

# SENATE STANDING COMMITTEE ON RACING, GAMING, AND WAGERING ASSEMBLY STANDING COMMITTEE ON RACING AND WAGERING

#### NOTICE OF JOINT PUBLIC HEARING

**SUBJECT**: Mobile Sports Betting in NY: A First Year Review & Its Budget Impact

<u>PURPOSE</u>: This hearing will review Mobile Sports Wagering's first year in operation and its

impact on the New York State Budget.

Tuesday
January 31, 2023
9:30 am
Hearing Room A
Legislative Office Building
Albany, New York 12248

### ORAL TESTIMONY BY INVITATION ONLY

On November 8, 2021, the Gaming Commission authorized nine operators to run mobile sports wagering in New York State. As of the end of October of this year, it has generated \$542 million in taxes, and \$200 million in licensing fees for a total of more than \$740 million in revenue, most of which is for the support of New York's education system. As the first year of mobile sports wagering implementation comes to an end, the committees are interested in examining the overall economic impact that mobile sports wagering will have on the New York State Budget.

Persons invited to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes duration. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Committees, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to State Legislature facilities and activities.

Joseph P. Addabbo, Jr. Member of the Senate Chair, Committee on Racing, Gaming and Wagering J. Gary Pretlow Member of the Assembly Chair, Committee on Racing and Wagering

# **PUBLIC HEARING REPLY FORM**

Persons invited to present testimony at the public hearing on the evaluation of the impact of mobile sports wagering on the New York State budget are requested to complete this reply form as soon as possible: by Jan. 27 for seeking to attend in person, and by Jan. 30, for those seeking to submit written testimony. Please return this form by mail, email, or fax to both:

Shanna Cassidy
Committee Director
Senate Standing Committee on Racing,
Gaming and Wagering
Room 811, Legislative Office Building
Albany, New York 12247
Email: cassidy@nysenate.gov

nail: cassidy@nysenate.gov Phone: (518) 455-2322 Fax: (518) 426-6875 Spiro Sokaris
Analyst
Assembly Standing Committee on Racing and
Wagering
Room 513, Capitol
Albany, New York 12248
Email: sokariss@nyassembly.gov

Phone: (518) 455-4313 Fax: (518) 455-7250

# **Oral Testimony by Invitation Only**

	I plan to attend the public hearing on the examination of mobile sports wagering in New York State to be conducted by the Joint Committees on January 31, 2023.
	I have been invited to make a public statement at the above hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
	I will address my remarks to the following subjects:
	I do not also to otton debo oboso bossino
	I do not plan to attend the above hearing.
	I would like to be added to the Committee mailing list for notices and reports.
	I would like to be removed from the Committee mailing list.
	I will require assistance and/or handicapped accessibility information.
	Please specify the type of assistance required:
NAMI	B:
TITLE	3:
ORGA	ANIZATION:
ADDR	RESS:
E-MA	IL:
TELE	PHONE / FAX: