Substances foreign to a horse at concentrations that cause interference with testing procedures.

(2) Except as otherwise provided by this chapter, a person may not administer or cause to be administered by any means to a horse a prohibited drug, medication, chemical or other substance, including any restricted medication pursuant to this chapter during the 24-hour period before post time for the race in which the horse is entered.

D. Medical Labeling

(1) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in or upon association grounds which that person occupies or has the right to occupy, or in that person's personal property or effects or vehicle in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with this subsection.

(2) All allowable medications must have a prescription label which is securely attached to the medication container and clearly ascribed to show the following:

(a) name, address, and telephone number of the pharmacy or veterinarian dispensing the medication;

(b) prescription number when dispensed by a pharmacy if required by law;

(c) date prescription filled;

F. Intra Articular Joint Injections

(1) The use of intra articular joint injections in flat and jump racing shall be governed by the following conditions;

(a) Treatment reporting is required pursuant to ARCI 011-010 (2)

(b) A treated horse shall be established as ineligible to race for a period of 14 days following an intra articular injection;

(i) For the purpose of the counting number of days a horse is ineligible to run following an intra articular injection is the first day.

(ii) The horse is eligible to race on the 15th day.

G. Corticosteroids

(1) The detection of two or more corticosteroids in a flat or jump racing horse's post race serum/plasma and/or urine sample constitutes a stacking violation (Penalty Class B)

(2) The detection of one or more additional NSAIDS in blood and/or urine constitutes a stacking violation in addition to the violation associated with the detection of each additional NSAID.

H. Furosemide

(1) Furosemide may be administered intravenously to a horse, which is entered to compete in a race. Except under the instructions of the official veterinarian or the racing veterinarian for the purpose of removing a horse from the Veterinarian's List or to facilitate the collection of a post-race urine sample, furosemide shall be permitted only after the official veterinarian has placed the horse on the Furosemide List. In order for a horse to be placed on the Furosemide List the following process must be followed.

(a) After the horse's licensed trainer and licensed veterinarian determine that it would be in the horse's best interests to race with furosemide the official veterinarian or his/her designee shall be notified using the prescribed form, that the horse is to be put on the Furosemide List.

(b) The form must be received by the official veterinarian or his/her designee by the proper time deadlines so as to ensure public notification.

(c) A horse placed on the official Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list. The request must be made to the official veterinarian or his/her designee, on the proper form, no later than the time of entry.

(d) After a horse has been removed from the Furosemide List, the horse may not be placed back on the list for a period of 60 calendar days unless it is determined to be detrimental to the welfare of the horse, in consultation with the official veterinarian. If a horse is removed from the official Furosemide List a second time in a 365-day period, the horse may not be placed back on the list for a period of 90 calendar days.

(e) Furosemide shall only be administered on association grounds.

(f) Furosemide shall be the only authorized bleeder medication

(2) The use of furosemide shall be permitted under the following circumstances on association grounds where a detention barn is utilized:

(a) Furosemide shall be administered by the official veterinarian, the racing veterinarian or his/her designee no less than four hours prior to post time for the race for which the horse is entered.

National Uniform Medication Program
All Breeds Racing Summary – June 2017

Totals: 30 commissions use an RMTC-Accredited lab, 22 commissions have adopted the CTS list, 19 commissions have adopted 3rd-party administration of furosemide, and 15 have adopted the MMV penalty system

Arizona:

- CTS Medication Schedule: Partial adoption
- 3rd Party Lasix Administration: No
- MMV System: Under consideration (December 2016 version)
- Lab Accreditation: Yes (Industrial Laboratories)

Note: Arizona is currently under a mandatory rulemaking moratorium from the governor's office.

Arkansas:

- CTS Medication Schedule: Yes
- 3rd Party Lasix Administration: Yes
- MMV System: Yes
- Lab Accreditation: Yes (Truesdail Laboratories)

California:

- CTS Medication Schedule: Yes (complete list in process - those not specifically adopted are handled administratively until next regulatory update)
- 3rd Party Lasix Administration: Yes (adopted – will be implemented before end of 2017)
- MMV System: Under consideration (December 2016 version)
- Lab Accreditation: Yes (UC Davis Maddy Laboratory)

Colorado:

- CTS Medication Schedule: No (complete list but with limit of detection instead of thresholds)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version under consideration for May 2017 adoption)
- Lab Accreditation: Yes (Industrial Laboratories)

Delaware:

- CTS Medication Schedule: Yes (complete list will be adopted before June racing)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version)
- Lab Accreditation: Yes (Truesdail Laboratories)

Delaware (Harness):

- CTS Medication Schedule: Yes (earlier version)
- 3rd Party Lasix Administration: Yes
- MMV System: No
- Lab Accreditation: No (Dalare Laboratories – ISO Accredited, no RMTC application)

Florida:

- CTS Medication Schedule: Yes
- 3rd Party Lasix Administration: Yes (house rule at Thoroughbred tracks – regulatory rule in process)
- MMV System: Under consideration (older version)
- Lab Accreditation: No (ISO Accredited, expecting RMTC application in June)

Idaho:

- CTS Medication Schedule: Yes
- 3rd Party Lasix Administration: Yes
- MMV System: No
- Lab Accreditation: Yes (Truesdail Laboratories)

Illinois:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Under consideration
- MMV System: No
- Lab Accreditation: Yes (University of Illinois at Chicago Lab)

Indiana:

- CTS Medication Schedule: Yes (earlier version)
- 3rd Party Lasix Administration: Yes (vet shadow system)
- MMV System: Yes (December 2016 version under consideration)
- Lab Accreditation: Yes (Industrial Laboratories)

Iowa:

- CTS Medication Schedule: Yes (complete list to be implemented in August per laboratory testing instructions, not rule)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version in process)
- Lab Accreditation: In process

Kentucky:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes
- MMV System: Under consideration (December 2016 version)
- Lab Accreditation: Yes (LGC Laboratory)

Louisiana:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: No
- MMV System: No
- Lab Accreditation: No (pursuing ISO accreditation)

Maine (Harness only):

- CTS Medication Schedule: In process
- 3rd Party Lasix Administration: Yes
- MMV System: Under consideration
- Lab Accreditation: Yes (LGC Laboratory)

Maryland:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version in process)
- Lab Accreditation: Yes (Truesdail Laboratories)

Massachusetts:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version under consideration for April 2017 adoption)
- Lab Accreditation: Yes (Industrial Laboratories)

Michigan:

- CTS Medication Schedule: In process (pending rule change on phenylbutazone from 5 mcg/ml to 2)
- 3rd Party Lasix Administration: No
- MMV System: Yes (December 2016 version in process)
- Lab Accreditation: Yes (Industrial Laboratories)

Minnesota:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes
- MMV System: December 2016 version under consideration
- Lab Accreditation: Yes (Industrial Laboratories)

Montana:

- CTS Medication Schedule: Yes (earlier version)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version)
- Lab Accreditation: Yes (Industrial Laboratories)

Nebraska:

- CTS Medication Schedule: Partial adoption (all but phenylbutazone)
- 3rd Party Lasix Administration: No
- MMV System: December 2016 version under consideration
- Lab Accreditation: Yes (Truesdail Laboratories)

Nevada:

- CTS Medication Schedule: Under consideration
- 3rd Party Lasix Administration: Under consideration
- MMV System: Under consideration (December 2016 version)
- Lab Accreditation: Yes (Truesdail Laboratories)

New Jersey:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes (house rules at tracks)
- MMV System: Yes (December 2016 version adopted as emergency rule)
- Lab Accreditation: Yes (Truesdail Laboratories)

New Mexico:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: No
- MMV System: No
- Lab Accreditation: Yes (UC-Davis Maddy Laboratory)

New York:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: At NYRA tracks
- MMV System: Yes (December 2016 version in process)
- Lab Accreditation: Yes (New York Drug Testing Laboratory)

New York (Harness)

- CTS Medication Schedule: Partial adoption (20 – no clenbuterol, no corticosteroids except Depo)
- 3rd Party Lasix Administration: Yes
- MMV System: Under consideration
- Lab Accreditation: Yes (New York Drug Testing Laboratory)

North Dakota:

- CTS Medication Schedule: Yes (earlier version)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (no action on December 2016 version)
- Lab Accreditation: Yes (Industrial Laboratories)

Ohio:

- CTS Medication Schedule: Under consideration
- 3rd Party Lasix Administration: In process
- MMV System: In process (December 2016 version)
- Lab Accreditation: Yes (Ohio Department of Agriculture)

Oklahoma:

- CTS Medication Schedule: In process (has adopted plasma-based thresholds)
- 3rd Party Lasix Administration: No
- MMV System: No
- Lab Accreditation: Yes (Industrial Laboratories)

Oregon:

- CTS Medication Schedule: Under consideration
- 3rd Party Lasix Administration: Under consideration
- MMV System: Under consideration
- Lab Accreditation: Yes (Truesdail Laboratories)

Pennsylvania:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes (house rule at tracks)
- MMV System: Yes (December 2016 version)
- Lab Accreditation: Yes (PETRL)

Pennsylvania (Harness):

- CTS Medication Schedule: In process (piecemeal)
- 3rd Party Lasix Administration: Yes
- MMV System: Under consideration
- Lab Accreditation: Yes (PETRL)

South Dakota (Quarter Horse only):

- CTS Medication Schedule: Under consideration
- 3rd Party Lasix Administration: In process
- MMV System: In process (December 2016 version)
- Lab Accreditation: No (Center for Toxicology Services – ISO Accredited, no RMTC application)

Texas:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: No action
- MMV System: Under discussion (December 2016 version)
- Lab Accreditation: Yes (Texas A&M VDML)

Virginia:

- CTS Medication Schedule: Yes (complete list)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (no action on December version)
- Lab Accreditation: Yes (LGC Laboratories)

Washington:

- CTS Medication Schedule: Partially adopted, complete list under consideration
- 3rd Party Lasix Administration: Under consideration
- MMV System: In process (December 2016 version)
- Lab Accreditation: Yes (Truesdail Laboratories)

West Virginia:

- CTS Medication Schedule: Yes (complete list in process)
- 3rd Party Lasix Administration: Yes
- MMV System: Yes (December 2016 version in process)
- Lab Accreditation: Yes (Industrial Laboratories)

Wyoming:

- CTS Medication Schedule: Under consideration
- 3rd Party Lasix Administration: No
- MMV System: December 2016 version under consideration
- Lab Accreditation: Yes (Truesdail Laboratories)