



M E M O R A N D U M

TO: All Major League Baseball and Major League Club Non-Playing Personnel

FROM: Commissioner Robert D. Manfred, Jr.

DATE: March 15, 2022

RE: Drug Policy and Prevention Program for Non-Playing Personnel

This memorandum sets forth Major League Baseball's Drug Policy and Prevention Program for Non-Playing Personnel (the "Program").

1. EMPLOYEES COVERED UNDER THE PROGRAM

The Program covers all employees and independent contractors of Major League Clubs at both the Major League and Minor League level with the exception of Players and Major League umpires who are covered by separate policies. The Program also covers all employees and independent contractors of the Office of the Commissioner of Baseball, Major League Baseball Properties, Inc., MLB Advanced Media, L.P., MLB Media Holdings, L.P., MLB Online Services, Inc., The MLB Network, LLC, Major League Baseball's Dominican Republic Office, and each of their respective present and future affiliates. Individuals covered by this Program are collectively referred to as "Covered Individuals."

2. DRUG POLICY OVERSIGHT COMMITTEE

The Drug Policy Oversight Committee ("DPOC") is responsible for administering and overseeing the Program. DPOC shall be comprised of the Office of the Commissioner's Consultant on Behavioral Health and Addiction (the "Addiction Consultant"), the Office of the Commissioner's Drug Program Medical Representative (the "Medical Representative"), and three other members appointed by the Commissioner. The current members of DPOC are Laurence M. Westreich, M.D., Bryan W. Smith, M.D., Daniel R. Halem, Jonathan D. Coyles, and Lindsey A. Ingraham. DPOC shall be responsible for: (i) administering the Program's testing requirements; (ii) supervising the collection procedures of the Program; (iii) effectively resolving any appeals of discipline imposed as a result of violations of the Program; (iv) establishing uniform guidelines and requirements of Club Employee Assistance Programs and monitoring the performance of each Club's Employee Assistance Professional ("EAP"); (v) creating individualized Treatment Programs; (vi) overseeing the Therapeutic Use Exemption ("TUE") process of the Program; (vii) developing educational programs and materials supporting the objectives of the Program; and (viii) taking any and all other reasonable actions necessary to ensure the proper and efficient operation of the Program.

3. PROHIBITED SUBSTANCES

Covered Individuals are prohibited from using, possessing, distributing, or selling (or assisting in the distribution or sale of) any Drug of Abuse, Stimulant, and/or Performance Enhancing Substance (collectively referred to as “Prohibited Substances”).

A. Drugs of Abuse

Any and all drugs or substances included on Schedules I and II of the Code of Federal Regulations’ Schedule of Controlled Substances (“Schedule I or Schedule II”), as amended from time to time, shall be considered a Drug of Abuse covered by the Program (excluding those Schedule I and II substances included as Stimulants or Performance Enhancing Substances below). Moreover, any drug or substance that is not included in either Schedule I or II shall be considered a Drug of Abuse if it: (i) is similar in nature to a substance in Schedule I or II; (ii) cannot be taken lawfully without a valid prescription and has the potential for abuse; or (iii) cannot be obtained lawfully or used in the United States. The following is a non-exhaustive list of Drugs of Abuse covered by the Program:

1. Synthetic Cannabinoids (*e.g.*, K2, Spice, and JWH compounds)
2. Cocaine
3. Narcotics (*e.g.*, Codeine, Fentanyl and its derivatives, Heroin, Hydrocodone, and Oxycodone)
4. Methamphetamine (Methylamphetamine)
5. Methylenedioxyamphetamine (MDA)
6. Methylenedioxymethamphetamine (MDMA, Ecstasy)
7. “Bath Salts” (*e.g.*, Cathinone and its analogues, Synthetic Cathinones, and MDPV)
8. GHB
9. LSD
10. Phencyclidine (PCP)

B. Stimulants

The following substances (including both their D and L isomers where relevant) shall be considered Stimulants under the Program. Notwithstanding the foregoing, DPOC reserves the right to add a Stimulant at any time.

Adrafinil, Amfepramone, Amiphenazole, Amphetamine, Amphetaminil, Armodafinil, Benfluorex, Benzphetamine, Benzylpiperazine, Bromantan, Fonturacetam (Carpheon), Cathine (Norpseudoephedrine), Chlorphentermine, Clobenzorex, Clortermine, Cropropamide, Crotetamide, Dimethylamylamine, Dimethylamphetamine, 1,3-Dimethylbutylamine (DMBA), Ephedrine, Etamivan, Ethlyamphetamine, Etilefrine, Famprofazone, Fenbutrazate, Fencamine, Fencamfamine, Fenethylline, Fenfluramine, Fenproporex, Furfenorex, Heptaminol, Hydrafinil (Fluorenol), Isometheptene, Levmetamphetamine, Lisdexamphetamine, Meclofenoxate, Mefenorex, Mephentermine, Mesocarb, Methylephedrine, Methylhexaneamine (Dimethylpentylamine, DMAA),

Methylphenidate, Modafinil, N,alpha- Diethylphenylethylamine (N,a-DEPEA), N-ethyl-1-phenyl-2-butanamine, Nikethamide, Norfenefrine, Norfenfluramine, Octodrine (DMHA), Octopamine, Oxilofrine (Methylsynephrine), Parahydroxyamphetamine, Pemoline, Pentetrazol, Phendimetrazine, Phenethylamine, Phenmetrazine, Phenpromethamine, Phentermine, Prenylamine, Prolintane, Propylhexedrine, Selegiline, Sibutramine, Strychnine, Tuaminoheptane, and other substances with a similar chemical structure or similar biologic effect(s).

C. Performance Enhancing Substances

The following substances shall be considered Performance Enhancing Substances under the Program. Notwithstanding the foregoing, DPOC reserves the right to add a Performance Enhancing Substance at any time.

1. Anabolic Agents

- a. Any and all Anabolic Androgenic Steroids included on Schedule III of the Code of Federal Regulations' Schedule of Controlled Substances ("Schedule III"), as amended from time to time, shall be considered a Performance Enhancing Substance covered by the Program. Anabolic Androgenic Steroids that are not included in Schedule III but that may not be lawfully obtained or used in the United States (including "designer steroids" and peptide hormones) shall also be considered Performance Enhancing Substances covered by the Program. The following is a non-exhaustive list of Anabolic Androgenic Steroids that are covered by the Program:

1-Androstenediol, 1-Androstenedione, 4-Hydroxytestosterone, 7-Keto-DHEA, Androstadienedione, Androstanediol, Androstanedione, Androstanolone, Androstenediol, Androstenedione, Androst-2-en-17-one (2-Androstenone, Delta-2), Androsterone, Bolandiol, Bolasterone, Boldenone, Boldione, Calusterone, Clostebol (Chlortestosterone), Danazol, Dehydrochlormethyltestosterone (DHCMT, Turinabol), Dehydroepiandrosterone (DHEA), Desoxymethyltestosterone (DMT, Madol), Dihydrotestosterone, Drostanolone, Epiandrosterone, Epi-dihydrotestosterone, Epitestosterone, Ethylestrenol, Fluoxymesterone, Formebolone, Furazabol, Gestrinone, Halodrol, Mestanolone, Mesterolone, Methandienone, Methandiol, Methasterone (Superdrol), Methenolone, Methylclostebol, Methyldienolone, Methylnortestosterone, Methylstenbolone (Ultradrol, M-Sten), Methyltestosterone, Methyltrienolone (Metribolone), Mibolone, Nandrolone, Norandrostenediol, Norandrostenedione, Norandrosterone, Norbolethone (Genabol), Norclostebol, Norethandrolone, Noretiocholanolone, Oxabolone, Oxandrolone, Oxymesterone, Oxymetholone, Prasterone (DHEA), Promagnon, Prostanazolol, Quinbolone, Stanozolol, Stenbolone, Testosterone, Tetrahydrogestrinone, Tibolone, Trenbolone, and other substances with a similar chemical structure or similar biologic effect(s).

- b. Other Anabolic Agents including, but not limited to, Clenbuterol, Selective Androgen Receptor Modulators (SARMs) (e.g., Andarine, LGD-4033 (Ligandrol), Ostarine, and RAD140 (Testolone)), Zeranol, and Zilpaterol.

2. Peptide Hormones, Growth Factors and Related Substances

The following substances, and other substances with a similar chemical structure or similar biological effect(s), are prohibited:

- a. Growth Hormone, its analogues and fragments, including, but not limited to:
 - i. Growth Hormone Analogues (e.g., Lonapegsomatropin, Somapacitan and Somatrogen); and
 - ii. Growth Hormone Fragments (e.g., AOD-9604 and hGH 176-191).
- b. Growth Hormone Releasing Factors, including up not limited to:
 - i. Growth Hormone Releasing Hormone (GHRH) (e.g., CJC-1295, Sermorelin, and Tesamorelin);
 - ii. Growth Hormone Secretagogues (GHS) (e.g., Ghrelin and its Mimetics (e.g., Anamorelin, Ibutamoren (MK-0677), and Ipamorelin)); and
 - iii. Growth Hormone Releasing Peptides (GHRP) (e.g., Alexamorelin, GHRP-2 (Pralmorelin), GHRP-6, and Hexarelin).
- c. Insulin-Like Growth Factor-1 (IGF-1) including all analogs and isomers of IGF- 1 (e.g., Mechano Growth Factors (MGFs) and Thymosin Beta 4 (TB-500));
- d. Human Chorionic Gonadotrophin (hCG), Luteinizing Hormone (LH) and their releasing factors (e.g., Buserelin, Deslorelin, Gonadorelin, Goserelin, Leuprorelin, Nafarelin, and Triptorelin);
- e. Corticotrophins and their releasing factors (e.g., Corticorelin); and
- f. Erythropoiesis-Stimulating Agents (e.g., Erythropoietin (EPO), Darbepoetin (dEPO), Hematide, and Methoxy polyethylene glycol-epoetin beta (CERA)).

3. Hormone and Metabolic Modulators

The following substances, and other substances with a similar chemical structure or similar biological effect(s), are prohibited:

- a. Aromatase Inhibitors including, but not limited to, Anastrozole, Androstatrienedione (ATD), Androstenedione (6-OXO), Aminoglutethimide, Arimistane, Exemestane, Formestane, Letrozole, and Testolactone;
- b. Selective Estrogen Receptor Modulators (SERMs), including, but not limited to, Bazedoxifene, Ospemifene, Raloxifene, Tamoxifen, and Toremifene;
- c. Other Anti-Estrogenic Substances including, but not limited to, Clomiphene, Cyclofenil, and Fulvestrant;
- d. Agents modifying myostatin function(s) including, but not limited to, Myostatin Inhibitors (*e.g.*, Follistatin);
- e. Metabolic modulators, including Peroxisome Proliferator Activated Receptor δ (PPAR δ) agonists, including GW1516, GW50516, GW0742, activators of the AMP- activated protein kinase (AMPK) (*e.g.*, AICAR and SR9009 (Stenabolic)), Meldonium (Mildronate), and Trimetazidine; and
- f. HIF Stabilizers, including Roxadustat (FG-4592), Molidustat (BAY 85-3934), FG-2216, and BAY 87-2243.

4. PROHIBITION OF SYRINGES

The use and possession of a syringe or any injectable substance (including injection by or of others) by Covered Individuals in any Club facility, Club-provided housing (including academies and hotels), or while traveling with the Club is prohibited under the Program. Bottles, packaging, and package inserts may constitute evidence of the use or possession of an injectable substance. Any Covered Individual who is determined to have used or possessed a syringe or any injectable substance for any reason (including, but not limited to, intravenous infusions and the injection of others) without the express approval of a Club physician will be subject to discipline under Section 12 of the Program.

5. NUTRITIONAL AND DIETARY SUPPLEMENTS

Because the nutritional and dietary supplement industry is not subject to stringent government regulation, over-the-counter nutritional and dietary supplements may be mislabeled, or may contain or be contaminated with a Prohibited Substance that is not listed as an ingredient on the label. As a result, a Covered Individual may test positive for a Prohibited Substance as a result of taking a supplement. Such test results will be deemed a positive test result pursuant to Section 9 below even if the Covered Individual claims he or she was not aware that the supplement contained a Prohibited Substance, was mislabeled or was contaminated. The only supplements that can be used without the risk of a positive test result are supplements that have been certified under the NSF Certified for Sport program. The NSF Certified for Sport program provides a guarantee that the product does not contain any Prohibited Substances. An up-to-date list of NSF Certified for Sport products is available at www.NSFsport.com or on the NSF Certified for Sport Smartphone app.

Clubs are permitted to include in the Clubhouse and/or otherwise supply to Players only (i) nutritional or dietary supplements (including functional food products) that have been certified under the NSF Certified for Sport program. In the event a Covered Individual distributes a product to a Player that does not meet this criteria, and ingestion of the product results in a positive test result, the Covered Individual will be subject to discipline in the discretion of the Commissioner pursuant to Section 12 below, and the Covered Individual's Club will be subject to a fine or other penalty imposed by the Commissioner. If a Covered Individual has a question regarding a nutritional supplement or a functional food product, he or she should contact Jon Coyles at the Office of the Commissioner at 212-931-7859 or jon.coyles@mlb.com.

6. RANDOM TESTING

A. Covered Individuals Subject to Random Testing

To the extent permitted by law, all full-time and part-time Covered Individuals in the United States will be subject to random drug testing during the 2022 season. Covered Individuals may be subject to up to four unannounced tests per year. Covered Individuals who test positive in a random test will be subject to additional follow-up testing.

B. Covered Individuals Subject to a Mandatory Test

To the extent permitted by law, all full-time and part-time Covered Individuals holding the following Clubhouse positions (or similar positions) in the United States will be subject to at least one unannounced drug test on a randomly selected date during the 2022 season:

Field Manager, Uniformed Coaches, Non-Uniformed Coaches and Instructors, Athletic Trainers, Assistant Athletic Trainers, Mental Skills/Performance Coaches, Club Psychologists, Traveling Secretary, Clubhouse Manager, Clubhouse Attendants, Equipment Managers, Strength and Conditioning Coaches, Video Technicians, Translators, Massage Therapists, Chiropractors, Physical Therapists, Nutritionists, Dieticians, and Chefs.

C. Collection Procedures and Testing Protocols

In Major League Clubhouses, specimen collections of Covered Individuals will be performed by Comprehensive Drug Testing ("CDT"), the same company that performs collections on Major League Players. In Minor League Clubhouses, and at all other entities operated by Major League Baseball, specimen collections of Covered Individuals will be performed by Drug Free Sport International, the same entity that performs collections on Minor League players. Similar collection procedures and protocols that apply to collections for Players will apply to collections for Covered Individuals.

All specimens collected under the Program will be sent to the UCLA Olympic Laboratory in Los Angeles, CA, a World Anti-Doping Agency accredited laboratory, for testing.

D. Consent Forms

All Clubs whose Covered Individuals are subject to random testing are required to submit a list of the names of all Covered Individuals at the Major and Minor League level holding the positions (or similar positions) listed in Section 6.B above. Clubs already submit a list of individuals meeting the above criteria as part of the Office of the Commissioner's policy on background checks. Each Club currently has at least one designated individual responsible for submitting this list via the Background Information Gateway System (BIGS). To ensure compliance with this random drug testing policy, it is recommended that each Club's BIGS administrator verifies that its personnel list is up-to-date and accurate before submission.

All Covered Individuals holding the positions (or similar positions) listed in Section 6.B above will receive an electronic Consent and Acknowledgement of Drug Testing form via the BIGS after receipt of the updated personnel list from each Club. All Covered Individuals are required to sign (via electronic signature) and return a completed drug testing form within 10 days of receipt, even if they have signed a hard copy of the form in a previous season. All other Covered Individuals who are selected for random testing will be required to sign a form at the time of the collection.

7. REASONABLE CAUSE TESTING

In the event that the Office of the Commissioner has information that gives it reasonable cause to believe that a Covered Individual has engaged in the use, possession, distribution, or sale of a Prohibited Substance, the Covered Individual will be subject to immediate testing.

8. FOLLOW-UP TESTING

A Covered Individual who has tested positive for a Prohibited Substance, or has otherwise violated the Program through the use, possession, distribution, or sale of a Prohibited Substance, shall be subject to mandatory follow-up testing. The number of mandatory follow-up tests shall be determined by DPOC. Follow-up testing shall be in addition to any testing conducted pursuant to Sections 6 and 7 above. If a Covered Individual tests positive for a Prohibited Substance in any follow-up test, he will be subject to the discipline set forth in Section 12.

9. POSITIVE TEST RESULTS

Any test conducted under the Program will be considered "positive" if:

1. Any Prohibited Substance is detected in the specimen provided by the Covered Individual;
2. A Covered Individual refuses to take a test, fails to appear for a scheduled test, or attempts to evade a test; or
3. A Covered Individual attempts to substitute, dilute, mask, or adulterate a specimen,

attempts to impair the excretion of a Prohibited Substance in a specimen, or attempts to tamper with a test in any way (including, but not limited to, catherization, specimen substitution, and/or adulteration).

10. EVALUATION AND TREATMENT FOR DRUGS OF ABUSE

A. Voluntary Self-Referral

Covered Individuals who voluntarily come forward and admit to using a Drug of Abuse for the first time will not be subject to discipline but shall receive an in-person evaluation from an addiction specialist approved by DPOC within 30 days of notice of the violation. The addiction specialist shall be independent and not affiliated with any Club. The purpose of the evaluation is to determine the type of Treatment Program that, in the opinion of the addiction specialist, would be most effective for the Covered Individual involved. Following the evaluation, the Addiction Consultant and/or the EAP shall review the treatment recommendations of the addiction specialist and consult with DPOC in order to develop a Treatment Program for the Covered Individual. The Treatment Program may include any or all of the following: counseling, in-patient treatment, outpatient treatment, and follow-up testing. The Covered Individual will be informed of the duration of the Treatment Program, and the steps required to satisfactorily complete it. Failure to adhere to the requirements of a Treatment Program may result in discipline.

B. Positive Test Results

Covered Individuals who test positive for a Drug of Abuse, or are determined to have used or possessed a Drug of Abuse through other evidence, shall receive an in-person evaluation from an addiction specialist approved by DPOC within 30 days of notice of the violation. The addiction specialist shall be independent and not affiliated with any Club. The purpose of the evaluation is to determine the type of Treatment Program that, in the opinion of the addiction specialist, would be most effective for the Covered Individual involved. Following the evaluation, the Addiction Consultant and/or the EAP shall review the treatment recommendations of the addiction specialist and consult with DPOC in order to develop a Treatment Program for the Covered Individual. The Treatment Program may include any or all of the following: counseling, in-patient treatment, outpatient treatment, and follow-up testing. The Covered Individual will be informed of the duration of the Treatment Program, and the required steps to satisfactorily complete it. Such Covered Individuals also may be subject to discipline under the Program.

11. THERAPEUTIC USE EXEMPTION

A. Standard

Covered Individuals authorized to administer or ingest a Prohibited Substance through a valid, medically appropriate prescription provided by a duly licensed physician may apply to receive a Therapeutic Use Exemption (“TUE”) for the Prohibited Substance. To be “medically appropriate,” the Covered Individual must have a documented medical need under the standards

of care accepted in the United States or Canada for the prescription in the prescribed dosage. The use of a Prohibited Substance to increase “low-normal” levels of any endogenous hormone will not be considered medically appropriate. The Medical Representative may consult with independent experts regarding any TUE application, and will consider, among other factors, whether there is a reasonable therapeutic alternative to the use of a Prohibited Substance and whether the documented medical need is a consequence, wholly or in part, of prior non-therapeutic use of a Prohibited Substance. For all TUE applications for Controlled Substances, the treating/prescribing physician may not be a Club-affiliated physician.

A specimen which is found to contain a Prohibited Substance will not be deemed a positive test result if such specimen was provided by a Covered Individual with a TUE for the Prohibited Substance. A Covered Individual with a TUE for a Prohibited Substance also does not violate the Program for possessing or using the specific medication for which the TUE was granted.

B. Procedure

To obtain a TUE, a Covered Individual who is subject to a mandatory test (See Section 6.B above) should complete the form attached as Addendum A hereto and forward a completed copy along with a copy of their prescription to the Medical Representative before a drug test is conducted under the Program. All other Covered Individuals do not need to apply for a TUE before a drug test is conducted but should request a TUE from the Medical Representative if they are selected for random testing. The Medical Representative’s contact information is:

Bryan W. Smith, M.D.
Phone: 336-460-1935
Fax: 336-882-7127
E-mail: Bryan.Smith@mlb.com

The Medical Representative may request that additional medical documentation be provided to support a TUE application. All medical information provided to the Medical Representative will be kept strictly confidential and will not be disclosed to anyone other than the members of DPOC. The Medical Representative will notify DPOC and the Covered Individual whether the application for a TUE has been approved. Unless the Medical Representative determines otherwise, the maximum effective period of a TUE is one year. A TUE is not automatically renewed. A Covered Individual must apply for a renewal of the TUE on an annual basis if he or she is still taking the prescribed medication.

12. DISCIPLINE

Covered Individuals who violate the Program will be subject to discipline. Conduct for which discipline may be assessed includes, but is not limited to, the following:

1. A positive test result for a Prohibited Substance;
2. The use or possession of a Prohibited Substance based on evidence other than a

- positive test result;
3. Failure to comply with a Treatment Program;
 4. Misuse of a prescription medication;
 5. A conviction or guilty plea (including a plea of *nolo contendere* or a similar plea) to any crime involving the use, possession, distribution, or sale of a Prohibited Substance;
 6. Participation in the distribution or sale of a Prohibited Substance;
 7. Failure to cooperate fully with an investigation conducted by the Office of the Commissioner's Department of Investigations into the use, possession, distribution or sale of Prohibited Substances by anyone associated with Major League Baseball (including refusing to answer questions or providing untruthful or incomplete information in an investigatory interview);
 8. Any attempt (either directly or indirectly) to cover-up a violation of the Program, or interfere with an investigation conducted by the Department of Investigations, through the destruction or concealment of evidence, the creation of fraudulent evidence, the inducement of individuals to lie or refuse to cooperate in an investigation, or the coercion or intimidation of witnesses;
 9. Distributing a nutritional or dietary supplement to a Player that has not been certified under the NSF Certified for Sport program, where the ingestion of the supplement results in a positive test result;
 10. Use or possession of a syringe or any injectable substance in any Club facility, Club-provided housing (including academies and hotels), or while traveling with the Club.

Any violation of the Program involving a Performance Enhancing Substance, or a violation involving the distribution or sale of a Drug of Abuse or Stimulant, will result in discipline, in the sole discretion of the Commissioner, ranging from a minimum of a 50-day unpaid suspension to permanent expulsion from the game. Violations of the Program involving the use or possession of a syringe or injectable substance will result in a minimum 25-day unpaid suspension. Violations of the Program involving the use or possession of a Drug of Abuse or Stimulant will be assessed by the Commissioner on a case-by-case basis to determine whether discipline is warranted. In addition to the discipline imposed by the Office of the Commissioner, Covered Individuals may be subject to discipline by their Clubs, including termination of their employment, for the use, possession, distribution or sale of Prohibited Substances.

In the event a Covered Individual distributes a Prohibited Substance to either a Player or another Covered Individual, the Club may be fined in an amount up to \$2,000,000, the highest allowable amount under the Major League Constitution. In addition, the Covered Individual

who distributed the substance will be subject to discipline, in the sole discretion of the Commissioner, up to and including a permanent ban from Baseball.

13. APPEALS

A. Basis for Appeal

A Covered Individual only will be permitted to appeal a positive test result if: (i) the Covered Individual has sufficient reason to believe that the chain-of-custody of his/her urine specimen was not properly administered and that error resulted in the positive test result; (ii) the Covered Individual has sufficient reason to believe that the laboratory did not properly administer the test; (iii) the Covered Individual asserts entitlement to a TUE (pursuant to Section 11 above); or (iv) in its sole discretion, DPOC determines that the Covered Individual raises exceptional circumstances on the positive test result or violation of the Program.

B. Process for Appeal

1. In order to file an appeal based on the foregoing grounds, a Covered Individual must submit a written request stating the basis for the appeal within 48 hours of being informed of the positive test result. The written request must be sent by e-mail to:

Jonathan D. Coyles
Office of the Commissioner
1271 Avenue of the Americas
New York, NY 10020
Phone: 212-931-7859
E-mail: Jon.Coyles@mlb.com

2. If the appeal is based on an asserted entitlement to a TUE, medical information **should not** be sent with the appeal. The appeal should merely state that the Covered Individual is asserting an entitlement to a TUE. After receipt of the appeal, the Covered Individual will be instructed on how to submit medical information directly to the Medical Representative.
3. If a Covered Individual requests that their "B" specimen be tested to support an assertion that the laboratory erroneously tested his/her "A" specimen, the Covered Individual will be required to pay for the test before the test is conducted. A check in the amount of \$300 (made payable to Major League Baseball) must be received by the Office of the Commissioner within seven days of the date that the appeal was filed. In the event that the Covered Individual's appeal is granted by DPOC, the Office of the Commissioner will reimburse the Covered Individual for the cost of the "B" specimen test.
4. If requested by the Covered Individual, and in the discretion of DPOC, the Covered Individual will be afforded a telephone hearing to allow him/her an

opportunity to present any evidence or witnesses that he/she believes is relevant to the appeal.

5. The telephone hearing conducted by a member of DPOC will be informal and non-adversarial. All evidence must be presented by the Covered Individual to DPOC within 48 hours of the conclusion of the telephone hearing. DPOC will make a determination whether the discipline should be sustained, modified, or rescinded.
6. All decisions regarding appeals of discipline shall be in the sole discretion of DPOC. A Covered Individual's discipline will be held in abeyance until DPOC makes a decision on an appeal. DPOC shall render a written decision to the Club and the Covered Individual as soon as practicable, and may sustain, modify, or rescind the discipline originally imposed. The decision by DPOC shall constitute full, final and complete disposition of the appeal, and shall not be appealable in any forum.

14. CONFIDENTIALITY

The confidentiality of Covered Individuals' medical conditions, prescriptions and test results will be protected to the maximum extent possible and as required by law. Information submitted to the Medical Representative in support of a TUE will be disclosed only to members of DPOC on an as needed basis and to no other individuals.

15. CONFORMITY WITH LAW

The Office of the Commissioner will implement and enforce the Program in a manner consistent with federal, state and local laws, and, where necessary, modify the Program in certain jurisdictions to conform to local law.

16. INFORMATION

Covered Individuals who have questions about the Program should contact Jon Coyles or Lindsey Ingraham. Issues related to TUEs should be directed to your Club's TUE Coordinator or Dr. Bryan Smith.

ADDENDUM A

**Request for Non-Playing Personnel
Therapeutic Use Exemption (“TUE”)**

Only those Covered Individuals who are subject to a mandatory test (See Section 6.B of the Program) should complete this form. Please complete ALL sections and send to the Medical Representative of the Program, Dr. Bryan Smith, by e- mail (Bryan.Smith@mlb.com) or by fax (336-882-7127). Dr. Smith can also be reached by phone at 336-460-1935.

Club Personnel Information:

Last Name: _____ First Name: _____
Address: _____
E-mail: _____ Cell Phone: _____
Club: _____ Position: _____
Date of Birth: _____

Medical Information:

Prescribing Physician’s Name: _____
Address: _____
Phone Number: _____ E-mail or Fax: _____
Medical Condition or Diagnosis: _____

Medication(s) on the Prohibited Substances List for Which Requesting a TUE:

1. _____
2. _____

TUE Information: New TUE? Yes: _____ Renewal TUE? Yes: _____
Year of Most Recent TUE: _____

Important Notice: If you are subject to a mandatory test and use any Prohibited Substance before applying for and receiving a TUE, you are at risk of violating the Program.

Signature: _____ **Date:** _____