

Amendment to Rule 1843.3, Penalties for Medication Violations
Filed with Secretary of State November 20, 2018
Effective January 1, 2019

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

request fm

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2018-0720-04	REGULATORY ACTION NUMBER 2018-1010-07S	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

<p>2018 OCT 10 P 3: 08</p> <p>OFFICE OF ADMINISTRATIVE LAW</p>	<p>NOV 20 2018</p> <p>4:08 p.m.</p>
NOTICE	REGULATIONS

ENDORSED - FILED
In the office of the Secretary of State of the State of California

AGENCY WITH RULEMAKING AUTHORITY
California Horse Racing Board

AGENCY FILE NUMBER (if any)
Z-2018-0720-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2018 31-2	PUBLICATION DATE 8/3/18	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Penalties for Medication Violations	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 1843.3
	REPEAL
TITLE(S) 4	

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Harold Coburn	TELEPHONE NUMBER (916) 263-6026	FAX NUMBER (Optional) (916) 263-6022	E-MAIL ADDRESS (Optional) haroldc@chr.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 10/10/18
TYPED NAME AND TITLE OF SIGNATORY Jacqueline Wagner, Assistant Executive Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 20 2018

Office of Administrative Law

CALIFORNIA HORSE RACING BOARD
 TITLE 4. CALIFORNIA CODE OF REGULATIONS
 ARTICLE 15. VETERINARY PRACTICES
 PROPOSED AMENDMENT OF
 RULE 1843.3. PENALTIES FOR MEDICATION VIOLATIONS.

(a) – through Category “C” Penalties, no changes

CATEGORY “C” PENALTIES FOR RULE 1844, AUTHORIZED MEDICATION (C) (1), (2), (3)

Penalties for violations due to overages for permitted non-steroidal anti-inflammatory drug substances (NSAIDs) as defined in Rule 1844 (c) (1), (2) and (3) of this division. All concentrations are for measurements in serum or plasma.

The official veterinarian shall consult with the treating veterinarian in all violations of 1844 (c). If the trainer has not had an 1844 (c) violation within the previous three years, the board of stewards may issue a warning in lieu of a fine for violations of 1844 (c)(1), phenylbutazone, provided the reported level is below 5.1 mcg/ml.

LICENSED TRAINER:	Phenylbutazone (2.1-<5.0 mcg/ml) Flunixin (20-<100 ng/ml) Ketoprofen (2-< 50 ng/ml)	Phenylbutazone (2.1-<5.0 mcg/ml) Flunixin (20-<100 ng/ml) Ketoprofen (2-< 50 ng/ml)
1st offense	2nd offense (within 365-day period)	3rd offense (within 365-day period)
◦ Minimum fine of \$500 to a maximum fine of \$1,000.	◦ Minimum fine of \$1,000 to a maximum fine of \$2,500.	◦ Minimum fine of \$2,500 to a maximum fine of \$5,000.
LICENSED OWNER:	Phenylbutazone (2.1-<5.0 mcg/ml) Flunixin (20-<100 ng/ml) Ketoprofen (2-< 50 ng/ml)	Phenylbutazone (2.1-<5.0 mcg/ml) Flunixin (20-<100 ng/ml) Ketoprofen (2-< 50 ng/ml)
1st offense	2nd offense (within 365-day period)	3rd offense (within 365-day period)
No penalty administered.	No penalty administered.	No penalty administered.
LICENSED TRAINER:	Phenylbutazone (≥ 5.1-10.0 mcg/ml) Flunixin (≥ 100 ng/ml) Ketoprofen (≥ 50 ng/ml)	Phenylbutazone (≥ 5.1-10.0 mcg/ml) Flunixin (≥ 100 ng/ml) Ketoprofen (≥ 50 ng/ml)
1st offense	2nd offense (within 365-day period)	3rd offense (within 365-day period)
◦ Minimum fine of \$1,000 to a maximum fine of \$2,500.	◦ Minimum fine of \$2,500 to a maximum fine of \$5,000.	◦ Minimum fine of \$5,000 to a maximum fine of \$10,000.
LICENSED OWNER:	Phenylbutazone (≥ 5.0 mcg/ml) Flunixin (≥ 100 ng/ml) Ketoprofen (≥ 50 ng/ml)	Phenylbutazone (≥ 5.0 mcg/ml) Flunixin (≥ 100 ng/ml) Ketoprofen (≥ 50 ng/ml)
1st offense	2nd offense (within 365-day period)	3rd offense (within 365-day period)
◦ Horse must pass Board-approved examination	◦ Disqualification of horse and loss of purse. If same horse, placed on veterinarian’s list for up to 45-days, must	◦ Disqualification of horse and loss of purse. Minimum \$5,000 fine. If same horse, placed on veterinarian’s list

pursuant to Rule 1846 before being eligible to run	pass Board-approved examination pursuant to Rule 1846 before being eligible to run.	for 60 days, must pass Board-approved examination pursuant to Rule 1846 before being eligible to run.
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(e) – (l) No Changes

Authority: Sections 19440, 19461 and 19580,
Business and Professions Code.

Reference: Sections 19461, 19580, 19581 and 19582,
Business and Professions Code; and Section 11425.50, Government Code.