OREGON RACING COMMISSION
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The Oregon Racing Commission's **Medication Rule Advisory Committee Meeting** will meet from **12:00 p.m. to 2:00 p.m. on February 13, 2024.** The meeting will be held via Zoom videoconference. You may join the meeting by clicking on the link below, or by calling in. Please be aware if you call in, your phone number will appear as your ID.

Zoom link to join meeting

Topic: Oregon Racing Commission's Medication Rule Advisory Committee Meeting

Rules to discuss:

- 462-140-0250 Starting Gate Amendment
- 462-160-0130 Prohibited Substance Amendment
- 462-150-0060(k) Plate Amendment
- 462-160-0150 Postmortem Examination/Necropsy

If you are unable to access this session through a computer, please dial • +1 253 215 8782 US Meeting ID: 822 8978 5078 Passcode: 368751

A request for an interpreter or other accommodation for persons with disabilities should be made at least 48 hours before the meeting to Commission staff at 503-853-5927 or by email at ORC.info@orc.oregon.gov. This proposed agenda is subject to last-minute changes without prior notice.

AGENDA ITEMS:

1. Call to order
2. Review of proposed language – OAR 462-140-0250
    a. Discussion/recommendations
3. Review of proposed language – 462-160-0130
    a. Discussion/recommendations
4. Review of proposed language – 462-150-0060
    a. Discussion/recommendations
5. Review of proposed language -462-160-0150
    a. Discussion/recommendations
6. Closing remarks

PUBLIC COMMENT:

ADJOURNMENT:

At any time during the public session, the Commission may go into executive session to consider information or records exempt from disclosure pursuant to ORS 192.660(2)(f), ORS 192.345(2), OAR 462-220-0070 regarding trade secrets; and/or ORS 192.660(2) (f) and ORS 192.355(9) to consult with counsel concerning written legal advice; and/or ORS 192.660(2)(h) to discuss its legal rights and duties regarding current litigation, or litigation likely to be filed. The Commission may also elect to deliberate on pending contested cases pursuant to ORS 192.690(1). Additional items may be placed on the agenda after the general mailing of the agenda. Calls may be made to the Commission office the week of the meeting to inquire about additions.

Oregon Racing Commission

Medication & Safety Advisory Committee Charter

- **462-140-0250 Starting Gate Amendment**
- **462-160-0130 Prohibited Substance Amendment**
- **462-150-0060(k) Plate Amendment**
- **462-160-0150 Postmortem Examination/Necropsy**

Table of Contents

Objectives and Scope

Policy Objectives

ORC proposes rules impacting equine health and safety.

Rule Input

Provide input on the substance and language of the rules.

Roles

ORC Facilitator

The facilitator:

- Encourages open, candid and robust dialogue;
- Starts and ends the meetings and agenda items on time;
- Encourages innovation by listening to all ideas;
- Tries not to lose good ideas to the consensus process; and
- Recognizes when the discussion is outside the scope of the meeting and steers the discussion back to the focus of the meeting.

Committee Members

Advisory committee members must attend meetings to ensure continuity throughout the process. Attending through a teleconference or webinar is considered attendance. An alternate may be assigned if needed. However, it is each committee member's responsibility to fully brief their alternate on all relevant issues and prior committee discussions in order to meet the meeting objectives and keep the project on schedule.

The committee member:

- Prepares for and sets aside time for the meetings;
- Provides ORC staff with copies of relevant research and documentation cited during the meeting;
- Stays focused on the specific agenda topics for each meeting;
- Comments constructively and in good faith;
- Consults regularly with constituencies to inform them on the process and gather their input;
- Treats everyone and his or her opinions with respect;
- Allows one person to speak at a time;
- Is courteous by not engaging in sidebar discussions; and
- Avoids representing to the public or media the views of any other committee member or the committee as a whole.

ORC Staff

ORC is committed to making the most effective use of committee member's time by:

- Establishing clear committee goals, meeting objectives and agendas;
- Giving committee members reasonable access to staff;
- Encouraging all members to take part in discussions; and
- Providing a clear description of members' roles, the committee timeline, the level of agreement expected and feedback on how members' input is used.

ORC Support

ORC administrative staff will provide meeting summaries that highlight committee discussions, different perspectives, and input of committee members. ORC will not prepare a formal committee report. ORC may send ORC draft meeting summaries to the advisory committee for review and input.

Committee Meetings

All committee meetings will be:

- Open to the public, although the committee can choose whether the public can actively participate in committee meetings.
- Advertised on ORC's webpage front page before the meeting.
- Noticed by email to the ORC distribution list.

The committee is expected to meet at least one time.

The meeting duration times may vary depending on topics and committee progress. Anticipate 2 hours minimum. Determine best time and location for the most committee members.

Meeting materials and agenda will be available via e-mail and will be distributed at the meeting.

Decision Making

The committee's discussions will be used by ORC in forming its draft rule, which will then be proposed for broader public review and comment as part of ORC's rulemaking process.

When ORC shares information with the group, ORC will allow a reasonable timeframe for comments.

Membership

In convening this committee, ORC selected members who reflect the range of stakeholders both directly and indirectly affected by implementation of the proposed rule.

Representatives should be able to consider the impact of the proposed rule on the businesses or organizations they represent.

Table 1. ORC Medication and Safety Advisory Committee Membership

First Name	Last Name	Organization
Rod	Lowe	President – HRA/Grants Pass Downs
Jean	Manhart	Contract Veterinarian - ORC
Jack	Root	Oakhurst Equine Veterinary Services
Alison	Lombard	Eclipse Equine Veterinary/Contract Veterinarian for ORC
Dave	Nelson	OQHRA
Randy	Boden	OHBPA
Lynnelle	Fox Smith	OTOBA

Table 2. ORC Supporting Staff

First Name	Last Name	Title
Connie	Winn	Executive Director
Tom	Everman	Senior Commission Veterinarian
Mike	Twiggs	Presiding State Steward
Maleah	Thom	Administrative Assistant

Table 3. ORC Commissioners

First Name	Last Name	Title
Quinn	Berry	Chair Medication and Safety Committee
Lindsey	Fowler	Vice Chair Medication and Safety Committee

Public Records and Confidentiality

Committee communications and records, such as formal documents, discussion drafts, meeting summaries and exhibits, are public records and are available for public inspection and copying. ORC does not assume responsibility for protecting proprietary or confidential business information shared during committee or subcommittee meetings. However, the private documents of individual committee members generally are not considered public records if ORC does not have copies.

Information Exchange

Committee members will provide information as much in advance as possible of the meeting at which such information is used. The members will also share all relevant information with each other to the maximum extent possible. If a member believes the relevant information is proprietary in nature, the member will provide a general description of the information and the reason for not providing it.

Public Involvement

All meetings will be open to the public. The committee can choose whether to allow public input during a committee meeting. ORC may set aside time for the public to speak.

Once the committee process is complete, ORC will develop draft rules and conduct a public rulemaking process. That process will include a specified period during which the public can submit comments on the proposed rules.

ORC will also hold a public hearing during which any member of the public can submit written or verbal comments. Individual committee members may provide comments to ORC on the full draft rule at this time. ORC may modify the final proposed rules based on public comment.

ORC Contacts

Connie Winn, Executive Director connie.winn@orc.oregon.gov 503-853-5928

Dr Tom Everman, Senior Commission Veterinarian tom.everman@orc.oregon.gov 971-712-3913

Mike Twiggs, Presiding State Steward mike.twiggs@orc.oregon.gov 971-313-3398

462-140-0250
Starter

(1) The starter is responsible for the horses from the moment they enter the designated racing surface from the paddock until dispatched from the starting gate, and may scratch a horse for good cause. The starter shall immediately notify the stewards of any scratch.

(2) The starter shall give order to secure a fair start. If a horse is prevented from obtaining a fair start or a gate malfunctions, the starter shall immediately notify the stewards who will notify the mutuel department.

(3) The starter shall supervise the schooling of horses which are first time starters or horses which require further schooling out of the gate. If a horse is unmanageable at the starting gate or refuses to break properly, the starter may disqualify the horse from starting again by placing the horse on the starter's list until the horse has had satisfactory schooling. The starter shall notify the racing secretary in writing when horses are placed on or removed from the starter's list. The starter shall also notify the racing secretary in writing of the names of each horse that has been schooled sufficiently to participate in a race and its approved equipment. The starter shall establish and publish schooling procedures.

(4) The starter may appoint assistants, must verify that they are licensed by the commission, and shall assign their positions at the starting gate. The positions of the assistant starters shall be changed daily by the starter, but without notice to them until the horses have appeared on the track for the first race.

(5) No starter or assistant starter shall wager, directly or indirectly, on any race in which they perform official duties.

(6) The starter shall ensure that the starting gate is functioning properly at least three days before the beginning of the race meet and shall make sure the gate is properly maintained throughout the race meet. **The starter shall ensure all assistants are properly trained in the safe and appropriate handling of horses including but not limited to; leading, packing, heading, and tailing procedures. They shall also ensure the use of tailing bars for wrapping tails (if equipped) is strictly prohibited.**

(7) Horses shall take their positions in the starting gate in post position order (beginning at the inside rail) unless the starter has reasonable cause to alter the order of loading.

(8) No person shall give to any starter or assistant starter, nor shall any starter or assistant starter receive, money, or other compensation, gratuity or reward, in connection with the running of any race or races; except such compensation as salaries received from race meet licensees.

Statutory/Other Authority: ORS 462.270(3)
Statutes/Other Implemented: ORS 462.270

462-160-0130
Medications and Prohibited Substances

(1) No horse may be administered any substance, other than foods, by any route or method less than 24 hours before the original post time for the race in which the horse is entered except furosemide (by the manner described in these rules) unless approved by a commission veterinarian:

(a) 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;

(b) The licensed trainer is responsible for notifying the licensed owner, veterinarian or any other licensed party involved in a positive laboratory finding of any hearings and any resulting action. In addition their presence may be required at any and all hearings relative to the case;

(c) Any veterinarian found to be involved in the administration of any drug with an RCI Classification of 1, 2, or 3, involved in a prohibited practice as outlined in OAR 462-160-0120, or involved in an ORS 462 violation 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;

(d) 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 does not prohibit a prosecution for criminal acts committed, nor does a potential criminal prosecution stall administrative action by the stewards or the commission;

(e) A licensed trainer shall not 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.

(2) Medication Restrictions:

(a) 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 race day test, was present in the horse's body on race day. Prohibited substances include:

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

(B) Therapeutic medications in excess of established threshold concentrations;

(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.

(b) 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 less than 24-hours before post time for the race in which the horse is entered.

(3) Medical Labeling:

(a) 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;

(b) Any drug or medication which is used or kept on association grounds and which, by federal or state law, requires a prescription must have been validly prescribed by a duly licensed veterinarian, and in compliance with the applicable state statutes. All such allowable medications must have a prescription label which is securely attached and clearly ascribed to show the following:

(A) The name of the product;

(B) The name, address and telephone number of the veterinarian prescribing or dispensing the product;

(C) The name of each patient (horse) for whom the product is intended/prescribed;

(D) The dose, dosage, duration of treatment and expiration date of the prescribed/dispensed product; and

(E) The name of the person (trainer) to whom the product was dispensed.

(4) Non-Steroidal Anti-Inflammatory Drugs (NSAIDs):

(a) The use of one of three approved NSAIDs shall be permitted under the following conditions:

(A) Horses on any permitted NSAID will be designated on the overnight and the daily racing program;

(B) No horse utilizing a permitted NSAID may be entered into a race unless the presence of the specific NSAID is stated on the entry form at the time of entry. Errors may be corrected up until scratch time. If no scratch time is used, the stewards may designate a time until which errors may be corrected;

(C) Not to exceed the following permitted serum or plasma threshold concentrations which are consistent with administration by a single intravenous injection not less than **48** ~~**24**~~ hours before the post time for the race in which the horse is entered:

(i) Phenylbutazone ~~**— 2**~~ **.3** micrograms per milliliter;

(ii) Flunixin — ~~**20**~~ **5**. nanograms per milliliter;

(iii) Ketoprofen — 2 nanograms per milliliter.

(D) These or any other NSAID are prohibited to be administered within the 48 ~~24~~ hours before the original post time for the race in which the horse is entered;

(E) The presence of any unapproved NSAID in serum, plasma or urine sample exceeding the established thresholds pursuant to OAR 462-160-0130(8) is not permitted in a race day sample.

(b) Any horse to which an NSAID has been administered shall be subject to having a blood and/or urine sample(s) taken at the direction of a commission veterinarian to determine the quantitative NSAID level(s) and/or the presence of other drugs which may be present in the blood or urine sample(s);

(c) When listed to race on a permitted NSAID, the approved laboratory must be able to detect the presence of a permitted NSAID in serum, plasma or urine by the routine methods of detection;

(d) If a permitted NSAID is detected in the urine or in any other specimen taken from a horse not stated to have permitted medication in its system on the entry form and/or program, the violation will result in a penalty to the horse's trainer and may result in loss of purse;

(e) If the same horse has three (3) overages of any NSAID during a 365-day period a commission veterinarian may rule the horse off all NSAIDs for a period of one year (365 days);

(f) The decision of whether to scratch a horse which has been entered incorrectly or is incorrectly treated shall be left to the discretion of a commission veterinarian.

(g) Stacking violation may occur when two or more non-steroidal anti-inflammatory drugs are present at detectable levels.

(h) All other non-steroidal anti-inflammatory drugs-laboratory concentration of detection are not permitted.

~~**(5) NSAID Stacking Classification -The presence of more than one NSAID may constitute a NSAID stacking violation consistent with the following restrictions:**~~

~~**(a) Class 1 NSAID Stacking Violation occurs when:**~~

~~**(A) Two non-steroidal anti-inflammatory drugs are found at individual levels determined to exceed the following restrictions:**~~

~~**(i) Diclofenac- 5 nanograms per milliliter of plasma or serum;**~~

~~**(ii) Firocoxib- 20 nanograms per milliliter of plasma or serum;**~~

~~**(iii) Flunixin- 20 nanograms per milliliter of plasma or serum;**~~

~~**(iv) Ketoprofen- 2 nanograms per milliliter of plasma or serum;**~~

~~**(v) Phenylbutazone- 2 micrograms per milliliter of plasma or serum;**~~

~~**(vi) All other non-steroidal anti-inflammatory drugs-laboratory concentration of detection**~~

~~**(B) Three or more non-steroidal anti-inflammatory drugs are found at individual levels determined to exceed the following restrictions:**~~

~~**(i) Diclofenac- 5 nanograms per milliliter of plasma or serum;**~~

~~**(ii) Firocoxib- 20 nanograms per milliliter of plasma or serum;**~~

~~**(iii) Flunixin- 3 nanograms per milliliter of plasma or serum;**~~

~~**(iv) Ketoprofen- 1 nanograms per milliliter of plasma or serum;**~~

~~**(v) Phenylbutazone- 0.3 micrograms per milliliter of plasma or serum;**~~

~~(vi) All other non-steroidal anti-inflammatory drugs-laboratory concentration of detection~~

~~(b) Class 2 NSAID Stacking Violation occurs when any one substance noted in subsection (5)(a)(A)(i-v) above is found in excess of the restrictions contained therein in combination with any one of the following substances at levels below the restrictions so noted but in excess of the following levels:~~

~~(A) Flunixin- 3 nanograms per milliliter of plasma or serum;~~

~~(B) Ketoprofen- 1 nanograms per milliliter of plasma or serum;~~

~~(C) Phenylbutazone- 0.3 micrograms per milliliter of plasma or serum;~~

~~(c) Class 3 NSAID Stacking Violation occurs when any combination of two of the following non-steroidal anti-inflammatory drugs are found at or below the restrictions in Subsection (5)(a)(A)(i-v) above but in excess of the following noted restrictions:~~

~~(A) Flunixin- 3 nanograms per milliliter of plasma or serum;~~

~~(B) Ketoprofen- 1 nanograms per milliliter of plasma or serum;~~

~~(C) Phenylbutazone- 0.3 micrograms per milliliter of plasma or serum~~

(6) Furosemide:

(a) The commission may approve the use of furosemide at any race meet if, in the opinion of the commission, the race meet can provide the necessary qualified staffing, security and for the additional laboratory analysis costs and any other controls necessary to administer a furosemide program.

(b) Furosemide may be administered intravenously to a horse, which is entered to compete in a race. Except under the instructions of a commission 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 if the following process is 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 horse may be so entered.

(B) The horse may discontinue from racing on furosemide at the licensed trainer’s choice at the time of entry.

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

~~(D) Upon the request of the regulatory agency designee, the veterinarian administering the authorized bleeder medication shall surrender the syringe used to administer such medication which may then be submitted for testing.~~

(c) Horses to run with furosemide must be so noted on the entry form at the time of entry. Errors may be corrected up until scratch time. If no scratch time is used, the stewards may designate a time until which errors may be corrected:

(A) Horses entered to race with furosemide will be designated on the overnight and the daily racing program with a "Lasix®" or "L". If the race is the first race the horse is to run in on furosemide, it shall be

designated in the daily racing program with a "1-L". If the race is the first race the horse runs without furosemide after running one or more races with furosemide, it shall be designated in the program by "O-L" or "L-X";

(B) When discovered prior to the race, errors in the listing of furosemide treatments in the program shall be announced to the public.

(d) The use of furosemide shall be permitted under the following circumstances:

(A) Furosemide shall be administered no more than five hours but not less than ~~four~~ **three** hours prior to the original scheduled post time for the race for which the horse is entered.

(B) The furosemide dosage administered shall not exceed ~~**500**~~ **250** mg. nor be less than 150 mg.

(C) Furosemide shall be administered by a single, intravenous injection.

(D) The veterinarian treating the horse shall cause to be delivered to a commission veterinarian or designated representative no later than one hour prior to post time for the race for which the horse is entered the following information under oath on a form approved by a commission veterinarian:

(i) The name of the horse, racetrack name, the date and time the furosemide was administered to the entered horse.

(ii) The dosage amount of furosemide administered to the entered horse; and

(iii) The printed name and signature of the attending licensed veterinarian who administered the furosemide.

(iv) Violations of this subsection (subsection (d)) shall result in a fine and scratch from the race the horse was entered to run. Violations may also result in a commission veterinarian ordering the loss of furosemide privileges.

(e) Test results must show a detectable concentration of the drug in the race day serum, plasma or urine sample. If furosemide is not detected in a race day sample, a penalty may be imposed upon the horse's trainer without loss of purse:

(A) Quantification of furosemide in serum or plasma shall be performed. Concentrations of furosemide in serum or plasma shall not exceed 100 nanograms of furosemide per milliliter of serum or plasma. When the concentration of furosemide exceeds 100 nanograms of furosemide per milliliter of serum or plasma, specific gravity of the corresponding urine sample shall be measured.

(B) The specific gravity of race day urine samples may be measured to ensure that samples are sufficiently concentrated for proper chemical analysis. The specific gravity shall not be below 1.010.

(f) Unauthorized use of furosemide shall result in a penalty to the horse's trainer.

(g) The decision of whether to scratch a horse which has been entered incorrectly or is incorrectly treated shall be left to the discretion of a commission veterinarian.

(h) A commission veterinarian may rule a horse off furosemide if in his/her opinion it is in the horse's best interest, the interest of the citizens of the state or the best interest of horse racing.

(7) Bleeder List:

(a) The commission veterinarians shall maintain a Bleeder List of all horses, which have demonstrated external evidence of exercise induced pulmonary hemorrhage from one or both nostrils during or after a race or workout as observed by a commission veterinarian.

(b) Every confirmed bleeder, regardless of age, shall be placed on the Bleeder List and be ineligible to enter for the following time periods:

(A) First incident — 14 days.

(B) Second incident within 365-day period — 30 days.

(C) Third incident within 365-day period — 180 days.

(D) Fourth incident within 365-day period — barred for racing lifetime.

(c) For the purposes of counting the number of days a horse is ineligible to be entered for a race, the day the horse bled externally is the first day of the recovery period.

(d) The voluntary administration of furosemide without an external bleeding incident shall not subject the horse to the initial period of ineligibility as defined by this policy.

(e) A horse may be removed from the Bleeder List only upon the direction of a commission veterinarian;

(f) A horse which has been placed on a Bleeder List in another jurisdiction pursuant to these rules shall be placed on a Bleeder List in this jurisdiction.

(8) Controlled Therapeutic Medications

(a) The following quantitative medications are permissible in test samples up to the stated concentrations in urine:

(A) Acepromazine - metabolite, 2-(1- hydroxyethly) promazine sulfoxide (HEPS)- 10 ng/ml

(B) Albuterol - 1 ng/ml

(C) Butorphanol - 300 ng/ml

(D) Carboxydetomidine - 2 ng/ml

(E) Clenbuterol - 140 pg/ml (in quarter horse and mixed breed races the presence of clenbuterol is prohibited)

(F) Mepivacaine - metabolite, hydroxymepivacaine -10 ng/ml

(b) The following quantitative medications are permissible in test samples up to the stated concentrations in serum or plasma:

(A) Acepromazine - metabolite, 2-(1- hydroxyethly) promazine sulfoxide (HEPS)- 10 ng/ml

(B) Albuterol - 1 ng/ml

(C) Betamethasone - 10 pg/ml

(D) ~~**(A)**~~ Butorphanol - 2 ng/ml

(E) ~~**(D)**~~ Cetirizine - 6 ng/ml

(F) ~~**(E)**~~ Cimetidine - 400 ng/ml

(G) ~~**(E)**~~ Clenbuterol - 2 pg/ml (in quarter horse and mixed breed races the presence of clenbuterol is prohibited)

(H)~~**(G)**~~ Dantrolene - 100 pg/ml

(I) ~~**(H)**~~ Detomidine - 1 ng/ml

(J) ~~**(I)**~~ Dexamethasone - 5 pg/ml

~~**(J) Diclofenac - 5 ng/ml**~~

(K) ~~**(J)**~~ DMSO - 10 mcg/ml

~~**(K) Firocoxib - 20 ng/ml**~~

(L) Glycopryrrolate - 3 pg/ml

(M) Guaifenesin - 12 ng/ml

(N) Isoflupredone - 100 pg/ml

(O) Lidocaine - metabolite, 3-OH lidocaine - 20 pg/ml

(P) Mepivacaine LOD

(Q) Methocarbamol - 1 ng/ml

(R) Methylprednisolone - 100 pg/ml

(S) Omeprazole - metabolite, omeprazole sulfide - 10 ng/ml

(T) Prednisolone - 1 ng/ml

(U) Procaine penicillin - 25 ng/ml

(V) Ranitidine - 40 ng/ml

(W) Triamcinolone acetonide - 100 pg/ml

(X) Xylazine - 200 pg/ml

(9) Environmental Contaminants and Substances of Human Use:

(a) The following substances can be environmental contaminants in that they are endogenous to the horse or that they can arise from plants traditionally grazed or harvested as equine feed or are present in equine feed because of contamination during the cultivation, processing, treatment, storage or transportation phases: Polyethylene glycol (PEG), PEG-like substances, Hordenine;

(b) Regulatory thresholds have been set for the following substances: Caffeine — 100 nanograms of caffeine per milliliter of serum or plasma;

(c) If the preponderance of evidence presented in the hearing shows that a positive test is the result of environmental contamination or inadvertent exposure due to human drug use it should be considered as a mitigating factor in any disciplinary action taken against the affected trainer.

(10) Androgenic-Anabolic Steroids (AAS)

(a) No AAS shall be permitted in test samples collected from racing horses except for residues of the major metabolite of stanozolol, nandrolone, and the naturally occurring substances boldenone and testosterone at concentrations equal to or less than the indicated thresholds.

(b) Concentrations of these AAS shall not exceed the following urine threshold concentrations in total (free drug; or metabolite and drug; or metabolite liberated from its conjugates):

(A) 16beta-hydroxystanozolol (metabolite of stanozolol (Winstrol)): 1 ng/ml for all horses regardless of sex.

(B) Boldenone (Equipoise® is the undecylenate ester of boldenone) in:

(i) Male horses other than geldings — 15 ng/ml.

(ii) No boldenone shall be permitted in geldings or female horses.

(C) Nandrolone (Durabolin® is the phenylpropionate ester and Deca-Durabolin® is the decanoate ester) in:

(i) Geldings — 1 ng/ml.

(ii) Fillies and mares — 1 ng/m.l

(iii) In male horses other than geldings — forty-five (45) ng/ml of nandrolone metabolite, 5a-oestrane-3ß17a-diol

(D) Testosterone in:

(i) Geldings — 20 ng/ml.

(ii) Fillies and mares — 55 ng/ml.

(iii) Male horses other than geldings — Testosterone will not be tested.

(c) All other AAS are prohibited in racing horses.

(d) Race day urine samples collected from intact males must be identified to the laboratory.

(e) Any horse to which an anabolic steroid has been administered in order to assist in the recovery from illness or injury may be placed on the veterinarian's list in order to monitor the concentration of the drug or metabolite in urine. After the urine concentration has fallen below the designated threshold for the administered AAS, the horse is eligible to be removed from the list.

(11) Clenbuterol:

(a) The use of Clenbuterol shall be permitted under the following conditions: A test sample shall not exceed 2 picograms/milliliter (ml) of Clenbuterol in the blood or serum or 140 pg/ml in urine.

(b) Notwithstanding (11)(a), the use of Clenbuterol, albuterol, zilpateral, ractopamine or any analogues thereof in American Quarter Horse racing at recognized race tracks in Oregon is prohibited. All horses entering an official Quarter Horse race will be subject to testing by any biologic method including but not limited to hair, blood, and urine.

Statutory/Other Authority: ORS 462.270(3)
Statutes/Other Implemented: ORS 462.270 & 462.415

Reason for changes: 6 (b) strike through is necessary to align Rule 160-0130 with the changes proposed in Rule 160-0140 regarding cessation of use of Lasix in the test barn.

Change in 6 (d) (B) maximum dosage change from 500 mg to 250 mg. 1. Will not significantly change the effectiveness of the Furosemide program in mitigating the incidence of EIPH (bleeders). 2. Will help horses by reducing the post injection degree of dehydration. This will be especially significant at Grants Pass where most races are run in hot weather. 3. Will produce a more uniform application of the Furosemide program by narrowing the dosage schedule. 4. Will not change laboratory requirements or capabilities to detect Lasix, or other drugs (This is per UIC laboratory director). 5. May increase our successful paired sampling percentage as a secondary benefit of having less dehydrated horses in the test barn. 6. SSSS Will bring us in alignment with CHRB , including all California fair meets. Also changes form four hours to 3 hours prior to race.

Change to butte levels to be consistent with other states near us.

Requires a hearing.

Requires a communication plan.

OAR 462-150-0060 (8)

(k) ~~Racing plates must be of a type and design approved by the board of stewards and the commission veterinarian. Front toe grabs shall not exceed 4 mm.~~

Racing plates must be of a type and design approved by the board of stewards and the commission veterinarian. No traction devices are allowed on the forelimbs other than toe grabs 2mm or less. Toe grabs on the hindlimbs shall not exceed 4mm. Traction devices include but are not limited to bends, jar calks and stickers.¶

Proposed Rule

OAR 462-160—0150 Post Mortem Examination/Necropsies

(a) All race horses that die or are euthanized on Oregon Racing Commission's jurisdiction's racetrack grounds shall have a post mortem examination (necropsy) performed when reasonably feasible.

(b) Necropsies should be performed at facilities and by personnel with capabilities to perform necropsy examination of racehorses.

(e)If a Necropsy is not obtained, a post mortem examination will be conducted by the ORC Veterinarian.

(c) The Oregon Racing Commission will reimburse the race track for reasonable costs of transportation and will pay for all costs of the necropsy.

(d) Relationships and contact information shall be included in the necropsy standard operating procedure. The Veterinarian performing the necropsy shall not be an Attending Veterinarian of the affected Horse.

Reason for the rule:

Necropsies are currently not outlined in rules.

Statutory/Other Authority: ORS 462.270(3)