PUBLIC PROTECTION CABINET
Kentucky Horse Racing Commission
(New Administrative Regulation)

810 KAR 8:025. Drug, medication, and substance 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 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 Withdrawal Guidelines Thoroughbred; Standardbred; Quarter Horse, Appaloosa, and Arabian.

(1) This administrative regulation shall provide certain mandatory treatment requirements, guidance, and advice on medication withdrawal intervals.

(2)(a) These withdrawal guidelines do not apply to two (2) year-old or stakes horses pursuant to 810 KAR 8:010 Section 6.

(b) Unless otherwise specified in these withdrawal guidelines, Title 810 of the Kentucky Administrative Regulations, or Chapter 230 of the Kentucky Revised Statutes, the following withdrawal guidelines are voluntary and advisory. The guidelines are recommendations based on current scientific knowledge that may change over time.

(c) A licensee may present evidence of full compliance with these guidelines to the commission and the stewards as a mitigating factor to be used in determining violations and penalties.

(d) These withdrawal interval guidelines assume that administration of medications will be performed at doses that are not greater than the manufacturer's maximum recommended dosage, or the dosage recommended in this document. Medications administered at dosages above manufacturer's recommendations, in compounded formulations, or in combination with other medications or administration inside the withdrawal interval may result in test sample concentrations above threshold concentrations that could lead to positive test results and the imposition of penalties.

(e) The time of administration of an orally administered substance, for the purposes of withdrawal interval, shall be considered to be the time of complete ingestion of the medication by the horse via eating or drinking.

(f) For products containing multiple medications, the withdrawal time to be used should be no less than the longest identified for any of the individual constituent substances--even if that substance is not present in the highest concentration in the product.

(g) Brand names of medications, where applicable, are listed in parentheses following the generic name of a drug.

(3)(a) Withdrawal Guidelines. Furosemide shall be administered pursuant to 810 KAR 8:010.

(b) The following substances may be administered or applied up to the scheduled paddock

time of the race in which the horse is to compete:

1. Topical applications, such as liniments, leg paints, salves, and ointments, which may contain antibiotics or DMSO, but do not contain steroids, anesthetics, or any other prohibited substances.

2. The following substances may be administered up to twenty-four (24) hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows Section 1(a) of this administrative regulation:

a. Antibiotics, except those containing prohibited drugs, such as Procaine;

b. Antiprotozoals, such as ponazuril (Marquis), toltrazuril (Baycox), sulfamethoxazole/pyrimethamine (Daraprim);

c. Antifungal agents, such as Griseofulvin and Ketoconazole;

d. Certain inhalation agents that do not exhibit bronchodilator properties, such as cromolyn sodium (Intal), and acetylcysteine (Mucomyst);

e. Cimetadine (Tagamet), orally at 20 mg/kg twice daily for 7 doses;

f. Electrolytes, Vitamins, and Minerals, via IV, IM or oral administration;

g. Any oral supplements or nutrients not containing drugs;

h. Hyaluronic Acid (Legend), via IV administration;

i. Misoprostol;

j. Non-Androgenic Reproductive Hormones, such as HCG, Regumate and GnRH, in fillies and mares only;

k. Omeprazole (Gastrogard), orally at 2.2 g once daily for 4 days;

l. Polysulfated glycosaminoglycan (Adequan), via IM administration;

m. Proprionibacterium acnes suspension (Eqstim), or comparable immunostimulants, excluding levamisole;

n. Ranitidine (Zantac), orally at 8 mg/kg twice daily for 7 doses; and

o. Sucralfate.

3. Non-steroidal anti-inflammatory drugs (NSAIDS):

a. Elected NSAID: Only one of the following three NSAIDS may be administered up to the manufacturer's maximum labeled dosage until forty-eight (48) hours prior to the scheduled post time of the race in which the horse is to compete, as long as their use follows Section 1(2) of this regulation and the requirements of 810 KAR 8:010.

(i) Phenylbutazone (Butazolidin) 4.4 mg/kg, via IV administration only;

(ii) Flunixin Meglumine (Banamine) 1.1 mg/kg, via IV administration only; and

(iii) Ketoprofen (Ketofen) 2.2 mg/kg, via IV administration only.

b. In accordance with the European Horserace Scientific Liaison Committee, the following withdrawal intervals shall be observed for all NSAIDS, except for those set forth in Section 1(b)(3)(a) of this regulation, for administration prior to the scheduled post time of the race in which the horse is to compete, as long as their use follows Section 1(2) of this regulation:

(i) Flunixin Meglumine (Banamine) 1.1 mg/kg, via IV administration: 6-day withdrawal interval;

(ii) Phenylbutazone (Butazolidin) 4.4 mg/kg, via IV administration: 7-day withdrawal interval;

(iii) Ketoprofen (Ketofen) 2.2 mg/kg, via IV administration: 4-day withdrawal interval;

(iv) Diclofenac Sodium Topical (Surpass Cream), via a single, 5-inch application: 7- day withdrawal interval; and

(v) Firocoxib (Equioxx) 0.1 mg/kg, via a single oral or IV dose, repeated daily administration: 15-day withdrawal interval from date of last administration.

c. The following substances have a forty-eight (48) hour withdrawal guidance prior to the scheduled post time of the race in which the horse is to compete as long as their use follows Section 1(2) of this regulation:

(i) Acepromazine (Promace), via IV administration at 0.05 mg/kg;

(ii) Butorphanol (Torbugesic), via IV administration at 0.1 mg/kg;

(iii) Cetirizine (Zyrtec), orally at 0.4 mg/kg twice daily for 5 doses; although it is recommended that ivermectin should not be administered within forty-eight (48) hours of a race if horse has been administered cetirizine;

(iv) Dantrolene (Dantrium), via oral administration at 500 mg total dose;

(v) Detomidine (Dormosedan), via IV administration at 5 mg single dose;

(vi) DMSO via IV, oral, or topical administration up to 60 ml;

(vii) Glycopyrrolate (Robinol), via IV administration at 1 mg total dose;

(viii) Guaifenesin, orally at 2 g twice daily for 5 doses;

(ix) Methocarbamol (Robaxin-V), via single IV at 15 mg/kg;

(x) Procaine penicillin, via IM administration at 17 mg/kg; and

(xi) Xylazine (Rompun), via IV administration at 200 mg single dose.

d. The following substances shall not be administered within forty-eight (48) hours of a race:

(i) Beta-2 agonists by inhalation, such as terbutaline, salmeterol, and fenoterol;

(ii) Ergot alkaloids, such as Ergonovine and Methergine;

(iii) Ipratopium;

(iv) Isoxsuprine; and

(v) Pentoxyphylline (Trental).

e. The following substances may be administered up to seventy-two (72) hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows Section 1(2) of this regulation:

(i) Albuterol (Proventil) via inhalation at 720 mcg;

(ii) Dexamethasone (Azium), via oral, IV, IM administration at 0.05 mg/kg. However, if another corticosteroid was administered systemically or intra-articularly, this withdrawal guidance does not apply and a minimum five (5) day withdrawal is recommended;

(iii) Lidocaine, via subcutaneous administration at 200 mg total dose;

(iv) Mepivacaine (Carbocaine), via subcutaneous administration at 0.07 mg/kg;

(v) Romifidine (Sedivet), via IV administration at 50 mg.

f. The following substances may be administered up to ninety-six (96) hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows Section 1(2) of this regulation:

(i) Hydroxyzine (Atarax); and

(ii) Phenytoin (Dilantin).

g. Reserpine (Serpasil) may be administered up to seven (7) days prior to the scheduled post time of the race in which the horse is to compete as long as its use follows Section 1(2) of this regulation.

h. The use of an extra-corporeal shock wave therapy or radial pulse wave therapy machine may be performed until ten (10) days prior to the scheduled post time of the race in which the horse is to compete, as long as its use complies with 810 KAR 8:010.

i. The following substance may be administered up to twenty-one (21) days prior to the scheduled post time of the race in which the horse is to compete, as long as its use follows Section 1(2) of this regulation, and its use complies with 810 KAR 8:010 Section 10: Clenbuterol (Ventipulmin), orally up to 0.8 mcg/kg twice daily.

j. Any horse that has been treated with therapeutic medications found in Section 1 of this regulation may, at the trainer’s request and expense, and on permission of a commission veterinarian, have samples of blood and/or urine collected by the commission veterinarian for analysis by the commission-authorized laboratory prior to entry to race in the state of Kentucky.

(i) As a condition of this elective testing, the trainer will be required to disclose the date and time, dose, and route of administration of the substance for which clearance testing is requested.

(ii) A report from the commission laboratory of a negative finding in this pre-race, elective testing does not provide a safe harbor for the owner, trainer, veterinarian, or horse. A report from the commission laboratory of a positive finding in a post-race sample shall be treated as a violation of KHRC regulations even if there was a negative finding by the commission laboratory in the clearance testing sample.

k. The following have a fourteen (14) day stand down period for intra-articular injection. Any IA corticosteroid injection within fourteen (14) days is a violation:

(i) Betamethasone, via IA administration at 9 mg total dose in a single articular space**.** Withdrawal time should be increased for use of betamethasone products with a ratio of greater than 1:1 betamethasone acetate to betamethasone sodium phosphate. Intramuscular administration is associated with substantially longer withdrawal times.

(ii) Isoflupredone (Predef 2x), via IA administration at 20 mg in a single joint space or 10 mg subcutaneous.

(iii) Methyprednisolone (Depo-Medrol), via IA administration at a total dose of less than 100 mg in a single articular space**.** Intramuscular administration is associated with substantially longer withdrawal times and is not recommended, in accordance with the Racing Medication and Testing Consortium. Clearance testing is recommended in blood and urine prior to entry.

(iv) Triamcinolone acetonide (Vetalog), via IA administration at 9 mg total dose in a single articular space. Intramuscular administration is associated with substantially longer withdrawal times.

l. It is recommended that any horses receiving Fluphenazine (Prolixin) receive pre-race clearance testing.

(4) Withdrawal Guidelines Chart:

Substance	Brand Name	Recommended Minimum Withdrawal	Administration Specifications
Acepromazine	PromAce	48 hours	0.05 mg/kg via IV administration
Acetylcysteine	Mucomyst	24 hours	Inhalation
Albuterol	Proventil	72 hours	720 mcg via inhalation
Beclomethasone	Beclovent	24 hours	Inhalation only
Butorphanol	Torbugesic	48 hours	0.1 mg/kg via IV administration
Cetirizine	Zyrtec	48 hours	0.4 mg/ml orally twice daily for 5 doses
Cimetadine	Tagamet	24 hours	20 mg/kg orally twice daily for 7 doses
Clenbuterol	Ventipulmin	21 days	0.8 mcg/kg orally
Cromolyn sodium	Intal	24 hours	Inhalation
Dantrolene	Dantrium	48 hours	500 mg orally
Detomidine	Dormosedan	48 hours	5 mg via IV administration
Dexamethasone	Azium	72 hours IV PO, with	IV, PO, IM, pur-

		no other corticosteroids administered. 5 days if other corticosteroids have been administered.	suant to the European Horserace Scientific Liaison Committee.
DMSO		48 hours	Topical, IV, or oral administration up to 60 ml
Ergonovine		48 hours	No dose specified
Fenoterol		48 hours	Via inhalation, no dose specified
Furosemide 2-year-olds beginning in 2020 Stakes horses beginning in 2021	Salix	24 hours	Administration is not permitted at less than 24 hours, and limited to a maximum 500 mg single dose via IV administration
Furosemide	Salix	4 hours	150-500 mg single IV dose administered by KHRC veterinarian. See 810 KAR 8:010 Section 6.
Guaifenesin		48 hours	2 g orally twice daily for 5 doses
Glycopyrrolate	Robinol	48 hours	1 mg
Griseofulvin	Fulvacin	24 hours	No dose specified
Hyaluronic Acid	Legend	24 hours	IV administration only; no dose specified
Hydroxyzine	Atarax	96 hours	No dose specified
Ipratropium		48 hours	Via inhalation, no dose specified
Isoxsuprine	Vasodilan	48 hours	No dose specified
Ketoconazole	Nizoral	24 hours	No dose specified
Lidocaine		72 hours	200 mg total dose SQ
Mepivacaine	Carbocaine	72 hours	0.07 mg/kg SQ
Methocarbamol	Robaxin	48 hours	15 mg/kg single IV
Methylergonovine	Methergine	48 hours	No dose specified
Misoprostol	Cytotec	24 hours	No dose specified
Omeprazole	Gastrogard	24 hours	2.2 g orally once daily for 4 days
Omeprazole	Gastrogard	24 hours	2.2 g orally once daily for 4 days

Pentoxyfylline	Trental	48 hours	No dose specified
Phenytoin	Dilantin	96 hours	No dose specified
Ponazuril/Diclazuril/Sulfadiazine-Pyrimethamine	Marquis/Protazil	24 hours	Oral
Procaine Penicillin		48 hours	17 mg/kg IM Procaine penicillin treatments must be reported to the stewards no later than twenty-four (24) hours after the last injection is administered. Horses so treated may be required to be under commission-approved, continuous surveillance for the six-hour interval prior to the post time for the race in which the horse is entered. The owner of the horse is responsible for all costs associated with the surveillance. Prospective surveillance arrangements must be submitted to the stewards no later than close of business on the day of entry.
PSGAG	Adequan	24 hours	Via IM administration
Ranitidine	Zantac	24 hours	8 mg/kg orally twice daily for 7 doses
Reserpine	Serpasil	7 days	No dose specified
Romifidine	Sedivet	72 hours	50 mg via IV administration
Salmeterol		48 hours	Via inhalation, no dose specified
Sucralfate	Carafate	24 hours	No dose specified
Terbutaline		48 hours	No dose specified

Xylazine	Rompun	48 hours	200 mg via IV administration

(5) NSAID withdrawal guidelines chart:

Substance	Brand Name	Recommended Minimum Withdrawal	Administration Specifications
Phenylbutazone	Butazolidin	48 hours—single elected NSAID. If this is not the single elected NSAID, then 7 days, pursuant to the European Horserace Scientific Liaison Committee.	4.4 mg/kg via IV administration
Flunixin	Banamine	48 hours—single elected NSAID. If this is not the single elected NSAID, then 6 days, pursuant to the European Horserace Scientific Liaison Committee.	1.1 mg/kg via IV administration
Ketoprofen	Ketofen	48 hours—single elected NSAID, If this is not the single elected NSAID, then 4 days, pursuant to the European Horserace Scientific Liaison Committee.	2.2 mg/kg via IV administration
Diclofenac	Surpass	7 days, pursuant to the European Horserace Scientific Liaison Committee.	5 inch ribbon of Surpass every 12 hours to one site
Firocoxib	Equioxx	15 days, pursuant to the European Horserace Scientific Liaison Committee.	0.1 mg/kg once daily for 4 days

(6) Miscellaneous withdrawal guidelines chart:

Substance	Brand Name	Recommended Minimum Withdrawal	Administration Specifications
Anthemintics (except thiazide products		72 hours	
Non-androgenic reproductive hormones	Including HCG, Regumate, GnRH, in fillies and mares only	24 hours	
Proprionibacterium acnes suspension or comparable immunostimulants		24 hours	
Electrolytes, vitamins, minerals		24 hours	Via IV or IM administration
Antibiotics		24 hours	
Any injectable other than furosemide		24 hours	KHRC regulations specifically prohibit any injections at less than 24

			hours to post time for any substance.
Intra-articular injections, other than corticosteroids		72 hours	

(7) Available Threshold Levels Associated to KHRC Withdrawal Guidelines:

SUBSTANCE	THRESHOLD
Acepromazine	10 nanograms per ml in urine of hydroxyethylpromazine sulfoxide (HEPS)
Albuterol	1 nanogram per ml in urine
Boldenone Male horses other than Geldings	15 nanograms per ml in urine of boldenone, free and conjugated OR 25 picograms per ml in serum or plasma of boldenone, free
Boldenone Geldings and female horses	1 nanogram per mil in urine of boldenone, free and conjugated
Butorphanol	2 nanograms per ml in serum or plasma of butorphanol, free OR 300 nanograms per ml in urine of total butorphanol
Cetirizine	6 nanograms per ml in serum or plasma
Cimetadine	400 nanograms per ml in serum or plasma
Clenbuterol	140 picograms per ml of urine OR Limit of detection in both urine and blood
Dantrolene	0.1 nanograms per ml of serum or plasma of 5-OH dantrolene
Detomidine	2 nanogram per ml in urine of carboxydetomidine OR 1 nanogram per ml of detomidine in serum or plasma
Diclofenac	5 nanograms per ml in serum or plasma
DMSO	10 micrograms per ml in serum or plasma
Firocoxib	20 nanograms per ml in serum or plasma
Flunixin	5 nanograms per ml in serum or plasma
Furosemide	For horses eligible to race on furosemide, 100 nanograms per ml in serum or plasma AND Urine specific gravity of less than 1.010 OR 1 nanogram per ml in serum or plasma for 2-year-olds beginning in 2020 or stakes horses beginning in 2021, see 810 KAR 8:010
Glycopyrrolate	3 picograms per ml in serum or plasma
Guaifenesin	12 nanograms per ml in serum or plasma
Ketoprofen	2 nanograms per ml of serum or plasma
Lidocaine	20 picograms per ml in serum or plasma of Total 3-OH-lidocaine
Mepivacaine	10 nanograms per ml in urine of OH-mepivicaine OR Limit of detection in serum or plasma

Methocarbamol	1 nanogram per ml in serum or plasma
Methylprednisolone	100 picograms per ml in serum or plasma
Nandrolone Male horses other than geldings	45 nanograms per ml in urine of 5α-estrane-3β, 17α-diol OR In urine a ratio of 5α estrane-3β, 17 α-diol to 5α estrene-3β, 17 α-diol of > 1:1
Nandrolone Geldings and female horses	1 nanogram per ml in urine of nandrolone, free and conjugated OR 50 picograms per ml of procaine in blood, serum, or plasma of nandrolone, free
Omeprazole	10 nanograms per ml omeprazole sulfide in serum or plasma
Phenylbutazone	0.3 micrograms per ml in serum or plasma
Prednisolone	10 nanograms per ml free Prednisolone in urine
Procaine Penicillin Horses reported to have been treated with procaine penicillin	25 nanograms per ml of procaine in serum or plasma Procaine penicillin treatments must be reported to the stewards no later than 24 hours after the last injection is administered. Horses so treated may be required to be under KHRC approved, continuous surveillance for the six hour interval prior to the post time for the race in which the horse is entered. The owner of the horse is responsible for all costs associated with the surveillance. Prospective surveillance arrangements must be submitted to the stewards no later than close of business on the day of entry.
Procaine Penicillin Horses not reported to have been treated with procaine penicillin	Limit of detection for procaine in serum or plasma 2 nanograms per ml of serum or plasma. Procaine penicillin treatments must be reported to the stewards no later than 24 hours after the last injection is administered. Horses so treated may be required to be under KHRC approved, continuous surveillance for the six hour interval prior to the post time for the race in which the horse is entered. The owner of the horse is responsible for all costs associated with the surveillance. Prospective surveillance arrangements must be submitted to the stewards no later than close of business on the day of entry.
Ranitidine	40 nanograms per ml in serum or plasma
Testosterone Geldings	20 nanograms per ml in urine of testosterone, free and conjugated OR 25 picograms per ml in serum or plasma of testosterone, free
Testosterone Female horses (unless in foal)	55 nanograms per ml in urine of testosterone, free and conjugated OR 100 picograms per ml in serum or plasma of testosterone, free
Xylazine	200 picograms per ml in serum or plasma

(8) All other NSAIDs not listed on the withdrawal guidelines have a threshold set at limit of detection in serum or plasma.

JONATHAN RABINOWITZ, Chair
KERRY HARVEY, Secretary
APPROVED BY AGENCY: March 4, 2021

FILED WITH LRC: March 5, 2021 at 12:43 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 the 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 prior 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 recommended medication withdrawal guidelines and also sets mandatory medication threshold levels associated with those withdrawal guidelines.

(b) The necessity of this administrative regulation: This regulation is necessary to clearly establish requirements and prohibi-

tions 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 to horses prior to the horse participating in a race. This administrative regulation establishes the withdrawal guidelines and maximum thresholds for permitted drugs, medications, and substances that may be administered to race horses competing 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 is a new regulation. This regulation codifies a document that was previously incorporated by reference in 810 KAR 8:020. Specifically, this regulation now codifies the commission's withdrawal guidelines and mandatory threshold levels in a regulation, rather than in an incorporated document. This document is the same as the previous version of the withdrawal guidelines and threshold levels, but for one change. Specifically, it states that the acceptable threshold level for clenbuterol is the level of detection. This new regulation was necessary to ensure that medications are used appropriately on and before racing dates, and in a manner that is consistent with the integrity of racing.

(b) The necessity of the amendment to this administrative regulation: NA

(c) How the amendment conforms to the content of the authorizing statutes: NA

(d) How the amendment will assist in the effective administration of the statutes: NA

(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 the year 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 the Withdrawal Guidelines and Available Threshold Levels, 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 Kentucky 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