

New York State
Racing and Wagering Board

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**NYS RACING & WAGERING BOARD TAKES TWO SIGNIFICANT ACTIONS TO
IMPROVE SAFETY AND INTEGRITY OF NEW YORK HORSE RACING**

**BOARD ISSUES EMERGENCY RULE REQUIRING MINIMUM PRICE FOR
THOROUGHBRED CLAIMING RACES TO BE NO LESS THAN 50 PERCENT OF
PURSE**

BOARD CONSIDERING LASIX RULEMAKING, SEEKS PUBLIC COMMENT

The New York State Racing and Wagering Board today took two significant actions to increase safety and integrity of horse racing in New York State.

The Board issued an emergency rule that significantly reduces the incentive of owners and trainers to enter horses in claiming races where they could be outperformed to the point of serious injury or death to the horse or jockey. The rule requires a proportional economic relationship between the purse offered in a claiming race and the value of a claiming horse. Specifically, it requires that the minimum price of a horse entered into a claiming race be at least half the value of the purse of the race.

The Racing and Wagering Board is also considering changing its rules regarding the use of Furosemide (also known as Salix or Lasix) in horse racing. The Board today opened a two week public comment period from the horse racing industry on the widely used diuretic.

“We are taking significant action today to address the significant challenges facing horse racing,” Racing and Wagering Board Chairman John D. Sabini said. “There are serious and valid concerns about the safety of racehorses and their riders. The emergency rule we are enacting today creates a more equal and safer playing field in Thoroughbred racing in our state, eliminating the enticement for owners and trainers to put underperforming horses in races where they are pushed beyond their physical capacity. Additionally, the Board’s consideration of changing its raceday drug policies starts a conversation whose time has come.”

EMERGENCY CLAIM RULE:

A claiming horse is, in effect, offered for sale at a designated price within the range of the claiming race at which they are entered. The potential buyer of a horse in a claiming race must enter their claim before the race begins.

The previous claiming rule, which had a flat threshold of \$1,200, does not account for the increase of purses due to the proliferation of video lottery terminals (VLTs). VLTs opened at Aqueduct on October 28, 2011, leading to substantially increased purses at tracks operated by The New York Racing Association, Inc. (NYRA). The new rule applies to racing at NYRA and Finger Lakes.

The emergency rule, which is consistent with a recommendation from the American Association of Equine Practitioners, institutes a sliding scale to accommodate the potential rise or fall of claiming purses in the future. The full text of the rule is at the end of this release.

Since November 2011, 22 Thoroughbred horses at Aqueduct were entered in claiming races were injured and subsequently died. Their deaths have prompted comprehensive and ongoing analyses of the circumstances and possible causes by both the Racing and Wagering Board and the newly formed New York Task Force on Racehorse Health and Safety.

PROPOSED RULEMAKING ON LASIX:

The drug Furosemide (also known as Salix and Lasix) is a diuretic used as a prophylactic to treat exercise-induced pulmonary hemorrhaging (EIPH) and to optimize race performance by weight loss. Its use for horses on race day is banned everywhere but North America.

The use and regulation of Furosemide for race horses is a complex and controversial issue. It impacts industry participants including owners and trainers, track operators, breeders and fans.

The Racing and Wagering Board is considering the proposal of a rule concerning the use of Lasix for race horses. As part of this preliminary process, the Board is requesting input from the industry and public at large concerning the use and regulation of Lasix. Among the questions posed to the industry:

- What is the cost/benefit analysis of Lasix overall? For example, does the annual cost of Lasix shots plus the impact on the breed exceed the aggregate benefit for horses that are kept in racing, the prophylactic value, and the avoidance of costly alternatives (e.g., prolonged rest)? What alternatives are available?
- How can a Lasix ban be introduced without causing major disruption and hardship? For example, proponents favor banning race day Lasix starting with two-year-old horses. Some suggest banning race day Lasix for major stakes races because of the impact on fan perception. Others suggest that dosage levels be gradually reduced each year. Should a racing circuit be available for horses that need Lasix to treat significant EIPH and keep racing?
- What are the costs if Lasix use is curtailed? Who should bear the costs if Lasix is banned or curtailed? I.e., will individual owners and trainers bear the entire cost? Is there affordable insurance against the risk that a horse might be unable to race because of EIPH? Should breeders contribute? Will racetracks be able to attract enough horses to fill fields and how will that affect handle, revenue, and tax receipts?

- Is giving Lasix to all horses before any exertion actually a prophylactic? I.e., is there any scientific data that treating all horses before any exertion improves the prognosis of horses that experience a significant (grade 3 or 4) EIPH?
- What is the impact on fan support of allowing Lasix on race day?
- How will trainers react to a Lasix ban? What substitutes will be used and what impact will they have on race integrity and horse safety? Can they be readily detected like Lasix?
- More generally, what are the most effective and practical steps for regulators to take to improve the safety and integrity issues caused by drug administrations to race horses? What other equine drug policy changes could reduce injuries and enhance the integrity of horse racing? Should regulators take a stricter approach, e.g., owner responsibility for drug positives, breeder liability for fatalities resulting from bone defects caused by overfeeding young horses, mandatory recuperation periods for horses that have sustained a soft tissue injury? Are the therapeutic drugs and treatments that mask the sensation of pain in a horse in the long run contributing to more breakdowns and less productive racing lives of race horses?

The Board is continuing its internal review of the circumstances regarding the number of equine fatalities at Aqueduct during its inner track meet. More actions and rule changes may be introduced in the near future. Additionally, the New York Task Force on Racehorse Health and Safety is continuing its investigation.

FULL TEXT OF EMERGENCY CLAIM RULE

(Deletions are bracketed and new text is underlined)

4038.2. Minimum price for claim.

The minimum price for which a horse may be entered in a claiming race shall [be \$1,200.] not be less than fifty percent of the value of the purse for the race.

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