



March 4, 2024

Senator Jordan Rasmusson  
95 University Avenue W.  
Minnesota Senate Bldg., Room 2409  
St. Paul, MN 55155

Dear Senator Rasmusson:

I am writing to you to support the amendments you offer to S.F. 1949. The proposed amendments will help to make the legislation significantly safer in terms of its potential public health impact for Minnesotans.

The legislation, as you know, does not address a conventional consumer product. Gambling, particularly sports gambling, is a known addictive product similar in its effect on the brain to opioids/opiates, tobacco, alcohol, and cocaine. In 2013 the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) recognized gambling disorder as the very first non-substance-related addiction disorder.<sup>1</sup> This recognition of gambling as an addictive product was followed in 2017 and 2019 by the World Health Organization and codified in the International Statistical Classification of Diseases and Related Health Problems.<sup>2</sup>

I, along with my colleagues Richard Daynard and Harry Levant, are working hard to develop a public health response to the incredibly rapid spread of sports gambling throughout the United States. We do not oppose sports gambling. Rather, we are focused on promoting the use of controls to minimize the public health risks posed by marketing an addictive product. Like other higher risk consumer products, it is our responsibility to provide guardrails to the public to provide protection from the forms of those products that pose the greatest risk to public health and well-being.

A successful public health approach prioritizes preventing harm from occurring over rendering aid to those who have already suffered serious harm. In the case of Gambling

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<sup>1</sup> American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th edn.). Washington, DC: American Psychiatric Publishing Inc.

<sup>2</sup> The World Health Organisation. WHO forum on alcohol, drugs and addictive behaviours. 2017; World Health Organization . (2019). ICD-11 for mortality and morbidity statistics. 2019(06/17).

Disorder, that harm involves the highest risk of suicide attempts and completions among all addiction disorders.<sup>3</sup>

While a public health response to the prevention of gambling disorder and gambling-related harm is gaining momentum internationally, the approach has not yet been the subject of independent and empirical research in the United States. The State of Minnesota has the opportunity to take a leading role in this meaningful policy movement.

Worldwide, the commercialized gambling industry is experiencing unprecedented expansion. This growth is being fueled by advances in technology which have resulted in gambling companies delivering internet-based sports gambling to the public on virtually every conceivable mobile electronic device. This instantaneous access to sports and casino gambling is the single biggest factor resulting in gambling-related harm and gambling disorder.

Two amendments to the proposed bill address areas where the Legislature can take immediate action to prevent harm from occurring. The first is by acting to exclude in-game micro betting from the products offered in Minnesota. The second is not to allow gambling on collegiate sports.

Micro-betting is the wagering on each and every event within a game. Gone are the days when gambling was based on the result of the game, total points, or who would score the most points. Rather, gambling companies and their sports business partners have found that they can dramatically increase revenue by encouraging customers to engage in constant and non-stop wagering. This means that there can be many wagers placed on each of hundreds of events within a single contest. The speed of the next pitch or serve, pass or run, three-point or two-point shot, etc. However, research reveals that nearly 80% of people who engage in micro-betting/in-game wagering also meet the diagnostic criteria as having a gambling problem.<sup>4</sup>

A recent Wall Street Journal article reported that at one online gambling company, .5% of the customer base generated more than 70% of the company's revenue.<sup>5</sup> Unfortunately, gambling companies appear to target and deplete those customers who have experienced addiction to their products. One need not be opposed to gambling to see that leveraging the most addictive aspects of a product to obtain the vast majority of profits is not in the best interest of public policy or public health. In-game micro-betting requires cooperation from the leagues and real time statistics production that cannot be done by illegal offshore betting operations. Eliminating this in Minnesota will, therefore, not drive consumers to more dangerous illegal platforms.

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<sup>3</sup> National Council on Problem Gambling, FAQ (2014), [www.ncpgambling.org/help-treatment/faq/](http://www.ncpgambling.org/help-treatment/faq/).

<sup>4</sup> Russell, A.M.T., Hing, N., Browne, M. et al. Who Bets on Micro Events (Microbets) in Sports?. *J Gambl Stud* 35, 205–223 (2019).

<sup>5</sup> Katherine Sayre, "A Psychiatrist Tried to Quit Gambling. Betting Apps Kept Her Hooked." *WALL STREET JOURNAL* February 18, 2024.

Regarding gambling on college sports, we now have direct evidence that more than 75% of college students have gambled on sports within the past year.<sup>6</sup> Many of these students are under the age of twenty-one. Ten percent of college students, in fact, are pathological gamblers.<sup>7</sup> Imagine the public health response that would be called for were 10% of college students suffering from Opioid Use Disorder? These numbers will continue to rise as sports gambling further normalizes gambling for this young and vulnerable population. Including gambling on college athletics will make this problem worse.

Recently, the President of the National Collegiate Athletic Association, former Massachusetts governor Charlie Baker, has called for a ban on micro-betting involving college athletes.<sup>8</sup> Baker recently said that, “the data is clear that student-athletes are getting harassed by bettors. Sports betting without appropriate controls poses real risks to the well-being of student-athletes and to the integrity of collegiate competition – risks which are heightened by individual prop bets.”<sup>9</sup> Ohio has just eliminated prop betting on college sports.

While this is a first step, the State of Minnesota has the opportunity to expand this public health mission by extending excluding gambling on all college athletic events. There is precedent for such a move. Multiple States have recognized the risk by banning gambling on college sports within their borders, including Massachusetts. Obviously, this protects students in the host state, but students deserve greater protection, and this requires a ban of gambling involving all college sports.

The Public Health Advocacy Institute strongly supports the proposed amendments to the sports gambling bill to help to reduce harm from sports gambling and protect public health in Minnesota.

Sincerely,



Mark A. Gottlieb  
Executive Director

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<sup>6</sup> Barnes, G. M., Welte, J. W., Hoffman, J. H., & Tidwell, M. C. (2010). Comparisons of gambling and alcohol use among college students and noncollege young people in the United States. *JOURNAL OF AMERICAN COLLEGE HEALTH*, 58(5), 443-452.

<sup>7</sup> Nowak, D.E., Aloe, A.M. The Prevalence of Pathological Gambling Among College Students: A Meta-analytic Synthesis, 2005–2013. *J GAMBL STUD* 30, 819–843 (2014).

<sup>8</sup> “NCAA’s Baker concerned about impact of sports betting on athletes.” *SPORTS BUSINESS JOURNAL*, Nov. 9, 2023. <https://www.sportsbusinessjournal.com/Articles/2023/11/09/ncaa-charlie-baker-players-betting-on-games>

<sup>9</sup> Ian Cross, “Ohio prohibits prop bets on individual college athletes due to harassment.” *ABC NEWS 5 CLEVELAND*. Feb. 24, 2024. <https://www.news5cleveland.com/sports/ohio-prohibits-prop-bets-on-individual-college-athletes-due-to-harassment>