

**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  
Benzocetamine  
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  
Butanilcaine  
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  
Clibucaine  
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  
Dimeflin  
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  
Mephenoalone  
Mephentermine  
Mephentytoin  
Mephobarbital  
Meprobamate  
Mesoridazine  
Mestanolone  
Mesterolone  
Metaclazepam  
Metaraminol  
Metazocine  
Methacholine  
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  
Pentylentetrazol  
Perazine  
Perfluorocarbons  
Perfluorodecahydro-  
naphthalene  
Perfluorodecalin  
Perfluorooctylbromide  
Perfluorotripro-  
pylamine  
Periciazine  
Perindopril  
Perlapine  
Perphenazine  
Phenaglycodol  
Phenazocine  
Phencyclidine  
Phendimetrazine  
Phenelzine



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

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

Trichloethylene  
Triclofos  
Trifluomeprazine  
Trifluoperazine  
Trifluoperidol  
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  
Bepidil  
Betaxolol  
Bisoprolol  
Boldenone  
Bretylum  
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 it-  
self and not in combination with d-  
methamphetamine  
Labetalol

Levobunolol  
Lidocaine  
Loperamide  
Losartan  
Mecamylamine  
Meclizine  
Medetomidine  
Mefenamic acid  
MelMepenolate  
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  
Spirolactone  
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  
Tripolidine  
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  
Dipyron  
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

Pentoxifylline

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; Standard-bred; 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](mailto: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