AAEP Prescription for Racing Reform:  
A 10-Point Plan for Action

Horse racing in the United States faces significant challenges to its long-term viability. Aside from the threats of increased global competition for the wagering dollar and a soft national economy, the publicís perception of medication usage and catastrophic injuries threatens the sportís future success.

The AAEP Racing Committee has identified 10 key items through which equine veterinarians as individuals and the AAEP as an entity can continue to positively affect the health and welfare of the racehorse and help ensure the success of the racing industry. The AAEP will:

1. Continue support of National Uniform Medication Program in all U.S. racing jurisdictions.

The AAEP supports the implementation of this program in all U.S. racing jurisdictions. Lack of uniform medication rules presents significant challenges to owners and trainers who race horses in multiple jurisdictions, often leading to confusion about how to best implement appropriate therapeutic regimens. The AAEP fully supports the adoption of all components of the NUMP and seeks continued involvement as the program evolves.

2. Recommend to the Racing Medication & Testing Consortium the development of regulations banning the use of anabolic steroids in training.

It is prudent for the horse racing industry to recognize the negative impact that the use of any systemic anabolic steroids has on the sport. While the administration of anabolic steroids is banned in racehorses for at least 30 days prior to competition, the AAEP advocates for this ban to extend to racehorses that are actively training at a racetrack or training center.

There are indications for the therapeutic use of systemic anabolic steroids in the race horse based upon a medical diagnosis and treatment plan. However, the AAEP believes it is difficult to justify their use in race horses that are actively training and racing.

3. Recommend to the Racing Medication & Testing Consortium a 48-hour restricted administration time for NSAIDs as part of uniform medication policy.
Research indicates that there is a remaining anti-inflammatory effect of phenylbutazone at 24 hours after administration. This coincides with pre-race examinations performed by regulatory veterinarians attempting to determine the soundness of a horse for racing. Additionally, no pari-mutuel racetracks in the U.S. allow a horse to be entered less than 48 hours before a race. Horses should be evaluated with no effect of anti-inflammatory drugs influencing this decision. In order for regulatory veterinarians to best detect horses at risk for injury when performing pre-race examinations, the AAEP supports a 48-hour withdrawal guideline for NSAIDs.

4. Support clear uniform regulations for compounded medication.

Due to permanent or temporary unavailability of certain medications, legally compounded medications are a necessity to the equine practitioner and their patients. Yet there are some compounds that are either illegally produced or inappropriately manufactured. The AAEP, in cooperation with the appropriate regulatory bodies, will work to establish a iCompounded Medication Policyi for racing jurisdictions, understanding that there are various regulations at the state level that would affect any uniform policy.

5. Support the implementation of a national uniform program for comprehensive out-of-competition testing.

Certain substances are poorly controlled through post-race sampling alone. An effective out-of-competition testing program is imperative to deter the administration of performance-enhancing drugs that negatively impact horse health and the integrity of the sport. The AAEP seeks to support the efforts of the appropriate regulatory bodies in developing a comprehensive out-of-competition testing program and welcomes opportunities for collaboration.

6. Support and advocate the development and implementation of effective security measures to enforce medication rules.

The AAEP supports and is willing to assist in developing security measures to help deter medication rules violations. Proper security not only deters nefarious actions detrimental to the integrity of racing and the welfare of the horse but also helps level the playing field for those that would not break the rules of racing.
7. Support meaningful medication rule violation sanctions for horses, veterinarians and other licensees, as appropriate.

The trainer absolute insurer rule has been a mainstay of racing rules for many years. The AAEP feels this rule is appropriate, yet there are times when other licensees are involved in rules violations. The AAEP supports penalties for all licensees (including suspension of individual horses from racing) that are commensurate with the violation incurred.

8. Create national uniform procedures for Veterinarianis List reciprocity and management criteria.

A national reciprocity agreement requiring racing jurisdictions to respect the Veterinarianis List in other states must be developed and implemented. The Veterinarianis List identifies horses deemed unfit and ineligible to race for various veterinary medical reasons. Each racing jurisdiction has its own process and criteria to ensure how and when a horse is fit to return to racing or training in that state. However, in some instances, a horse on the Veterinarianis List in one state can race in another state without meeting those health and soundness standards.

The AAEP Racing Committee, working in conjunction with the Racing Regulatory Veterinary Group, will develop a national uniform program and work to implement that program through the Association of Racing Commissioners International Model Rules.

9. Investigate alternative exercise-induced pulmonary hemorrhage management strategies with the intent to eliminate race-day medication.

The recent American College of Veterinary Internal Medicine review of existing EIPH research showed that there is very little research on alternative strategies beyond race-day furosemide. Few other medications have been studied and virtually no medication strategies outside race-day treatments have been researched.

The AAEP will pursue alternative EIPH strategies by facilitating a meeting of scientists, including experts in the fields of equine EIPH, pulmonary function and human sports medicine, with the stated goal of identifying research priorities that may yield effective alternatives to current race-day EIPH treatment protocols.
10. Upon finding efficacious methods to manage EIPH, the AAEP will propose that the Racing Medication & Testing Consortium amend its uniform medication policy in order to eliminate race-day medication.

If an alternative of equal or greater efficacy to furosemide can be found that will not require race-day administration, the AAEP will support the cessation of race-day furosemide.