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MINNESOTA RACING COMMISSION

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December 23, 2019

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**Re: In the Matter of the Proposed Rules of the Minnesota Racing Commission  
Governing Minnesota Racing; Medication; Revisor's ID 4607**

**Dear Librarian:**

The Minnesota Racing Commission intends to adopt rules relating to horse racing medication. We plan to publish a Notice of Intent to Adopt Rules without a Public Hearing in the December 30, 2019 State Register.

The Department has prepared a Statement of Need and Reasonableness. As required by Minnesota Statutes, sections 14.131 and 14.23, the Department is sending the Library an electronic copy of the Statement of Need and Reasonableness at the same time we are mailing our Notice of Intent to Adopt Rules.

If you have questions, please contact me at (651) 925-3956.

Yours very truly,

E. Joseph Newton  
General Counsel

Enclosure: Statement of Need and Reasonableness

## RD04607

# Minnesota Racing Commission

### STATEMENT OF NEED AND REASONABLENESS

**Possible Amendment to Rules Governing Horse Racing, Minnesota Rules, Parts 7869 Definitions; 7876 Horse Stabling; 7877 Class C Licenses; 7883 TB/QH Race Horses; 7884 Harness Races; 7890 Horse Medication; Horse Medication; 7891 Physical Examination; 7892 Medical Testing; and 7897 Prohibited Acts.**

### INTRODUCTION

The Minnesota Racing Commission (MRC) continuously strives to keep its rules current and relevant as the industry evolves. This rulemaking project was initiated by the MRC's chief veterinarian in order to update rules relating to horse health, veterinary practices and medications. The changes will ensure that our rules remain consistent with best practices and recent developments in equine veterinary medicine. Following is a brief summary of the changes.

7869.0100, Subpart 20.5. **Definitions.**

This rule part is being added to define a digital tattoo.

7869.0200, Subp. 2. **Association of Racing Commissioners International.**

This rule is being amended to incorporate by reference the Association of Racing Commissioners International Multiple Medications Violation Model Rule.

7876.0100, Subp. 12. **Bisphosphonates.**

This subpart would require a horse's trainer to report any administration of bisphosphonates in the horse within the last six months when the horse enters the grounds of a racetrack.

7876.0110, Subp. 3. **Horses must be at the racetrack for race day inspection.**

This subpart would require a horse's trainer to report any administration of bisphosphonates in the horse within the last six months when the horse enters the grounds of a racetrack.

7877.0120, Subp. 1. **Licensing fees.**

The rule would require a licensing fee for an equine masseuse, an occupation that would otherwise be licensed as a veterinary assistant.

7877.0130, Subp. 1-2. **Individual/multiple owners.**

This amendment would require horse owners to give consent to the MRC to share pre-race and injury related data to the Jockey Club, a national repository of such information.

7877.0130 Subp. 9a. **Equine Masseuses.**

This new rule would require certain demonstrated knowledge of equine masseuse in order to obtain a license from the MRC.

7877.0170, Subp. 2 U. **Trainers**

This rule requires horse trainers to keep records of all treatments in which medication is administered by the trainer to a horse and to make that record available to the MRC. The rule also requires exchange of training records between a trainer transferring a horse and the trainer receiving the horse.

7877.0170, Subp. 2 V. **Trainers.**

This rule would require a trainer of a claimed horse to provide the trainer treatment records to the commission veterinarian.

7877.0170 Subp. 9b. **Veterinarian Assistants.**

The proposed rule would limit the duties of an equine masseuse and require they maintain certain records.

7877.0175, Subp. 1. **Racing secretary, paddock judge responsibilities for harness racing.**

This amendment would require racing officials to ensure that all foals from 2018 or thereafter have the required digital tattoo.

7877.0180, Subp. 2. **Veterinarians.**

This addition would prohibit an equine masseuse from betting on horse races while licensed by the MRC.

7883.0100, Subp. 2. **Horses must be registered and eligible.**

This rule change allows for use of electronic foal certificates.

7883.0100, subp 2a. **Prohibited starters.**

The proposed rule would prohibit a horse from running in a race if the horse is on a stewards' list, veterinarian's list, starter's list or a paddock judges list.

7883.0100 subp. 6. **Prohibited entries.**

The proposed rule would prohibit a horse from being entered to race if it has been treated with a bisphosphonate within the preceding six months.

7883.0100, Subp. 16. **Workout requirements.**

This amendment would expand the workout requirements rule to cover first-time starters four years old and up.

7883.0140, Subp. 8. **Voided claims.**

This amendment allows a claim to be voided in a thoroughbred or quarter horse race if the claimed horse exhibits certain signs of ill health.

7883.0140, Subp. 12. **Ineligibility of bred mare.**

Current rule allows for a bred mare that is in foal to enter and race if it meets certain reporting and financial requirements. The commission is proposing that such a mare not be eligible to race in a claiming race.

7883.0160, Subp. 1. **Horse must be tattooed.**

Horses must be properly identified prior to a race. This is done under current rule by examining the horse's tattoo. However, in the future, horses will be microchipped and this change would recognize microchipping as an accepted means of identification.

7884.0120, Subp. 7. **Conditions precedent to entering a race.**

This rule, which applies to standardbreds, is being amended to allow for physical or electronic filing of the certificate and registration papers, issued by the breed registry with the racing secretary.

7884.0120, Subp. 13. **Horses denied entry.**

This rule change would prohibit entry to a race for any horse that has been treated with bisphosphonates within the last six months. Current rule also prohibits entry if a horse is on the qualifying list, starter's schooling list, stewards' list or a bleeder list. The amendment would clarify the current practice by which the commission recognizes such lists from other racing states and now includes the paddock judge's list.

7884.0210, Subpart 1. **Claiming races.**

This amendment allows a claim to be voided in a standardbred race if the claimed horse exhibits certain signs of ill health.

7890.0100, Subp. 3d. **Bisphosphonates.**

The proposed change would define the term bisphosphonates.

7890.0100, Subp. 13. **Medications.**

- A. The proposal would place limits on the use of non-steroidal anti-inflammatory medicines (NSAIDs), eliminate the "stacking rule" which allowed the use of more than one NSAID in certain circumstances and restricts NSAID use to 48 hours prior to a race rather than 24 hours. It also adds alkalinizing agents as a substance that cannot be administered to the horse prior to a race. It would also prohibit the use of any intraarticular corticosteroid within seven days of a race.

- C. This proposal would extend the prohibition of benzocaine and lidocaine to other topical anesthetics in order to protect the horse from running on numb extremities.
- D. This proposal clarifies that horses may be administered vitamins but that those vitamins may not contain sodium bicarbonate or alkalinizing agents.

7890.0110, Subp. 1. **Administration.**

This rule would allow for testing of horse hair in detecting prohibited medications in the horse.

7890.0110, Subp 2. **Nasogastric Tube.**

This change adds objectivity to the definition of nasogastric tube.

7890.0110, Subp. 3. **Extracorporeal shock wave therapy or radial pulse wave therapy.**

This rule change prohibits a horse that has received shockwave or radial pulse therapy from running a timed workout within 10 days of such treatment.

7890.0110, subp. 5. **Discontinuance of treatment; presence.**

This rule change governs the use and time of administration of nonsteroidal anti-inflammatory drugs. (NSAIDs). It also changes the time limits and administration of intra-articular medications. Finally, the proposed rule permits only one intra-articular corticosteroid in a post-race sample.

7890.0110, subp. 7. **Use.**

This rule change allows for the testing of whole blood drawn from a horse for levels of TCO<sub>2</sub>.

7890.0120 Subp. 2. **Administration of NSAIDs.**

Because of the new rule limiting administration of NSAIDs in a horse prior to a race, the need to report NSAID administration is no longer required. This rule would eliminate that requirement.

7890.0140 Subp. 1. **Examination of bleeders.**

Under the change, if a horse bleeds through one or both of his nostrils it must be examined by the commission veterinarian. Thus, a report from a private licensed veterinarian is no longer required.

7890.0140 Subp. 5. **Restrictions on confirmed bleeders.**

This proposed rule makes a minor technical change and provides that a chronic bleeder is ineligible to race in Minnesota after a fourth bleeding incident.

7890.0140 Subp.7a. **Conditions required for furosemide administration.**

This change limits the amount of furosemide that can be administered to a horse.

7890.0150. **Disclosure of approved medications to public.**

Because race day NSAID use is prohibited there is no reason to require reporting. Therefore, the duty to report is stricken from the rule.

7891.0100, subp. 1. **Horse subject to examination.**

This change eliminates reference to the association veterinarian because there has never been an association veterinarian. Rules regarding “association veterinarians” were stricken previously but this reference was overlooked.

7891.0100, subp. 2. **Record of examination.**

This rule change clarifies that an MRC veterinarian racing soundness report is not a record of the Minnesota Board of Veterinarian Health.

7891.0120 Subp. 1-3. **Mortality Review Committee.**

This is a new subpart that establishes a mortality review committee to examine the circumstances of any horse death at a licensed race track. It establishes who is on the committee and requires certain treatment records be provided for the review. The rule reflects existing practice.

7892.0120 Subp. 1. **Horses tested.**

This change clarifies that a positive drug test will result in the horse being placed on the veterinarian’s list and adds the term “prohibited substances” to the list of items that can be tested out-of-competition. The rule also eliminates the condition precedent to out-of-competition testing that the owner agree to such testing in a stakes nomination form. The proposed rule also establishes that a hair test taken after a horse is entered to race (usually 4 or 5 days before the race) can be considered a post-race-test.

7892.0100 Subp. 2. **Samples taken.**

The change in this subpart specifically lists what can be taken for a testing sample and prescribes certain protocols for TCO<sub>2</sub> analysis.

7892.0120 Subp. 5, **Split sample.**

This change allows a trainer to make advance arrangements for payment of the split sample with the split sample testing laboratory. It also requires arrangements be made in advance for certain split sample testing.

7892.0120, subp. 5a. **Split sample testing for TCO<sub>2</sub>.**

This proposal clarifies that horse hair is a bodily substance of the horse for drug testing samples.

7897.0100 Subp. 20. **Prohibited acts.**

This new subpart would prohibit the possession or administration of any bisphosphonate drug on the grounds of a licensed racetrack.

## ALTERNATIVE FORMAT

Upon request, this Statement of Need and Reasonableness can be made available in an alternative format, such as large print, Braille, or audio. To make a request, contact E. Joseph Newton at the Minnesota Racing Commission, 15201 Zurich Street, Suite 212, Columbus, MN 55025; phone 651-925-3956, fax 651-925-3954; or email [joseph.newton@state.mn.us](mailto:joseph.newton@state.mn.us). TTY users may call the Racing Commission at 800-627-3529.

## STATUTORY AUTHORITY

The Racing Commission's statutory authority to adopt the rules is set forth in Minnesota Statutes section 240.23, which provides as follows:

The Commission has the authority, in addition to all other rulemaking authority granted elsewhere in this chapter to promulgate rules governing: a) the conduct of horse races held at licensed racetracks in Minnesota, including but not limited to the rules of racing, standards of entry, operation of claiming races, filing and handling of objections, carrying of weights, and declaration of official results, b) wire and wireless communications between the premises of a licensed racetrack and any place outside the premises, c) information on horse races which is sold on the premises of a licensed racetrack, d) liability insurance which it may require of all racetrack licensees, e) the auditing of the books and records of a licensee by an auditor employed or appointed by the Commission, f) emergency action plans maintained by licensed racetracks and their periodic review, g) safety, security, and sanitation of stabling facilities at licensed racetracks, h) entry fees and other funds received by a licensee in the course of conducting racing which the Commission determines must be placed in an escrow account, i) affirmative action in employment and contracting by licensed racetracks, and j) procedures for the sampling and testing of any horse that is eligible to race in Minnesota for substances or practices that are prohibited by law or rule; and (k) any other aspect of horse racing or pari-mutuel betting which in its opinion affects the integrity of racing or the public health, welfare, or safety.

This provision was enacted in 1983 and only amended once since January 1, 1996. Items b and j above were amended effective May 25, 2015. *Laws of Minnesota 2015*, Chapter 77, art. 4 § 20. However, the MRC believes this was a non-substantive amendment because it already had catch-all authority under item k to promulgate rules governing any aspect of horse racing or pari-mutuel betting which in its opinion affects the integrity of racing or the public health, welfare or safety. In any case, the MRC did promulgate new rules relating to item j above within 18 months of enactment of this amendment. R-4380, governing horse medication and testing, was adopted on March 18, 2016.

In addition, Minnesota Statutes, section 240.24 provides, “The commission shall make and enforce rules governing medication and medical testing for horses running at licensed racetracks.” The commission has enacted numerous rules under this section, which has not been amended since January 1, 1996.

Also, Minnesota Statutes section 240.03 specifies commission powers and duties which include regulating horse racing in Minnesota to ensure that it is conducted in the public interest and to take all necessary steps to ensure the integrity of racing in Minnesota.

## REGULATORY ANALYSIS

- (1) A description of the classes of persons who probably will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

The people probably affected by these proposed rule changes are racetracks, horse owners and trainers, veterinarians, and other persons who wager on horse races. All stakeholders will benefit from the updating, simplification and clarification of existing rules. Most of the changes are needed to improve animal and human wellbeing. The rules are an update reflecting new scientific studies and current practices. The commission believes that there will be no increased cost to anyone except a very limited number of equine masseuses who will now have a license fee of \$50.00, the same fee charged for veterinary assistants, as a result of these rules. Horse owners and trainers will benefit from enhanced health and safety protections for horses.

- (2) The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

There is no anticipated change in costs to the Commission or to any other state or local agency due to these proposed amendments.

- (3) A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

The commission believes the proposed changes will not be intrusive, as they mainly seek to update and clarify existing rules and make them consistent with other jurisdictions, industry practices or uniform model rules. The cost to implement them will be minimal. The commission has not identified any less costly or less intrusive methods for achieving the purposes of the proposed rules.

- (4) A description of any alternative methods for achieving the purpose of the proposed rule that were seriously considered by the agency and the reasons why they were rejected in favor of the proposed rule.**

Industry participants and stakeholders presented many of the proposed rule changes. Others are proposed in order to update, clarify or simplify existing rules. Some of the proposed rules have been used by the commission as guidelines or by the racetracks as “house rules.” They reflect current practices in the industry. However, to the extent these guidelines and practices affect the rights and duties of licensees, the commission believes they should be adopted in rules rather than implemented as racetrack “house rules” or commission guidelines.

- (5) The probable costs of complying with the proposed rule, including the portion of the total costs that will be borne by identifiable categories of affected parties, such as separate classes of governmental units, businesses, or individuals.**

There are no significant anticipated costs to governmental units, businesses or individuals. Most of these proposals seek to clarify or simplify existing rules, conform the rules to industry practice, or conform rules to national trade association rules for the sake of keeping them up-to-date and consistent with requirements in other racing jurisdictions. However, a very limited number of equine masseuses will now have to pay a licensing fee.



**(6) The probable costs or consequences of not adopting the proposed rule, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals.**

The consequences of not adopting the proposed rules would be that some of Minnesota's horseracing rules would be inconsistent with model rules and industry-wide equine safety and welfare initiatives that are being adopted in other jurisdictions. Horses would be more at risk of overmedication and infectious diseases.

**(7) An assessment of any differences between the proposed rule and existing federal regulations and a specific analysis of the need for and reasonableness of each difference.**

There are no current federal regulations regarding these proposed rule changes. Horse racing is regulated by the various individual state racing commissions. However, there is a growing initiative to regulate racing through national legislation. The current bill in Congress has attracted bipartisan support. Several of the proposed rules are aimed at achieving uniformity across states, reciprocity with other jurisdictions, and adoption of industry model rules and safety initiatives.

**(8) An assessment of the cumulative effect of the rule with other federal and state regulations related to the specific purpose of the rule.**

The proposed rules cover areas that are not addressed by federal law or other Minnesota laws or rules. The rules are designed to complement Minnesota Statutes, Chapter 240 without duplicating requirements therein. Another goal is to make our rules consistent with those in other states for the benefit of horsemen who routinely race in other states as well as in Minnesota, thus reducing the cumulative effect of our rules.

### **PERFORMANCE-BASED RULES**

These rules are proposed to support the health and safety of the horse and the integrity of racing consistent with the MRC mission. As required by Minnesota Statutes, section 14.002, they were developed with every effort to emphasize superior achievement in meeting the agency's regulatory objectives and maximum flexibility for the regulated parties and the agency in meeting those goals. We consulted with staff, commissioners, the Office of the Attorney General, interested industry members, and regulators from other states. We also reviewed model rules and rules in effect in other states.

### **INDUSTRY MODEL RULES**

Some of these proposed rules are based on model rules developed by the Association of Racing Commissioners International (ARCI), a group comprised of government regulators of horse racing from throughout North America. It is a not-for-profit trade association with no regulatory authority. Its members individually possess regulatory authority within their jurisdictions and solely determine whether to adopt ARCI recommendations on policies and rules. The Minnesota Racing Commission's leadership is actively involved in ARCI committees and on the Board.

The development of model rules, standards and best practices is an ongoing project of ARCI member agencies. Relying upon the collective expertise of regulatory personnel from member states in consultation with regulated entities and industry stakeholders, ARCI committees continually consider ways to enhance the regulation of racing. The ARCI Model Rules are all-encompassing. They affect Thoroughbred, Quarter horse and Standardbred racing. States are encouraged to adopt model rules to enhance uniformity of regulation in a sport that has evolved to be multi-jurisdictional.

Anyone can help the ARCI to improve racing regulation by proposing a new or amended model rule. Model rule proposals typically originate from industry stakeholders such as the Racing Medication and Testing Consortium (RMTC), the national Horsemen's Benevolent and Protective Association, the Organization of Racing Investigators, the Jockey's Guild, the various breed registries (The Jockey Club, the American Quarter Horse Association and the United States Trotting Association), the North American Association of Racetrack Veterinarians, the American Association of Equine Veterinarians, and the individual states themselves.

Model rules that originate within these stakeholder groups are supported by their members and board leadership. In the case of medication rules, for example, the RMTC has a standing Scientific Advisory Committee made up of regulatory veterinarians, veterinary pharmacologists, private practice veterinarians, and analytical chemists. The SAC reviews both RMTC-sponsored research as well as studies performed worldwide to arrive at proposed regulatory threshold recommendations to the industry. These proposals, once endorsed by the RMTC Board, go to the ARCI for review. At ARCI, the proposals would be reviewed by standing committees such as the Drug Testing Standards and Practices Committee, the Equine Safety Committee, and the Regulatory Veterinarians Committee prior to going to the Model Rules Committee, where testimony is heard, amendments are offered, and a vote is held to recommend adoption or reject the proposed rule. A rule recommended for adoption goes to the ARCI Board of Directors for final determination. The MRC's Executive Director is a member of both the Model Rules Committee and the Board.

#### **ADDITIONAL NOTICE**

The Minnesota Racing Commission began work on these rule proposals in June of 2019 after receiving recommendations from racing stewards, racetracks and the Commission Veterinarian. A well-attended stakeholder meeting was held on July 30, 2019 to discuss the proposals. Notice of the meeting was sent to all persons on the commission's rulemaking list, as well as to Class A and B license holders and industry stakeholder groups. Horse trainers, owners, racetrack representatives, racing officials, horsepersons groups, the Jockey's Guild, and commission staff attended the meeting. The public was encouraged to submit additional proposals.

After the initial 60-day comment period, the proposed rules were revised and then thoroughly discussed at a public meeting of the Minnesota Racing Commission's Racing Committee, a panel comprised of three commissioners, on October 28, 2019 and November 18, 2019. Members of the public provided valuable input at this meeting. The Racing Committee unanimously voted to recommend the rules to the full Commission with some minor modifications. On November 21, 2019 the full Minnesota Racing Commission met and accepted the Racing Committee's recommendation and voted to publish the Notice of Intent to Adopt Rules. The rules discussion was clearly included on all agendas duly prepared and mailed or e-mailed 7 days prior to these public meetings. Agendas were also posted on the Commission's website. Minutes and recordings of the meetings are available on the Commission's website at [www.mrc.state.mn.us](http://www.mrc.state.mn.us).

Our Notice Plan includes:

1. Publishing the Request for Comments in the July 15, 2019 edition of the State Register.
2. Posting the Request for Comments on the Office of Administrative Hearings rulemaking e-comments website with a link from commission's website.
3. E-mailing the Request for Comments to everyone registered to be on the Commission's rulemaking list under Minnesota Statutes, section 14.14, subdivision 1a.

4. E-mailing the Request for Comments to Class A & B licensees as well as horsemen's organizations that are affected by horse racing in Minnesota, including the Minnesota Thoroughbred Association, the Horsemen's Benevolent and Protective Association, Minnesota Harness Racing, Inc., the Minnesota Quarter Horse Racing Association, the Jockey's Guild, and the United States Trotting Association.

5. E-mailing the Request for Comments to organizations in Minnesota identified as having an interest in animal health including the Minnesota Board of Animal Health, the Minnesota Humane Society, the Minnesota Veterinary Medical Association, and the University Of Minnesota College Of Veterinary Medicine.

6. Our Notice Plan also includes giving notice required by statute. We will mail the proposed rules and Notice of Intent to Adopt to everyone who has registered to be on the Commission's rulemaking list under Minnesota Statutes, section 14.14, subdivision 1a. We will also give notice to the Legislature per Minnesota Statutes, section 14.116. The Proposed Rules and the Notice of Intent to Adopt will also be published in the State Register.

7. We will post the Notice of Intent to Adopt Rules, along with the draft rules and SONAR on the Office of Administrative Hearings rulemaking e-comments website, with a link on our website.

8. The Commission will send an e-mail with a link to the draft rules, SONAR, and Notice of Intent to Adopt Rules to all Class A & B licensees, horsemen's organizations, and animal health organizations in Minnesota, and everyone registered to be on the Commission's rulemaking list under Minnesota Statutes, section 14.14, subdivision 1a, as noted in paragraphs 3-5 above.

#### **CONSULT WITH MMB ON LOCAL GOVERNMENT IMPACT**

As required by Minnesota Statutes, section 14.131, the Commission will consult with Minnesota Management and Budget (MMB). We will do this by sending MMB copies of the documents that we send to the Governor's Office for review and approval on the same day we send them to the Governor's office. We will do this before the Commission publishes the Notice of Intent to Adopt. The documents will include: the Governor's Office Proposed Rule and SONAR Form; the proposed rules; and the SONAR. The Commission will submit a copy of the cover correspondence and any response received from Minnesota Management and Budget to OAH with the documents it submits for ALJ review.

#### **DETERMINATION ABOUT RULES REQUIRING LOCAL IMPLEMENTATION**

As required by Minnesota Statutes, section 14.128, subdivision 1, the agency has considered whether these proposed rules will require a local government to adopt or amend any ordinance or other regulation in order to comply with these rules. The Commission has determined that they will not, because all activity that these amendments affect occurs on licensed racetrack grounds, not out in the local community. There are times where we may have to contact local law enforcement or county/city attorney offices, but that is in the normal course of fulfilling our duties and responsibilities when events warrant. It is not anticipated that these amendments will either increase or decrease those contacts.

#### **COST OF COMPLYING FOR SMALL BUSINESS OR CITY**

As required by Minnesota Statutes, section 14.127, the Racing Commission has considered whether the cost of complying with the proposed rules in the first year after the rules take effect will exceed \$25,000 for any small business or small city. The Racing Commission has determined that the cost of complying with the proposed rules will be negligible and could not exceed \$25,000 for a small business. The Racing Commission has determined that the cost of complying with the proposed rules in the first year after the rules take effect will not exceed \$25,000 for any small city.

## LIST OF WITNESSES

If these rules go to a public hearing, the Racing Commission anticipates having the following principal witnesses testify in support of the need for and reasonableness of the rules:

1. Thomas DiPasquale, MRC Executive Director or his successor,
2. Dr. Lynn Hovda, Chief Commission Veterinarian, Minnesota Racing Commission
3. Dr. Camille McArdle, MRC, Chair MRC Racing Committee
4. Mr. James Lane, MRC Chair
5. Mr. E. Joseph Newton, General Counsel
6. Dr. Dionne Benson, The Stronach Group
7. Dr. Mary Scollay, RMTTC

Additional witnesses could be called as needed. The commission does anticipate calling non-agency witnesses.

## RULE BY RULE ANALYSIS

7869.0100, subp. 20a

The proposed rule is needed to define a digital tattoo as other proposals in this packet will allow for its use. It describes a digital tattoo, as generated by a Thoroughbred Racing Protective Bureau (TRPB) technician, the use of which will bring commission rules into compliance with The Jockey Club requirements for thoroughbred race horse identification.

7869.0200, subp. 2. **Association of Racing Commissioners International.**

The Multiple Medication Violation Penalty System mandates enhanced penalties for repeat violators of the racing industry's medication regulations and is designed to address trainers who habitually violate the regulations. According to the Racing Medication and Testing Consortium 16 states have adopted the MMV rule and it is "in progress" or being considered by 14 additional state.

The program assigns points to each medication violation based upon the particular medication's penalty class (Class A through Class C), similar in design to the motor vehicle licensing system. Trainers are subject to mandatory penalties when they exceed a specified number of penalty points within a specified time frame. Points (with the exception of those for Class A violations) expire after a specified time has elapsed.

Typically, the appropriate regulatory authority will consult the ARCI Penalty Guidelines in adjudicating each underlying individual violation. The multiple medication violation penalties are issued in addition to, and not instead of, any underlying violation and penalty.

After a regulatory agency adjudicates a medication violation and assigns points for that violation, it must then consult the trainer's points record as reflected in the ARCI national database. If the points on the trainer's record exceed a specified threshold, the regulatory agency must then impose a separate additional penalty. Suspension under the multiple medication violation system must run consecutive to the underlying penalty and may not be served concurrently with another suspension.

Mandatory penalties can only result from multiple violations and not from points incurred from a single violation. For example, if a trainer incurs points from a single Class A or Class B prohibited substance violation and does not have any points on his/her record, the MMV would not apply.

Stewards and commissions can only exercise discretion when: 1) assigning points if it is determined that the violation is due to environmental contamination; or 2) assigning suspension days within the range specified for points thresholds.

Points do not attach to a trainer's record until there is a final adjudication of the violation. Points go back to the date the violation occurred and not to the final date of adjudication. The time period after which a trainer may apply to expunge points from his/her record runs from the date of final adjudication of the violation and not from the date of the violation.

Regulators are required to report all finally adjudicated medication violations, and the assigned points, to the ARCI for entry into the national database. Regulators will consult the ARCI database to obtain a trainer's current record and points.

The rule is necessary as it merely conforms to nationwide industry standards and was fully discussed by the ARCI and affected individuals. The rule is reasonable in that it does not require anything of an owner or trainer other than refraining from violation of medication rules and putting them on notice of the results of any future violation.

#### 7876.0100, subpart 12. **Bisphosphonates**

This rule will identify any horse entering the grounds of a licensed racetrack that has been administered a bisphosphonate drug and allow the commission veterinarian to place that horse on the veterinarian's list for a minimum six months. Immediate identification is needed as a treated horse could have been entered to race prior to arrival on the grounds. This rule is necessary for the equine health and safety because bisphosphonate medications have a potential to harm the health and safety of the horse and rider or driver. The duration of action for bisphosphonates on bone is unknown, especially in the horse, but is estimated to be six to perhaps eight months. (Exhibit 1). A proposed Racing Medication and Testing Consortium recommendation has a similar six-month stand-down time. (Exhibit 2) The rule is reasonable as it is based on current knowledge, six months on the veterinarian's list provides a reasonable margin of safety to protect the horse from injury and ensure the welfare of the racing participant. This proposed rule is supported by Minnesota statute 240.24, subd 1, which directs the commission to make and enforce rules governing medication, and Minnesota statute 240.03, subd 9, which directs the commission to take all steps to ensure the integrity of racing in Minnesota.

Bisphosphonates are a class of medications used in human beings as a treatment for osteoporosis (softening of the bone) and analgesia associated with metastatic bone pain. (Exhibits 3 and 4) They work at the cellular level to block osteoclasts, a specific type of bone cell required for bone remodeling. Osteoclasts are large cells responsible for removing damaged, diseased, or weakened bone before osteoblasts, another bone specific cell, can lay down new bone. Bisphosphonates act on damaged bone to shut down the osteoclast process. Bone is still laid down by osteoblasts, just not in the usual method. In addition, bisphosphonates inhibit part of the normal bone remodeling process, which may result in abnormal or weakened bone. (Exhibit 5)

There are currently eight human bisphosphonate drugs approved for use in the United States, with varying degrees of potency. (Exhibit 3). In horses, two bisphosphonates (Osphos and Tildren) are FDA approved for use in horses four years of age and older to ameliorate the pain and lameness associated with

navicular disease. (Exhibits 6 and 7). They are age restricted as bisphosphonates inhibit the normal bone repair process and in younger horses the use could lead to disturbed bone growth and joint development as well as accumulation of microdamage to the bone. The British Horse Racing Authority has restricted the use of bisphosphonates in horses less than three and one-half years since 2017. (Exhibit 8) and the New York Gaming Commission in early 2019 included bisphosphonates in its list of blood doping agents and has provided that the administration of bisphosphonates to a horse less than 4 years of age is an unacceptable practice due to the effects on bone growth and strength. (Exhibit 9).

There are five major concerns associated with the use any bisphosphonate drugs, including Osphos and Tildren, in a racehorse:

1. The medications may be used “off label” and inappropriately in horses less than 4 years of age. Bisphosphonates inhibit bone remodeling, leaving bone that is not strong enough for the rigors of training and racing. Two and three-year-old racehorses, as they train and race, continually develop microfractures in the bone which heal by remodeling and result in stronger bone. If the remodeling is blocked by a bisphosphonate it may fail and a fracture or catastrophic injury may occur.
2. Bisphosphonates may be used “off label” and inappropriately to treat other bone related injuries in racehorses such as sesamoiditis (inflammation of tendons or soreness of small bones in the fetlock) and third metacarpal disease (sore or bucked shins). These two locations account for a considerable number of catastrophic injuries. The off-label use for arthritis of the spine and bone spavin by veterinarians has been studied and reported (Exhibits 10 and 11) and other uses discussed among veterinarians (Exhibit 12).
3. Some of the bisphosphonates are used to provide analgesia to humans with bone pain from metastatic bone neoplasms, breast cancer, and prostate cancer. (Exhibit 4) Analgesic agents such as these have the potential to negatively impact regulatory veterinarian prerace examinations by masking lameness or other conditions which may compromise the horse’s performance and may affect the outcome of a race as they allow horses to race faster without feeling pain. Race horses with mild, non-life-threatening injuries could continue to train and race until these injuries become more severe or catastrophic.
4. Some veterinarians have not limited themselves to using bisphosphonates approved for use in horses, but rather have used more highly potent bisphosphonates intended for human use with a duration of action that may be years. Laboratory detection for any bisphosphonate is limited, with 28 days the longest known detection time in serum and about 8 hours in plasma for zoledronate, currently the most potent bisphosphonate on the market. (Exhibits 13 and 14)
5. Finally, while not a direct concern for this proposed rule change, bisphosphonates are reported to be used by some veterinarians in younger horses being prepped for sales. If this is true, adding more bisphosphonates onto an already treated horse has the potential to negatively inhibit bone remodeling and provide additional analgesia. (Exhibit 12).

7876.0110, subp. 3. **Horses must be at race track for race day inspection.**

The need and reasonableness for this proposed rule is identical to that found above (7876.0100 on-track stabling). It is necessary to discourage the off-track use of bisphosphonates and to prevent the horse from leaving the grounds, being administered a bisphosphonate, and returning to the grounds.

7877.0120, subp. 1. **License fees.**

This proposed rule change adds equine masseuse to the occupational licenses authorized under Minn. Stat. 240.08, subd 1(9). An individual working as an equine masseuse should be identified and licensed as such. The proposed amendment is reasonable because it simply adds an existing category of individuals dealing with a horse on a licensed racetrack. These individuals could be considered a subset of existing class C license applicants. The rule is necessary to ensure that all persons in restricted areas and providing equine services are licensed by the MRC.

7877.0130, subp. 1. **Individual owners.**

This proposed rule change requires the owner to consent to share information generated by the commission veterinarian with The Jockey Club for inclusion in their databases. There are several databases used by The Jockey Club Incompass Race Track Operations (RTO) system (now referred to as Track Manager) that regulatory veterinarians in many jurisdictions access to improve the quality of their work. The two programs involved in this proposed rule change are the pre-race examination module and the equine injury database (EID). The addition of these two proposed rules is needed to increase sharing of race horse physical examination findings among regulatory veterinarians in other jurisdictions and building a robust injury database that can be used to identify risk factors for horses that are training and racing. The rule is reasonable in that it requires no further information from the applicant and is merely affirmation of consent. It is also reasonable as these data bases are only accessed by authorized individuals, primarily regulatory veterinarians.

- A. Pre-race examination module. This section of the proposed rule change would allow MRC regulatory veterinarians to populate a national database with information obtained during pre-race examinations. This would provide regulatory veterinarians in other jurisdictions access to the information when doing pre-race examinations, observing workouts, determining fitness to race, or examining the circumstances surrounding an injury or death. It is reasonable to do this as race horses frequently ship from state to state for different races and regulatory veterinarians in other jurisdictions would have access to information that can help determine the racing soundness of a horse.
  
- B. This section of the proposed rule change is needed to allow MRC regulatory veterinarians to populate information in the Equine Injury Database (EID). The EID is a national database maintained by The Jockey Club with participation from racetracks and regulatory veterinarians throughout the United States. The goal of the EID is to establish a database that can be statistically examined for identifying trends in injuries and deaths in Thoroughbred racehorses. By agreement with the racetracks, injury information is provided on a confidential basis. Postmortem results or suspected postmortem findings for those states that don't require a full necropsy are reported for all racing related deaths. Other reported data includes catastrophic injuries that occurred during training, findings associated with horses pulled up while training and racing, known injuries that occurred while on the backside, and medications received. The information is shared with all stakeholders to improve pre-race surveillance, decrease the number of catastrophic injuries, and use risk factors identified by the EID to assist with examinations. (Exhibit 15).

7877.0130, subp. 2. **Multiple owners.**

The need and reasonableness for this proposed rule change is identical to part 7877.0130, subp 1. The same rules should apply to horses with multiple ownership interests.

7877.0130, subp.9a. **Equine Masseuses.**

Training to become an equine masseuse may range from an online course, a one or two -day weekend course at a private location, or as part of a 4-year college degree in equine management. (Exhibit 16) With the vast range of training, it is necessary to ensure that the equine masseuse meet minimum requirements for licensure and are restricted from the practice of veterinary medicine as defined under state law. Racehorse behavior is unlike that of horses found on farms, ranches, and show barns and a review needed to ensure safety for all involved. Different types of electrical or battery-operated devices may be utilized, making it important and reasonable that the masseuse know and understand the pre-race and race day restrictions on their use. These restrictions are also reasonable as they are governed by part 7890.0110, subp 13, which specifies that no electrical, mechanical or battery powered devices may be used within 48 hours of the time the horse is scheduled to race.

7877.0170, subp. 2 U. **Trainers.**

This proposed rule incorporates a portion of the Association of Racing Commissioners International (ARCI) model rule requiring trainers to keep records. (Exhibit 17). The International Federation of Horse Racing Authorities (IHFA) and the British Horse Racing Authority (BHA) both require trainers to keep records of all veterinary medications and procedures administered to horses under their care. (Exhibit 18). This proposed rule change is less restrictive but is needed for the best interest of the race horse, facilitate pre-race examination by allowing regulatory veterinarians access to the horse's recent health history, and help eliminate medication errors.

This rule is needed to fill in the gap between medications administered and reported by a practicing veterinarian to the racing commission, and medications prescribed and dispensed by a veterinarian but administered by the trainer or designee. Accurate trainer treatment records can help prevent any confusion over whether a medication was administered by the practicing veterinarian or dispensed for use by the practitioner and examination of the records may prevent inadvertent additional administration of the same or similar substance. For example, practicing veterinarians frequently administer phenylbutazone intravenously, but it is also available in several other formulations for the trainer to administer orally. The presence of accurate trainer treatment records would also be useful in investigations of medication violations. Most medication violations occur from inadvertent administration errors and when reviewed by the Stewards during a hearing little written documentation is available to assist the trainer with explaining when the drug was administered and at what dose.

The rule is reasonable as many trainers already keep medication records, although the method of record keeping, and the specific form utilized often vary from trainer to trainer. It is also reasonable because it is not burdensome for them to comply with this rule as it includes only those medications and procedures containing a medication the trainer has administered as well as medications administered by a veterinarian not licensed by the commission. This would include, for example, the administration of an antibiotic prescribed for an ill horse or medications administered by a veterinarian in an off-track location. It does not include treatments administered by an MRC licensed private veterinarian as those are already covered under part 7890.0110, subp 1. It is reasonable to ask that the trainer use either a paper form provided by the horsemen's group, a paper form of their own choosing, or an electronic database to keep their records as long as the information provided meets this rule. (Exhibit 19) The trainer does not submit



these records to anyone unless they are requested by the commission, stewards, or commission veterinarian, which may occur during an investigation following a positive test for a medication overage of a controlled therapeutic substance or as requested by the Mortality Review Committee.

The purpose and necessity of this rule is to ensure the health and safety of horses shipping in from the farm to train or race or from other racetracks for an overnight race or to participate in a particular stakes races. It is an ARCI model rule and is considered a best practice by the National Thoroughbred Racing Association (NTRA) racetrack accreditation and the equine industry. (Exhibit 17, Exhibits 20 – 23)

This rule allows the MRC regulatory veterinarians to inquire about medications received should an abnormal finding be present when the horse is inspected after training or a pre-race examination and complete a more thorough examination to evaluate the horse for racing soundness. The use of 14-day ship in record is reasonable and necessary to encourage the trainer accepting the horse to be aware of any medications received that might preclude the horse from participating in a race and opens dialogue between the regulatory veterinarian and private practicing veterinarian. The rule is reasonable because records can be kept in a log book provided by the horsemen's group, a paper form of their own choosing, or an electronic database as long as the information provided meets this rule. (Exhibits 19 and 24)

Minnesota Statutes section 240.24 requires the commission make rules governing the use of medication and medical treatment. Minnesota Statutes section 240.03 specifies commission powers and duties which include regulating horse racing in Minnesota to ensure that it is conducted in the public interest, to take all necessary steps to ensure the integrity of racing in Minnesota and conduct necessary investigations. This rule allows the commission the ability to see all medications administered to the horse and not just those administered by licensed private veterinarians while on the grounds of the racetrack.

#### 7877.0170, subp. 2 V. **Trainers.**

This proposed rule change adds an obligation to provide a written record of all treatments and medications, including intra-articular injections. The number of claimed horses has increased over the past three years (68 in 2017; 127 in 2018; 137 in 2019) and it is not unusual for a claimed horse to have 2, 3 or even 4 different trainers during the MRC race season. It is prudent, reasonable and important for each trainer to know what medications, treatments, and injections have been performed on the claimed horse so he or she can avoid repeating a treatment such as shock wave therapy or repeating a permitted controlled therapeutic medication, including corticosteroids, administered by the previous trainer or private veterinarian and consequently receiving an overage or positive test.

#### 7877.0170, subp. 9b. **Veterinary Assistants.**

An equine masseuse applies deep tissue techniques to the voluntary muscle system for the purpose of increasing circulation, reducing muscle spasms, relieving tension, enhancing muscle tone, promoting healing and increasing range of motion in all breeds of horses. The technique is specific to the muscular system and does not include other veterinary related functions. This rule is needed to proscribe activities under Minnesota Statute 156.12, subdivision 1 that are limited to veterinarians licensed by the Minnesota Board of Veterinary Medicine (MBVM). (Exhibit 25) The MBVM does not currently have a licensing category for an equine masseuse and provides no guidance. It is reasonable to specify this information in rule, so anyone licensed as an equine masseuse clearly understands the limits imposed by the MBVM. It is also reasonable because it merely imposes the same requirements as other licensees that interact with a horse in this fashion.

Subpart (B) of the proposed rule requires a daily log to ensure that commission rules regarding services provided by an equine masseuse are being followed and that the individual does not overstep the boundaries specified above. It is reasonable to require such records be kept in a manner similar to records kept by trainers, veterinarians, and equine chiropractors. This record should be available for inspection in the event of a Steward's hearing involving instances such as an unpaid bill, contested horse sale, or race day use of a device or for examination when the Mortality Review Committee is convened.

7877.0175, subp. 1 I, 4a. **Racing secretary, paddock judge responsibilities for harness races.**

This proposed rule is needed to accommodate the industry transition away from tattoos and freeze branding, which are welfare issues, to the insertion of a microchip, which less is painful to the horse than applying a tattoo or freeze brand. The number of horses racing each year may number several thousand and precise identification of each horse is needed to protect the integrity of racing. It is reasonable to use a digital tattoo, which incorporates both a microchip and a physical description of the horse, as it ensures accuracy in identification and prevents mistakes when horses are brought to the paddock prior to racing or when taken to the detention barn for post-race testing.

The Association of Racing Commissioners International model rule on digital tattoos incorporates both The Jockey Club requirement for a microchip and the physical description of the Standardbred horse. (Exhibit 26) Effective Jan. 1, 2020, a racing secretary shall ensure that the registration certificates for all Thoroughbred horses that were foaled in 2018 or thereafter have a digital tattoo prior to entry in a race. The Thoroughbred Racing Protective Bureau (TRPB) has already begun the transition to the digital tattoo. (Exhibit 27 and 28).

This proposed rule change also incorporates a United States Trotting Association (USTA) rule change involving horse identification whereby the microchip will be the primary means of horse identification beginning with the 2019 foal crop. The USTA rule change further states that by 2021 all Standardbreds racing at each USTA member track must be identified by microchip. (Exhibit 29). The rule change is needed as Running Aces Harness Track is a USTA member track and abides by the USTA rules. The USTA does not specifically issue a digital tattoo as the microchip can only be implanted by a USTA assigned individual who verifies each horse identification at the time of insertion and attaches it via hyperlink to the microchip number. Similar to the proposed rule change above, the use of a microchip is an equine welfare issue, protects the integrity of racing, and provides accurate identification for each horse.

7877.0180, subp. 2. **Veterinarians.**

This is necessary to protect the integrity of racing as described in Minnesota Statute section 240.28, subd 2 and part 7877.0180. subpart 2, which govern conflicts of interest. This rule extends the existing wagering restrictions on veterinarians and veterinary assistants to equine masseuses.

7883.0100, subp. 2. **Horse must be registered and eligible.**

The Jockey Club, the breed registry for Thoroughbred racehorses, moved to digital (electronic) certificates for all foals born in 2018 and after. This proposed rule change is needed to bring the commission rules in line with The Jockey Club requirements. (Exhibit 30).

7883.0100, subp. 2a. **Prohibited starters.**

Horses are placed on different lists for a variety of reasons, all of them related to the overall welfare and safety of the horse and the participants in racing. Each list has specifications defined by rule

for adding the horse to the list. This proposed rule change is needed to prohibit a horse on one of these lists from starting in a race. Horses on the stewards' and veterinarian's list have specific sets of criteria for removal and can only be removed by the steward or veterinarian responsible for putting that horse on the list after the conditions for removal have been satisfied. The veterinarian's list is mandated by part 7877.0175, subp 8 and the stewards' list by part 7969.0100, subp 62.

Subpart C of this proposed rule change is needed to ensure that horses placed on the starter's list or paddock judge's list in any jurisdiction, including Minnesota, do not start unless removed from that list. Horses are placed on these lists for good reasons. This proposed rule change is necessary as some trainers will take a poorly behaved horse to another jurisdiction and attempt to enter it without alerting anyone to the horse's poor behavior. The starter is responsible for horses once they have left the paddock until they start the race (part 7877.0175, subp 3). Horses on the starter's list generally have schooled poorly in the gate during training, been rambunctious in the gate area while loading for a race, failed to load into the gate, or injured themselves or other horses while standing in the gate prior to racing. The paddock judge is responsible for the behavior of horses in the paddock, either while racing or schooling (part 7877.0175, subp 4 [I]). Poorly behaved horses are put on the paddock judge's list and the trainer must comply with the paddock judge's instructions on how to be removed. Under the current rule, horses on the starter's list are already prohibited from entering. This proposed rule expands that to include the paddock judge's list. The addition of paddock judge's list to horses that are prohibited starters is necessary as horses on this list have behaved so poorly in the saddling paddock that they are at risk of harming not only themselves, but handlers, others in the paddock, or spectators.

#### 7883.0100, subp. 6, **Prohibited entries.**

These proposed rules elsewhere prohibit the possession or administration of bisphosphonates within the grounds of a licensed racetrack, require prior administration of a bisphosphonate to be reported to the commission veterinarian, and require horses administered a bisphosphonate within the prior 6 months to be placed on the veterinarian's list. It follows that any such horse is ineligible to be entered to race. The safety and rationale for this rule is described in Minnesota Statutes sections 240.24, subd 1 and 240.03 (9) and Minn. Rule part 7877.0170, subp2 (C1)

The rule promotes equine health and safety and prevents the entry of horses which must later be scratched by the stewards on race day.

#### 7883.0100, subp. 16. **Workout requirements.**

This rule is needed to prevent unraced horses 4 years of age and older that may not have ever been to the track from entering and racing unless they meet specific fitness criteria established by the commission veterinarian spelled out in part 7877.0175, subp 8(A-F). Most racehorses start as two or three-year olds; horses starting later than this often have underlying pathological problems such as lameness, respiratory disease, or a prior history of surgery. The goals of this rule are threefold:

1. To prevent injuries and death during training and racing.
2. To ensure that these horses are inspected by a regulatory veterinarian in a manner similar to other horses requiring a workout. This includes a history and physical examination prior to an official timed work, observation of the horse during the work to assess racing soundness, a work that occurred in a specified time that establishes fitness to race, examination of the horse after the work, and taking of blood for submission to the testing laboratory for analysis.
3. To ensure that these horses are fit to race in the professional judgment of the commission veterinarian under part 7877.0175, subp 8(F).

The portion of language regarding 48 hours is stricken as the results of a post workout blood test, one of the requirements for eligibility after an official timed workout, typically take no less than 7 days to be returned from the laboratory.

7883.0100, subp. 8. **Voided claims.**

The voided claims rule is a recent industry initiative, reflected in the ARCI Model rules and adopted in most states, which changes the traditional notion of “buyer beware” to a claiming rule that aims to protect equine welfare and increase the integrity of claiming races. The purpose of this rule is to prevent the transfer of a lame or otherwise “unfit to race” horse to an unwitting trainer and owner by allowing the Stewards to void the claim should one of these issues occur. The claimant’s rights can be waived if, for instance, the claiming owner did so to breed the horse rather than race it or use the horse in some other manner.

The voided claims rule, as currently written, has done much to decrease the number of lame horses that are entered by trainers simply to let them become another trainer’s problem. It does not address the horses with known cardiovascular or respiratory problems that may be entered in the hope that it will be claimed by another trainer. Atrial fibrillation is a well-known cardiovascular disease in horses, in particular Standardbred horses where there may be a genetic basis. (Exhibit 31 and 32) It is a common reason for retiring racehorses as they are no longer able to withstand the high intensity of racing and training. Cardiac arrhythmias are not as common, occurring less often in a smaller number of horses, but are generally more serious. Bleeding from the nostrils puts the horse on the veterinarian’s list for a minimum of 14 days and maximum of life. Recurrent airway obstruction (RAO) or heaves is a non-infectious airway disease resulting from an allergy to inhaled particles. Recurrent airway obstructive disease is an environmental disease and most horses must be kept on medications and outside or in a less hostile environment than at a racetrack. It is reasonable to add these disease states to the voided claims rule to deter the entry of horses who have these underlying conditions.

7883.0140, subp. 12. **Disclosure of bred mare.**

The current rule is obsolete and describes a procedure that is no longer followed. Breeding slips and written disclosures have not been used for at least 15 years. The proposed rule also conforms with USTA rules which prevent pregnant horses from racing in a claiming race. (Exhibit 33) It is a needed and reasonable rule change, so claimants do not inadvertently claim a pregnant horse and be surprised with a foal or the inability to race past 150 days gestation (part 7897.0100, subp 2).

7883.0160, subp. 1. **Horse must be tattooed.**

This rule change conforms the MRC rule with The Jockey Club rule for Thoroughbred racehorses. The Jockey Club has moved from physical tattoos to a digital tattoo for horse identification and effective January 2021 no horses registered with The Jockey Club are eligible to be physically tattooed. (Exhibit 30). Older horses with a tattoo do not need to be microchipped. The rule is needed to conform with the current industry standard in horse identification.

The AQHA (American Quarter Horse Association) has not yet made this change and those horses may still be identified by a physical tattoo or microchip so the language is retained in the rule.

7884.0120, subp. 7. **Conditions precedent to entering.**

Part 7884 applies in its entirety to Standardbred, or harness, racing. The United States Trotting Association (USTA), the breed registry for Standardbreds, is modernizing its rules for registration and identification. This proposed rule change is needed to conform MRC rules with the USTA rule for online digital registration and microchip use. (Exhibit 29)

7884.0120, subp. 13. **Horses denied entry.**

The proposed rule mirrors the restrictions on entry reflected in part 7833.0100 and the same rationale applies. The rule is meant to clarify existing practice, which is that a horse on such a list in any state must be removed from the list by that state or a racing official in Minnesota.

The bisphosphonate prohibition mirrors the rule changes made herein and discussed above in part 7876.0100 subp. 12 with respect to Thoroughbred and Quarter horse racing.

7884.0210. **Claiming races.**

This proposed rule change is identical to the proposed voided claims rule for Thoroughbred and Quarter horse racing found at part 7883.0140, subp.8. There is no rational reason for making a distinction among breeds. All equine welfare and racing integrity considerations relevant to the Thoroughbred and Quarter Horse racehorse are pertinent to the Standardbred racehorse.

7890.0100, subp. 3d. **Bisphosphonates.**

This term needs to be defined as it is used elsewhere in this rule packet. It is the definition of the pharmacological elements of this class of drugs and should be defined so the industry knows what is being regulated and prohibited. (Exhibit 3)

7890.0100, subp. 13. **Medication.**

Alkalinizing agents are medications used to alter the pH of a horse's system. They may be used in racehorses to prevent lactic acidosis and with the intent to alter the outcome of a race through performance enhancement. Alkalinizing agents are added here so all trainers and veterinarians clearly understand that they are a medication, and as such, subject to all restrictions under of a race under Chapter 240 and implementing rules, for example, a prohibition on administration within 48 hours of a race under Minn. Stat. 240.24, subd. 1.

This proposed rule change to subpart 13 (A – C) is supported by the American Association of Equine Practitioners (AAEP) and the Racing Medication Testing Consortium (RMTC), who funded new research for these NSAIDs, as well as stakeholders throughout the United States. (Exhibits 34-39) It is widely anticipated that the proposed rule as proposed here will be adopted as a model rule by ARCI in early 2020.

This proposed rule moves the use of one of the three non-steroidal anti-inflammatory drugs (NSAIDs), phenylbutazone, flunixin, and ketoprofen, currently approved for administration 24 hours prior to racing to 48 hours prior to racing and establishes appropriate 48-hour thresholds for each drug. It further prohibits stacking, or the finding of more than one NSAID in a post-race test sample.

The rule changes are necessary as these drugs mask pain, with the effects lasting longer than 24 hours after administration, and at least one of them, phenylbutazone, has recently been associated with catastrophic injuries (Exhibit 35, 40-43). This not only prevents the regulatory veterinarian from performing an accurate pre-race examination but may result in a sore horse being allowed to race. To ensure the safety of riders, drivers, and horses, every horse should be evaluated during a pre-race examination without the effect of an NSAID. Administering two or more NSAIDs at the same time or in close proximity to each other will make a horse more tolerant of pain so it moves more freely or mask the pain and allow a mild injury to become more severe. (Exhibit 39).

The proposed change to item C is a housekeeping change that incorporates benzocaine and lidocaine into the general category of topical anesthetics and corrects the punctuation for procaine penicillin.

The proposed rule change in item D is needed as some electrolytes administered to horses contain large amounts of sodium bicarbonate and other alkalinizing agents which, under Minnesota statute 240.24, subd 1 and part 7897.0100, subp 20 (B and C) cannot be used within 48 hours of racing. There are, however, many other oral electrolyte solutions without sodium bicarbonate or an alkalinizing agent that can be used to replace potassium and sodium lost during racing so it is not hard for trainers to replace these electrolytes after training or racing.

The use of excess sodium bicarbonate or other alkalinizing agents began in Standardbred racing in the 1980s, then migrated to Thoroughbred tracks. Administration of bicarbonates or other alkalinizing agents neutralizes the buildup of lactic acid, which causes fatigue in the muscles. Its efficacy is believed to be highest after a minimum of 90 seconds of exercise, so the greatest effect is in Standardbreds which normally race a mile and in Thoroughbred racing at distances of a mile or more. Some trainers “push the envelope,” by administering excessive amounts of bicarbonate or alkalinizing agents by a solution pumped through nasogastric tube into the stomach, an oral electrolyte solution containing bicarbonate or alkalinizing agents, or administration of bicarbonate “bullets,” a paste-like mix of bicarbonates and electrolytes delivered via a dose gun or large oral syringe in the back of a horse's mouth four to five hours before a race. (Exhibit 44). In addition to chemical pneumonia from introduction of bicarbonate in the lungs with an incorrectly placed nasogastric tube, metabolic alkalosis, the condition resulting from overuse of bicarbonate or alkalinizing agents, can result in mental dullness and confusion, muscle twitching and spasms, gastrointestinal distress, electrolyte disturbances, cardiac arrhythmias and sudden death. The use of sodium bicarbonate and other alkalinizing agents 48 hours prior to a race is not only an equine welfare issue but also affects the integrity of racing. Sodium bicarbonate, administered in excessive doses, is a performance enhancing drug that can be abused by trainers in an attempt to affect the outcome of the race, which is prohibited under Statute 240.25, subd. 4 and part 7890.0110, subp. 7.

#### 7890.0110, subp. 1. **Administration.**

The proposed change merely allows the MRC to test horse hair samples for any prohibited drugs or substances. The rule reflects current technology in drug testing and is in the interest of equine health and wellbeing. Pursuant to Minn. Stat. 240.24, subd.2 authorizes the MRC to take a “test sample” from a horse. Test sample is defined as “any bodily substance including blood, urine, saliva **and any other substance** as directed by the commission.”

7890.0110, subp. 2. **Nasogastric tube.**

This proposed rule change is needed to more distinctly define the limits of a nasogastric tube. Trainers can keep shorter tubes that may be used for flushing a wound or administering an oral medication. (Exhibit 45).

7890.0110, subp. 3. **Extracorporeal shock wave therapy or radial pulse wave therapy.**

Shockwave or radial pulse wave machines are used by practicing veterinarians to help heal bone and tendon injuries. Analgesia occurs for at least three days and likely longer. Horses are currently barred from racing for a minimum of ten days. The proposed rule adds the prohibition of a timed workout within ten days after treatment. Timed workouts are competitive, occurring at high speeds when the likelihood of a catastrophic injury is the greatest. In addition, most shockwave and radial pulse wave is used for shins and high suspensory strain, two of the most common equine racetrack injuries. Preventing treated horses from participating in a timed workout for 10 days will keep horses and riders safe and give injured body parts more time to rest. It also protects the integrity of racing by ensuring that timed workouts, which are relied upon as important data by the betting public, are reliable indicators of race horse fitness.

Many racetracks have already implemented this change, as has the ARCI (Exhibit 46). A proposed rule in California would prohibit horses from racing or working within 30 days of being treated with extracorporeal shockwave therapy. (Exhibit 47 and 48).

7890.0110, subp. 5 **Discontinuance of treatments; presence.**

There are two parts to this proposed rule change:

Part 1. The use of any NSAID is limited to 48 hours and no NSAID, other than either phenylbutazone, flunixin, or ketoprofen at threshold levels, is permitted. This supports a prior proposed rule change where the use of phenylbutazone, flunixin, or ketoprofen is moved to 48 hours with corresponding thresholds. These changes represent a sweeping medication reform movement in the racing industry and are well supported by stakeholders including the American Association of Equine Practitioners, Racing Medication and Testing Consortium, The Stronach Group, The Mid-Atlantic Group and others (Exhibits 34, 35, 49, 50).

Part 2 – 7-day corticosteroid rule. This proposed rule change moves the use of intraarticular (IA) corticosteroids from a specific threshold rule to a restricted administration time for a single corticosteroid of 7 days. Under the current rule, thresholds are utilized for each allowed corticosteroid. The primary reason for using this method was to separate the intra-articular (IA or directly into the joint space) corticosteroid administration from the time the horse was entered to race. This meant that once the horse was entered, typically 3-5 days before the actual race day, no IA corticosteroid could be administered, and regulatory veterinarians could perform pre-race examinations without interference from the effect of corticosteroid medications. This has not occurred, and inspection of the practicing veterinarians' daily sheets shows that stacking of several different corticosteroids is common. Low amounts and concentrations of different corticosteroids are being administered after the horse has been entered and 2-3 days before it races, each in a different joint, in an effort to stay below the threshold for each corticosteroid. Not only does this affect the pre-race examination, but it doesn't allow the practicing veterinarian the ability to adequately evaluate response to therapy. It takes longer than 2-3 days for an effect to occur and when multiple corticosteroids are used it is difficult to know which one, if any, was effective.

This rule change is a part of the widespread medication reform movement and supported by the same stakeholders who support changing the NSAID administration time to 48 hours. Nationally, the movement is towards a 14-day restricted administration time with camera surveillance and out of competition testing used to monitor administration. No laboratory testing is available right now to support detection at 14 days but is available and in commission rule for 7 days. Until the laboratory can support 14-day testing, the racing commission has decided it is prudent to use a 7-day restricted administration time.

7890.0110, subp. 7. **Use.**

This proposed rule is needed as some TCO2 testing analyzers use whole blood for the testing. (Exhibit 51).

7890.0120, subp. 2. **Administration of NSAIDs to be reported.**

This rule is being repealed because the proposed rules will prohibit race day NSAID administration so the obligation to report is obsolete.

7890.0140, subp. 1. **Examination of bleeders.**

This proposed rule adds clarity and objectivity to the term “bleeder” and conforms with the ARCI model rule regarding bleeders (Exhibit 52) This rule restricts the examination and confirmation of a bleeder to a commission veterinarian rather than a veterinarian licensed by the commission. This allows commission veterinarians, who are physically present during training and racing, to examine each racehorse for evidence of bleeding as it finishes training or racing. This rule change is necessary as commission veterinarians are present at the times when bleeding is most likely to occur and are the only ones who can place a horse on the bleeder list and veterinarian’s list. Since the proposed rule limits the authority to commission veterinarians to conduct physical examinations for bleeding, the language that required private veterinarians to provide examination reports to the commission veterinarian is stricken. In an abundance of safety and concern that these horses need time to rest their lungs, bleeders are immediately placed on both the bleeder list and veterinarian’s list.

7890.0140, subp. 5. **Restrictions on confirmed bleeders.**

All of these are technical changes without changing the effect of the rule. They more specifically define the time periods for clarity.

A horse that is observed bleeding four times within 365 days should be permanently placed on the veterinarian’s list. The MRC has determined chronic bleeders are unfit to race under Minnesota Statutes section 240.03 (1) and (9) and part 7877.0175, subp 8 (F). Allowing such horses to run undermines the integrity of racing as the betting public relies on the commission’s professional judgment to determine that it is not in the public interest to allow this horse to race. Further, bleeding irritates and damages the lining in the lungs, healing with fibrous scar tissue, and each bleeding episode results in additional damage and an inability to breathe well. The proposed rule change protects equine health and the integrity of racing by protecting the public in the wagering on horse races by ensuring an unfit horse will not race.

7890.0140, subp. 7a. **Conditions required for furosemide administration.**



Furosemide (Lasix) is a medication used to mitigate the signs associated with exercise induced pulmonary hemorrhage (EIPH), what has been referred to above as “bleeders.” Exercise induced pulmonary hemorrhage occurs when the small vessels in airways leak blood while a horse is racing or training at speed. It is estimated that about 7-10% of horses are truly affected by EIPH (Exhibit 53).

Furosemide (Lasix) was introduced nationally in 1995. Most racetracks allowed a dose of 250mg and some allowed a “high” dose of 500mg. In 2005, in a push towards national uniform medication unity, the recommended dose of furosemide was increased by the ARCI to 500mg for severe bleeders. Most major jurisdictions, including the Minnesota Racing Commission, changed their rules to allow “extra” furosemide for those horses determined to be severe bleeders. Currently, on a national basis about 95% of all race horses now receive pre-race furosemide.

Several problems have subsequently been identified. Furosemide is a performance enhancing drug and those horses that are not bleeders, but still receive it, have a distinct advantage over others during the race. Under current regulations furosemide must be administered within 4 hours of racing which makes it a race day medication, something that is unacceptable to many individuals. The United States is the only racing jurisdiction that allows race day administration of furosemide making these horses less competitive on the international market. There does not appear to be any relevant scientific studies that show the use of extra furosemide is more effective than the standard 250mg dose.

The current national movement is toward eliminating the use of all race day furosemide, although this remains controversial with the horsemen. (Exhibit 54). This past spring, The Stronach Group at Santa Anita and Golden Gates racetracks, under house rule, eliminated the use of additional furosemide and allowed doses no greater than 250mg and the California Horseracing Board in July 2019 limited furosemide administration to 250mg. (Exhibit 55 and 56.) Other racetracks and groups of racetracks are doing so as well. (Exhibit 49 and 57) This rule change, eliminating the use of furosemide in doses larger than 250mg, is a reasonable and logical first step towards a phase out.

#### **7890.0150. Disclosure of approved medications to public.**

The word NSAIDs is struck since no NSAID will be administered on race day under the proposed rules. This is a technical change that will conform with other changes prohibiting race day administration of NSAIDs.

#### **7891.0100, subp. 1. Horses subject to examination.**

The reference to “association veterinarian” was removed in a prior rule package as obsolete, but this reference was overlooked.

#### **7891.0120, subp. 1-3. Mortality Review Committee.**

This is a new subpart under the rules regarding the physical examination of horses. The Mortality Review Committee was established to examine the facts surrounding the catastrophic injury and death of a racehorse. The committee exists purely as an information gathering group where all parties share data in an attempt to learn from current deaths and prevent further injuries and deaths in racehorses. Each individual brings information specific to their occupation. The trainer is responsible for making his or her trainer treatment records available for examination and discussion. This portion of the rule (subp 3) is

necessary as it can provide valuable information about specific medications administered by the trainer, including the dose administered, route of administration, and person administering them. By examining the records, members of the Mortality Review Committee can look for patterns of medication use that may have played a part in the horse's death and provide valuable guidance to the trainer. The rule is needed to more thoroughly examine the circumstances of an equine death. It is reasonable to attempt to address issues in an attempt to avoid similar future deaths and make changes to any practices that are deleterious to equine health.

7891.0100, subp. 2. **Record of Examination.**

This rule is needed to differentiate the health and racing soundness record kept by the commission veterinarians from true veterinary medical records as described by the Minnesota Board of Veterinary Medicine in part 9100.0800. (Exhibit 25) True veterinary medical records include forms, documents, and logs which record the treatment and care of animal patients. These are dynamic documents that record the sequence of events each time the veterinarian sees or communicates with a client about a specific animal patient. The records are benchmarks and serve as detailed written descriptions of each patient's medical condition, progress and resolution or outcome, diagnostic tests, surgical procedures, treatments and medications administered, and medications dispensed. The commission veterinarian's record of examination does not contain that depth of information, rather contains only summary notes of pre-race examinations and workout results as well as the rationale for placing a horse on the veterinarian's list and when and how it can be removed. The commission veterinarian's record of examination can be used in a stewards' hearing or other forums in which they might be shared with individuals other than the patient's (horse's) owner. Therefore, it needs to be differentiated from the legally defined medical records.

7892.0120, subp. 1. **Horses tested.**

This proposed rule change to items B and C is needed to allow the commission veterinarian to place a horse on the veterinarian's list as soon as a positive result is reported and not wait until the case has been adjudicated. Further, the change to item C adds prohibited substances to the list provided for out of competition testing. Some medications have a clinical effect lasting for days, weeks, or months and this ensures that the horse is prevented from racing again with the same prohibited substance in its system. The word "may" is necessary to address the possibility that a horse may be tested "out of competition" and show an overage of a therapeutic substance which would clear the horse's system prior to the seven-day minimum time that horses must be on the veterinarian's list. In such an instance, placement on the veterinarian's list would be unfair to the owner and trainer.

The proposed item E is to address the use of hair testing in a horse which has grown rapidly. The main reason is that testing of hair results in a longer detection time for several prohibited substances such as drugs in the beta-agonist group (clenbuterol, albuterol, ractopamine, and zilpaterol) and anabolic steroids that have been abused by some Quarter horse trainers and owners. These drugs are administered to Quarter horses to increase muscle growth and development, much like human body builders, and well-muscled horses run better at great speed over a short distance. Most of these prohibited substances have a long-lasting effect on the horse, generally several weeks to months, but may only be found in the blood or urine for a short period of time. Testing of hair allows the laboratory to look back as far as 4 -8 months, depending on the length of hair, to see if these drugs have been administered to the horse. (Exhibit 58)

This is necessary to allow the commission veterinarian to obtain hair from a horse prior to a race and submit it as a post-race sample. Minnesota statute 240.24, subd 2 includes "other substances" in the definition of a test sample and part 7890.0100, subp 18 was previously expanded to include hair. The use

of pre-race hair samples for post-race analysis is written into rule in Washington. (Exhibit 59) In Quarter horse racing, elimination time trials generally precede stakes races by 14 days. It is not unusual for 60 to 90 horses to participate in a time trial race with 5 to 8 races taking place on the same day at the same distance. From the trials, ten horses with the fastest times are chosen to race in the stakes. Out of competition hair samples are generally obtained pre-race from all 60 to 90 horses in the trials, with the pre-race samples for the ten fastest horses submitted for post-race testing. This ensures that all horses racing in the stakes races are free from these prohibited substances but doesn't result in a physical burden on the laboratory from submission of a large number of hair samples.

**7892.120, Subp. 2. Samples taken.**

This change simply designates that serum, urine, hair and saliva are all samples that can be taken from the horse and submitted to the laboratory for analysis.

This change further allows the use of a total carbon dioxide (TCO<sub>2</sub>) testing analyzer that is physically located at the racetrack to test TCO<sub>2</sub> levels just before a horse leaves the paddock to race. These testing machines, generally referred to as on-site analyzers, are more time consuming to use with only a few samples analyzed each day, but allow for a rapid determination of the TCO<sub>2</sub> concentration in a horse's system prior to the horse physically competing in a same day race. Horses with TCO<sub>2</sub> elevations above the racing commission's established limit of 37mMole/L would be scratched from racing. It is a useful tool for monitoring suspect horses. Alternatively, TCO<sub>2</sub> samples can be submitted to the contract testing laboratory in Colorado. Many samples can be submitted at once which allows the commission veterinarian to test all horses in several races each race day. No horses are scratched from racing on the day the sample was taken as samples are shipped to Colorado for analysis and the turnaround time is typically 3-4 days following receipt. It is a useful tool for screening many horses and identifying those horses and trainers that require closer regulatory supervision.

**7892.0120, subp. 5. Split samples.**

Split sample testing, including shipping and ensuring payment, is arranged through the commission veterinarian's office at each racetrack. To avoid the possibility of degradation, samples must be shipped as soon as possible, yet a laboratory accepting a split sample will not begin work until payment has been received. Most trainers prefer to send payment with their sample, however, this rule change allows a trainer located in another state or country to make arrangements to pay the laboratory directly for split sample testing. This is needed so samples can be submitted expediently and efficiently.

**7892.0120, subp. 5a. Split sample testing for TCO<sub>2</sub>.**

Total carbon dioxide (TCO<sub>2</sub>) in a serum and plasma sample is not stable and all samples for TCO<sub>2</sub> analysis must be analyzed within 120 hours of collection or the results will not be valid. The sample cannot be stored for future analysis. Should the owner or trainer desire TCO<sub>2</sub> split sample testing, the sample must be drawn and submitted at the same time as the primary sample.

Split samples for hair testing must be obtained at the same time as the primary sample and from the same location in the mane, but can be stored for future analysis. Should the owner or trainer desire a hair sample be taken for possible split sample analysis the sample must be taken at the same time as the primary sample.

**7897.0100, subp. 20. Prohibited acts.**

Bisphosphonates are prohibited substances and the administration of a bisphosphonate to a racehorse puts it in danger of a serious injury or death from analgesia and the adverse effects on bone

growth and endangers the safety of the rider or driver. This proposed rule is supported by Minnesota statute 240.24, subd 1, which directs the commission to make and enforce rules governing medication, and Minnesota statute 240.03, subd 9, which directs the commission to take all steps to ensure the integrity of racing in Minnesota.

This proposed rule distinctly prohibits the possession of any bisphosphonate drug by anyone on the grounds of a licensed racetrack. The administration of a bisphosphonate drug to a race horse can result in serious injury or death from the adverse effects on bone growth or as due to mitigation of pain. This rule is necessary to prevent these untoward adverse effects, from occurring due to an intentional or unintentional administration of any bisphosphonate possessed by any person. This is supported by Part 7897.0100, subp 20(B 2), which clearly states no person on the premises of a facility under the jurisdiction of the commission shall possess a prohibited substance where the use may endanger of the horse or endanger the safety of the rider.

Although the deleterious effect of such drugs does not occur immediately after administration, bisphosphonate drugs should be prohibited as the long-term effects may be catastrophic for the horse. In addition to masking pain for an unknown period of time, the unnecessary administration of a bisphosphonate can lead to abnormal bone growth or premature bone deterioration in a younger horse that has inappropriately received the drug.

## EXHIBITS

Exhibit 1	CHRB Notice of Proposal to Add Use of Bisphosphonate Prohibited
Exhibit 2	RMTC August 19, 2019 Bisphosphonate Proposal
Exhibit 3	Drake, et al
Exhibit 4	Gralow, et al
Exhibit 5	Odvina, et al
Exhibit 6	Osphos Package Insert
Exhibit 7	Tildren Package Insert
Exhibit 8	BHA Notice: Bisphosphonates Update. August 10, 2017
Exhibit 9	New York Gaming Commission General Advisory – Bisphosphonates. March 28, 2019
Exhibit 10	Coudry, et al
Exhibit 11	Gough, et al
Exhibit 12	Voss N. Bramlage: The ‘Price to Pay’ For Bisphosphonate Use Is Delayed Healing. Paulick Report. March 3, 2018.
Exhibit 13	Nieto, et al
Exhibit 14	Popot, et al
Exhibit 15	2018 Equine Injury Database Stats Released. March 25, 2019
Exhibit 16	Barbara A. Want to Become Certified in Equine Massage. Holistic Animal Course. June 26, 2017
Exhibit 17	ARCI Model Rule 008-020 C (17 and 18) Trainer Treatment Records
Exhibit 18	CHRB Board Meeting April 18, 2019, Agenda Item 11 (Trainer Treatment Records)
Exhibit 19	Minnesota HBPA Trainer Treatment Log
Exhibit 20	NTRA Code of Standards 2019, ARCI 001-010 Terms 14-day record
Exhibit 21	CHRB Medication, Safety Welfare Committee June 19, 2019, Agenda Item 7 (14-day Ship In Records)
Exhibit 22	Voss N. Breeders’ Cup Safety: Everything That Can Be Done Is Being Done. Paulick Report. October 25, 2019
Exhibit 23	CHRB Board Meeting June 20, 2019, Agenda Item 16 (14-day Ship In Records)
Exhibit 24	Minnesota Racing Commission Example of 14 Day Treatment Record
Exhibit 25	Minnesota Board of Veterinary Medicine Rule 9100.0800

- Exhibit 26 ARCI Model Rule 006-002 B5 (Foal Health)
- Exhibit 27 TRPB Making Transition to Digital Tattoos. The Blood Horse. December 18, 2018
- Exhibit 28 FAQ's – Digital Tattoos. [www.trpb.com](http://www.trpb.com). Downloaded November 24, 2019
- Exhibit 29 USTA Moves into The Microchip Era. December 5, 2018.
- Exhibit 30 The Jockey Club Digital Certificate – FAQs
- Exhibit 31 Kraus, et al
- Exhibit 32 Voss N. Why an Ab Fibrillation Diagnosis Doesn't Always Mean Early Retirement
- Exhibit 33 USTA 11.02(H), USTA Charter, Bylaws, Rules and Regulations 2019
- Exhibit 34 AAEP Prescription for Racing Reform: A 10-Point Plan for Action
- Exhibit 35 RMTTC Board Takes Action on Bisphosphonates, Addresses NSAID Administration Times and Intra-Articular Injections. August 26, 2019
- Exhibit 36 Reforms. <https://thoroughbredsafetycoalition.com/reforms/>
- Exhibit 37 Safety First. The Blood Horse. October 19, 2019
- Exhibit 38 TSG Plan for Medical, Operational, and Organizational Reforms
- Exhibit 39 CHRB Board Meeting June 20, 2019, Item 15 (Medications, Drugs and Other Substances)
- Exhibit 40 Knych, et al. Flunixin
- Exhibit 41 Knych, et al. Ketoprofen
- Exhibit 42 Knych, et al. Phenylbutazone
- Exhibit 43 Parkin. Study Finds Phenylbutazone a Risk Factor in Breakdowns. The Blood Horse. November 11, 2019
- Exhibit 44 Pictures of oral electrolytes containing bicarbonate
- Exhibit 45 Picture of a nasogastric tube
- Exhibit 46 ARCI Model Rule 011-015, 4
- Exhibit 47 Ross D. Shockwave Therapy: New Research Suggests Possible Link to Catastrophic Injury. Thoroughbred Daily News. September 24, 2019
- Exhibit 48 CHRB Board Meeting June 20, 2019, Item 17 (Shock Wave Therapy)
- Exhibit 49 Staff. Mid Atlantic Groups Meet to Reduce Equine Fatalities. The Blood Horse. October 5, 2019.
- Exhibit 50 The Stronach Group: Statement on the Collaboration Among US Racing Organizations. April 18, 2019.
- Exhibit 51 Picture of whole blood, serum and plasma
- Exhibit 52 ARCI Model Rule 011-020 G (Bleeder List)
- Exhibit 53 Vision 2025. The Jockey Club. March 28, 2019
- Exhibit 54 Angst F. Tracks Plan to Phase Out Lasix; Horsemen Share Concerns. The Blood Horse. April 18, 2019
- Exhibit 55 Gantz T. Benson Helps Implement Santa Anita's New Protocols. The Blood Horse. July 17, 2019
- Exhibit 56 CHRB Board Meeting July 18, 2019, Agenda Item 9 (Limitations of Furosemide Beginning in 2020)
- Exhibit 57 Staff. Industry groups Launch Thoroughbred Safety Coalition Aimed at Reforms. The Blood Horse. November 11, 2019.
- Exhibit 58 FAQ's: Hair Testing. Industrial Laboratories, Wheat Ridge, CO. 2019.
- Exhibit 59 WAC 260-70-665 subpart 3 (Hair Testing)

## CONCLUSION

Based on the foregoing, the proposed rules are both reasonable and necessary to protect the integrity of racing in Minnesota.

DATE: December 6, 2019  
This document available for  
public review on this date

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