PUBLIC PROTECTION CABINET
Kentucky Horse Racing Commission
(Amendment)

810 KAR 8:020. Drug, medication, and substance classification schedule [~~and withdrawal guidelines~~].

RELATES TO: KRS 230.215, 230.225, 230.240, 230.260, 230.265, 230.290, 230.320, 230.370

STATUTORY AUTHORITY: KRS 230.215(2), 230.225, 230.240(2), 230.260, 230.320, 230.370

NECESSITY, FUNCTION, AND CONFORMITY: KRS 230.215(2) authorizes the Kentucky Horse Racing Commission (the "commission") to promulgate administrative regulations prescribing conditions under which all legitimate horse racing and wagering thereon is conducted in Kentucky. KRS 230.240(2) requires the commission to promulgate administrative regulations restricting or prohibiting the administration of drugs or stimulants or other improper acts to horses prior to the horse participating in a race. This administrative regulation establishes the drug classification schedule in effect in Kentucky[~~and the withdrawal guidelines~~] for permitted drugs, medications, and substances that may be administered to race horses competing in Kentucky.

Section 1. The Kentucky Horse Racing Commission Uniform Drug, Medication, and Substance Classification Schedule.[~~, KHRC 8-020-1,~~]

(1) This administrative regulation shall establish the respective classifications of all substances contained herein[~~therein. The Kentucky Horse Racing Commission Withdrawal Guidelines Thoroughbred; Standardbred; Quarter Horse, Appaloosa, and Arabian, KHRC 8-020-2, shall provide certain mandatory treatment requirements and guidance and advice on withdrawal intervals as contained therein~~].

(2)(a) Class A drugs, medications, and substances are those that:

1. Have the highest potential to influence performance in the equine athlete, regardless of their approval by the United States Food and Drug Administration; or

2. Lack approval by the United States Food and Drug Administration, but have pharmacologic effects similar to certain Class B drugs, medications, or substances that are approved by the United States Food and Drug Administration.

(b) Class A shall include:

Acecarbromal
Acetophenazine
Adinazolam
Alcuronium
Alfentanil
Almotriptan
Alphaprodine
Alpidem
Alprazolam
Alprenolol
Althesin
Aminorex
Amisulpride
Amitriptyline

Amobarbital
Amoxapine
Amperozide
Amphetamine
Amyl nitrite
Anileridine
Anilopam
Apomorphine
Aprobarbital
Arecoline
Atracurium
Atomoxetine
Azacylonol
Azaperone
Barbital
Barbiturates
Bemegride
Benazepril
Benperidol
Bentazepam
Benzactizine
Benzoctamine
Benzonatate
Benzphetamine
Benztropine
Benzylpiperazine
Bethanidine
Biperiden
Biriperone
Bitolterol
Bolasterone
Boldione
Brimondine
Bromazepam
Bromfenac
Bromisovalum
Bromocriptine
Bromperidol
Brotizolam
Bufexamac
Bupivacaine
Buprenorphine
Buspirone
Bupropion
Butabartital
Butacaine
Butalbital
Butanilicaine
Butaperazine

Butoctamide
Calusterone
Camazepam
Cannabinoids, Synthetic
Captadiame
Carazolol
Carbidopa
Carbromal
Carfentanil
Carphenazine
Carpipramine
Cathinone
Chloral betaine
Chloral hydrate
Chloraldehyde
Chloralose
Chlordiazepoxide
Chlorhexadol
Chlormezanone
Chloroform
Chloroprocaine
Chlorproethazine
Chlorpromazine
Chlorprothixene
Cimaterol
Citalopram
Cllibucaine
Clobazam
Clocapramine
Clomethiazole
Clomipramine
Clonazepam
Clorazepate
Clormecaine
Clostebol
Clothiapine
Clotiazepam
Cloxazolam
Clozapine
Cobratoxin
Cocaine
Codeine
Conorphone
Conotoxin
Corticaine
Crotetamide
Cyamemazine
Cyclandelate
Cyclobarbital

Darbepoetin
Decamethonium
Dehydrochloromethy-
testosterone
Delorazepam
Demoxepam
Dermorphin
Desipramine
Desoxymethyl-
testosterone
Dextromoramide
Dezocine
Diamorphine
Dichloralphenazone
Diethylpropion
Diethylthiambutene
Dihydrocodeine
Dimefline
Diprenorphine
Divalproex
Dixyrazine
Donepezil
Dopamine
Doxacurium
Doxapram
Doxazosin
Doxefazepam
Doxepin
Droperidol
Duloxetine
Eletriptan
Enalapril
Enciprazine
Endorphins
Enkephalins
Ephedrine
Epibatidine
Epinephrine
Ergaloid Mesylates
Erthritol tetranitrate
Erythropoietin
Eszopiclone
Estazolam
Ethamivan
Ethanol
Ethchlorvynol
Ethinamate
Ethoheptazine
Ethopropazine

Ethosuximide
Ethylisobutrazine
Ethylmorphine
Ethylnorepinephrine
Ethylphenidate
Etidocaine
Etifoxin
Etizolam
Etodroxizine
Etomidate
Etorphine HCL
Fenarbamate
Fenfluramine
Fentanyl
Fluanisone
Fludiazepam
Flunitrazepam
Fluopromazine
Fluoresone
Fluoxetine
Flupenthixol
Flupirtine
Flurazepam
Fluspirilene
Flutoprazepam
Fluvoxamine
Formebolone
Fosinopril
Furzabol
Galantamine
Gallamine
Gepirone
Gestrinone
Glutethimide
Guanadrel
Guanethidine
Halazepam
Haloperidol
Haloxazolam
Hemoglobinglutamers
Hemopure
Hexafluorenium
Hexobarbital
Homophenazine
Hydrocodone
Hydromorphone
Hydroxyamphetamine
Ibomal
Iloprost

Imipramine
Inositol
Trispyrophosphate
Ipsapirone
Irbesarten
Isocarboxazid
Isomethadone
Isoproterenol
Ketazolam
Ketorolac
Lamotrigine
Lenperone
Levodopa
Levomethorphan
Levorphanol
Lisinopril
Lithium
Lobeline
Lofentanil
Loflazepate, Ethyl
Loprazolam
Lorazepam
Lormetazepam
Loxapine
Mabuterol
Maprotiline
Mazindol
Mebutamate
Meclofenoxate
Medazepam
Meldonium
Melperone
Memantine
Meparfynol
Mepazine
Meperidine
Mephenoxalone
Mephentermine
Mephenytoin
Mephobarbital
Meprobamate
Mesoridazine
Mestanolone
Mesterolone
Metaclazepam
Metaraminol
Metazocine
Methachloline
Methadone

Methamphetamine, when detected exclusively as d-methamphetamine or in combination with l-methamphetamine
Methandriol
Methandrostenolone
Methaqualone
Metharbital
Methasterone
Methcathinone
Methenolone
Methixene
Methohexital
Methotrimeprazine
Methoxamine
Methoxyphenamine
3-Methoxytyramine
Methyl-1-testosterone
Methylandriostenediol
Methyldienolone
Methyldopa
Methylene
    Dioxypyrovalene (MDPV; 3,4 Methylenedioxy-pyrovalerone)
Methylhexaneamine
Methylnortestosterone
Methylphenidate
Methyprylon
Metocurine
Metomidate
Metopon
Mexazolam
Mirtazapine
Mivacurium
Modafinil
Molindone
Moperone
Morphine
Mosapramine
Muscarine
Naepaine
Nalbuphine
Nalorphine
Nebivolol
Nefazodone
Nefopam
Nikethamide
Nimetazepam

Nitrazepam
Norbolethone
Norclostebol
Nordiazepam
Norepinephrine
Norethandrolone
Nortriptyline
Nylidrin
Olanzapine
Olmesartan
Oxabolone
Oxazepam
Oxazolam
Oxcarbazepine
Oxilofrine
Oxprenolol
Oxycodone
Oxymesterone
Oxymorphone
Oxypertine
Paliperidone
Pancuronium
Papaverine
Paraldehyde
Paramethadione
Pargyline
Paroxetine
Pemoline
Penfluridol
Pentaerythritol
Pentobarbital
Pentylenetetrazol
Perazine
Perfluorocarbons
Perfluorodecahydro-naphthalene
Perfluorodecalin
Perfluorooctylbromide
Perfluorotripro-pylamine
Periciazine
Perindopril
Perlapine
Perphenazine
Phenaglycodol
Phenazocine
Phencyclidine
Phendimetrazine
Phenelzine

Phenmetrazine
Phenobarbital
Phentermine
Physostigmine
Picrotoxin
Piminodine
Pimozide
Pinazepam
Pipamperone
Pipecuronium
Pipequaline
Piperacetazine
Piperocaine
Pipotiazine
Pipradrol
Piquindone
Piritramide
Prazepam
Procaterol
Prochlorperazine
Propanidid
Propiomazine
Propionylpromazine
Propiram
Propofol
Propoxycaine
Prostanozol
Prothipendyl
Protokylol
Protriptyline
Proxibarbital
Pyrithyldione
Quazipam
Quetiapine
Quinapril / Quinaprilat
Quinbolone
Racemethorphan
Racemorphan
Raclopride
Ractopamine
Ramipril / Ramiprilat
Remifentanil
Remoxipride
Rilmazafone
Risperidone
Ritanserin
Rivastigmine
Rocuronium
Ropivacaine

Secobarbital
Selegiline
Sertraline
Sildenafil
Snake Venoms
Somatrem
Somatropin
Spiclomazine
Spiperone
Spirapril / Spiraprilat
Stenbolone
Succinylcholine
Sufentanil
Sulfondiethylmethane
Sulfonmethane
Sulforidazine
Sulpiride
Sultopride
Tadalasil
Talbutal
Tandospirone
Temazepam
Terazosin
Tetrabenazine
Tetracaine
Tetrahydrogestrinone
Tetrazepam
Thebaine
Thialbarbital
Thiamylal
Thiethylperazine
Thiopental
Thiopropazate
Thioproperazine
Thioridazine
Thiothixene
Tiapride
Tiletamine
Timiperone
Tofisopam
Topirimate
Torsemide
Tranylcypromine
Trazodone
Tretoquinol
Triazolam
Tribromethanol
Tricaine
Trichloroethanol

Tricholoethylene
Triclofos
Trifluomeprazine
Trifluoperazine
Trifluperidol
Triflupromazine
Trihexylphenidyl
Trimethaphan
Trimipramine
Tubocurarine
Tybamate
Urethane
Valerenic Acid
Valnoctamide
Vardenafil
Venlafaxine
Veralipride
Vercuronium
Viloxazine
Vinbarbital
Vinylbital
Zaleplon
Ziconotide
Zilpaterol
hydrochloride
Ziprasidone
Zolazepam
Zolpidem
Zopiclone
Zotepine
Zuclopenthixol

(3)(a) Class B drugs, medications, and substances are those that:

1. Are approved by the United States Food and Drug Administration and have a high potential to influence performance in the equine athlete, but less potential than Class A drugs, medications, and substances that are classified at that level because they have the highest potential to influence performance; or

2. Lack approval by the United States Food and Drug Administration, but have pharmacologic effects similar to certain Class C drugs, medications, or substances that are approved by the United States Food and Drug Administration.

(b) Class B shall include:

2-Aminoheptane
Acebutolol
Acepromazine
Acetanilid
Acetophenetidin
Adrenochrome
monosemicarbazone
salicylate

Albuterol
Alclofenac
Aldosterone
Ambenonium
Ambroxol
Amiloride
Aminophylline
Aminopyrine
Amiodarone
Amisometradine
Amitraz
Amlodipine
Amrinone
Anisotropine
Antipyrine
Apazone
Aprindine
Arformoterol
Articaine
Atenolol
Atropine
Baclofen
Bendroflumethiazide
Benoxaprofen
Benzocaine
Benzthiazide
Bepridil
Betaxolol
Bisoprolol
Boldenone
Bretylium
Bromhexine
Bromodiphenhydramine
Brompheniramine
Bumetanide
Butorphanol
Butoxycaine
Caffeine
Candesartan
Captopril
Carbachol
Carbamezapine
Carbazochrome
Carbinoxamine
Carisoprodol
Carprofen
Carteolol
Carticaine
Carvedilol

Celecoxib
Chlormerodrin
Chlorothiazide
Chlorpheniramine
Chlorthalidone
Chlorzoxazone
Cilostazol
Clanobutin
Clemastine
Clenbuterol
Clidinium
Clofenamide
Clonidine
Colchicine
Cyclizine
Cyclobenzaprine
Cyclothiazide
Cycrimine
Cyproheptadine
Danazol
Deracoxib
Detomidine
Dextromethorphan
Dextropropoxyphene
Diazepam
Diazoxide
Dibucaine
Diflunisal
Digitoxin
Digoxin
Dihydroergotamine
Diltiazem
Dimethisoquin
Diphenhydramine
Diphenoxylate
Dipyridamole
Disopyramide
Dobutamine
Doxylamine
Dromstanolone
Dyphylline
Edrophonium
Eltenac
Enalapril
Ergotamine
Esmolol
Etamiphylline
Etanercept
Ethacrynic acid

Ethotoin
Ethylestrenol
Etodolac
Felbamate
Felodipine
Fenbufen
Fenclozic acid
Fenoldopam
Fenoprofen
Fenoterol
Fenspiride
Fentiazac
Flecainide
Floctafenine
Flufenamic acid
Flumethiazide
Flunarizine
Fluoroprednisolone
Fluoxymesterone
Fluphenazine
Flurbiprofen
Formoterol
Fosphenytoin
Gabapentin
Guanabenz
Heptaminol
Hexocyclium
Hexylcaine
Homatropine
Hydralazine
Hydrochlorthiazide
Hydroflumethiazide
Hydroxyzine
Ibutilide
Indomethacin
Infliximab
Ipratropium
Isoetharine
Isometheptene
Isopropamide
Isosorbide dinitrate
Isoxicam
Isradipine
Kebuzone
Ketamine
L-methamphetamine, when detected by itself and not in combination with d-methamphetamine
Labetalol

Levobunolol
Lidocaine
Loperamide
Losartan
Mecamylamine
Meclizine
Medetomidine
Mefenamic acid
MelMepenzolate
Mephenesin
Mepivacaine
Meralluride
Merbaphen
Mercaptomerin
Mercumatilin
Mersalyl
Metaproterenol
Metaxalone
Methantheline
Methapyrilene
Methdilazine
Methosuxamide
Methotrexate
Methscopolamine
Methylatropine
Methylchlorthiazide
Methysergide
Methyltestosterone
Metiamide
Metolazone
Metoprolol
Mexilitine
Mibefradil
Mibolerone
Midazolam
Midodrine
Milrinone
Minoxidil
Moexipriloxicam
Nadol
Naloxone
Naltrexone
Nandrolone
Naphazoline
Naratriptan
Neostigmine
Nicardipine
Nifedipine
Niflumic acid

Nimesulide
Nimodipine
Nitroglycerin
Nortestosterone
Orphenadrine
Oxandrolone
Oxaprozin
Oxymetazoline
Oxymetholone
Oxyphencyclimine
Oxyphenonium
Penbutolol
Pentazocine
Pergolide
Phenacemide
Phenoxybenzamine
Phensuximide
Phentolamine
Phenylephrine
Phenylpropanolamine
Phenytoin
Pindolol
Pirbuterol
Piretanide
Piroxicam
Polythiazide
Prazosin
Prilocaine
Primidone
Procainamide
Procaine
Procyclidine
Promazine
Promethazine
Propafenone
Propantheline
Propentophylline
Propranolol
Propylhexedrine
Pseudoephedrine
Pyridostigmine
Pyrilamine
Quinidine
Reserpine
Ritodrine
Rizatriptan
Rofecoxib
Romifidine
Salmeterol

Scopolamine
Sibutramine
Sotalol
Spironalactone
Stanozolol
Strychnine
Sumatriptan
Telmisartin
Tenoxicam
Tepoxalin
Terbutaline
Terfenadine
Testolactone
Testosterone
Tetrahydrozoline
Theobromine
Theophylline
Thiosalicylate
Thiphenamil
Tiaprofenic acid
Timolol
Tocainide
Tolazoline
Tolmetin
Tramadol
Trandolapril
Trenbolone
Triamterene
Tridihexethyl
Trimeprazine
Trimethadione
Tripelennamine
Triprolidine
Valdecoxib
Valsartan
Vedaprofen
Verapamil
Xylazine
Xylometazoline
Yohimbine
Zolmitriptan
Zomepirac
Zonisamide

(4)(a) Class C drugs, medications, and substances are those that:

(1) Are approved by the United States Food and Drug Administration and have a lesser potential to influence performance in the equine athlete than Class A drugs, medications, and substances and those Class B drugs, medications, and substances that are classified at that level because they have a high potential to influence performance and are approved by the United States Food and Drug Administration; or

(2) Lack approval by the United States Food and Drug Administration, but have pharmacologic effects similar to certain Class D drugs, medications, or substances that are approved by the United States Food and Drug Administration.

(b) Class C shall include:

Acenocoumarol
Acetaminophen
Acetazolamide
Acetylsalicylic acid
Alclometasone
Amcinonide
Aminocaproic acid
Beclomethasone
Benoxinate
Betamethasone
Bethanechol
Budesonide
Butamben
Camphor
Cetirizine
Chlorophenesin
Chloroquine
Ciclesonide
Clobetasol
Clocortolone
Cortisone
Cyclomethylcaine
Dantrolene
Dembroxol
Deoxycorticosterone
Desonide
Desoximetasone
Dexamethasone
Dibucaine
Dichlorphenamide
Diclofenac
Diflorasone
Diflucortolone
Dimethylsulfoxide
Diphenadione
Dipyrone
Dyclonine
Ergonovine
Ethoxzolamide
Ethylaminobenzoate
Fexofenadine
Firocoxib
Fludrocortisone
Flumethasone
Flunisolide

Flunixin
Fluocinolone
Fluocinonide
Fluorometholone
Fluprednisolone
Flurandrenolide
Fluticasone
Furosemide
Glycopyrrolate
Guaifenesin
Halcinonide
Halobetasol
Hydrocortisone
Ibuprofen
Isoflupredone
Ketoprofen
Letosteine
Loratidine
Meclofenamic acid
Medrysone
Mesalamine
Methazolamide
Methocarbamol
Methylergonovine
Methylprednisolone
Metoclopramide
Mometasone
Montelukast
N-butylscopolamine
Nabumetone
Naproxen
Olsalazine
Oxyphenbutazone
Paramethasone
Phenylbutazone
Pirenzapine
Pramoxine
Prednisolone
Prednisone
Probenecid
Proparacaine
Salicylamide
Salicylate
Sulfasalazine
Sulindac
Tranexamic acid
Triamcinolone acetonide
Trichlormethiazide
Zafirlukast

Zeranol
Zileuton

(5)(a) Class D drugs, medications, and substances are those that:

1. Have a lesser potential to influence performance in the equine athlete than Class A and B drugs, medications, and substances or those Class C drugs, medications, and substances that are classified at that level because they have a lesser potential to influence performance and are not approved by the United States Food and Drug Administration; or

2. Have a lesser potential to influence performance in the equine athlete than any Class A, B, or C drugs, medications or substances.

(b) Class D shall include:

Anisindione
Cimetidine
Cromolyn
Dicumarol
Esomeprazole
Famotidine
Isoxsuprine
Lansoprazole
Misoprostol
Nedocromil
Nizatidine
Omeprazole
Pantoprazole
Pentoxyfylline
Phenindione
Phenprocoumon
Polyethylene glycol
Rabeprazole
Ranitidine
Warfarin

[~~Section 2. Incorporation by Reference.~~

~~(1) The following material is incorporated by reference:~~

~~(a) "Kentucky Horse Racing Commission Uniform Drug, Medication, and Substance Classification Schedule", KHRC 8-020-1, 11/2018; and~~

~~(b) "Kentucky Horse Racing Commission Withdrawal Guidelines Thoroughbred; Standardbred; Quarter Horse, Appaloosa, and Arabian", KHRC 8-020-2, 04/2020.~~

~~(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Horse Racing Commission, 4063 Iron Works Parkway, Building B, Lexington, Kentucky 40511, Monday through Friday, 8:00 a.m. to 4:30 p.m., or on the commission's Web site at http://khrc.ky.gov.~~]

JONATHAN RABINOWITZ, Chair
KERRY HARVEY, Secretary

APPROVED BY AGENCY: March 4, 2021

FILED WITH LRC: March 5, 2021 at 3:13 p.m.

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held at 9:00 a.m. on May 24, 2021 at Kentucky Horse Racing Commission, 4063 Iron Works Parkway, Building B, Lexington, Kentucky 40511 via Zoom. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays pri-

or to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 p.m. on May 31, 2021. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person below.

CONTACT PERSON: Jennifer Wolsing, General Counsel, Kentucky Horse Racing Commission, 4063 Iron Works Parkway, Building B, Lexington, Kentucky 40511, phone (859) 246-2040, fax (859) 246-2039, email jennifer.wolsing@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Jennifer Wolsing

(1) Provide a brief summary of:

(a) What this administrative regulation does: This regulation sets a medication classification schedule.

(b) The necessity of this administrative regulation: This regulation is necessary to clearly establish requirements and prohibitions concerning the use of medications before and during race meetings.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 230.215(2) authorizes the Kentucky Horse Racing Commission to promulgate administrative regulations prescribing conditions under which all legitimate horse racing and wagering thereon is conducted in Kentucky. KRS 230.240(2) requires the commission to promulgate administrative regulations restricting or prohibiting the administration of drugs or stimulants or other improper acts to horses prior to the horse participating in a race. This administrative regulation establishes the drug classification schedule in effect in Kentucky.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation ensures that medications are used appropriately on and before racing dates, and in a manner that is consistent with the integrity of racing.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment will change the regulation in two (2) ways. First, the medication classification schedule is removed from incorporated materials and placed directly into the body of the regulation. Second, the withdrawal guidelines and threshold levels are removed from incorporated materials and placed directly into the body of 810 KAR 8:025.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to consolidate incorporated materials into the body of the regulation. Regulated entities will be able to read all guidelines at the LRC's website or Westlaw, rather than searching for incorporated materials that are available on the KHRC's website.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 230.215(2) and 230.260(8) authorize the commission to promulgate administrative regulations prescribing conditions under which racing shall be conducted in Kentucky. KRS 230.240(2) authorizes the commission to promulgate administrative regulations restricting or prohibiting the use and administration of drugs or simulants or other improper acts to horses participating in a

race. The amendment to this regulation is necessary to ensure that racing participants have easier access to the commission's regulatory requirements and guidance.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will assist in the effective administration of KRS 230.215(2), 230.260(8), KRS 230.240(2) by ensuring that racing participants have easier access to regulations establishing appropriate requirements and prohibitions pertaining to the use of medications in horse racing in Kentucky.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The Kentucky Horse Racing Commission is affected by this administrative regulation. In addition, Kentucky's licensed thoroughbred and standardbred race tracks, and all individual participants in horse racing, are potentially affected by this administrative regulation's establishment of fundamental rules pertaining to the use of medication in horse racing. In 2017, the commission licensed over 22,000 individuals to participate in horse racing. This number is consistent from year to year.

(4) Provide an analysis of how the entities identified in the previous question will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions each of the regulated entities have to take to comply with this regulation or amendment: Participants in horse racing, and especially owners, trainers, and veterinarians, will be required to adhere to the requirements and rules set forth in these medication classifications, which pertain to the use of medications in horse racing.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities: No new costs are anticipated to comply with this administrative regulation, as Kentucky's licensees have operated in accordance with similar requirements for many years.

(c) As a result of compliance, what benefits will accrue to the entities: Participants in racing will benefit from clearly defined rules that enhance the integrity of racing.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There is no initial administrative cost to implement this administrative regulation.

(b) On a continuing basis: There is no continuing cost to implement this administrative regulation.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Kentucky's racing associations are required by KRS 230.240(2) to pay for the cost of testing for prohibited medications. The Kentucky Horse Racing Commission covers other costs of implementing and enforcing this administrative regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No additional fees or funding are necessary to implement this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: This administrative regulation does not establish any new fees or increase any current fees to participate.

(9) TIERING: Is tiering applied? Tiering was not applied because this administrative regulation will apply to all similarly situated entities in an equal manner.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

(1) What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Ken-

tucky Horse Racing Commission will be impacted by this administrative regulation.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 230.215, 230.225, 230.240, 230.260, 230.300.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for state or local government for the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for state or local government for subsequent years.

(c) How much will it cost to administer this program for the first year? No funds will be required to administer this regulation for the first year.

(d) How much will it cost to administer this program for subsequent years? No funds will be required to administer this regulation for the subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): Neutral.

Expenditures (+/-): Neutral.

Other Explanation: NA