WRITTEN TESTIMONY OF

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BEFORE THE

U.S. Higher Education and Workforce Development Subcommittee
United States House of Representatives

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Chairman Owens, Ranking Member Adams, and Members of the Subcommittee:

Thank you for the opportunity to testify today. I commend the committee for holding a hearing about this timely and urgent issue.

My name is Dr. Lindsey Mortenson, and I serve as the Chief Mental Health Officer and the Executive Director of University Health & Counseling at the University of Michigan-Ann Arbor, a public research university that enrolls more than 54,000 students. I am also a Clinical Assistant Professor of Psychiatry and practicing physician who provides care for college students in our on-campus psychiatry clinic and emergency room. I have been working at the intersection of higher education and healthcare for more than 17 years.

I am here today to share my perspective on the impact of sports gambling on American college students. I am a physician, researcher, and college health administrator. I am the parent of three teenagers. I am also a former Division I athlete who is concerned about the corrosive effects of sports betting on student athletes, staff, and the culture and integrity of college sports.

In all of these different roles, I have seen first-hand the harms caused by gambling. The U.S. is not doing enough to protect young Americans and their families from sports betting related harms and addiction. But there are concrete steps Congress can take to help.

Introduction

In my home state of Michigan, online sports betting went live in 2021. At the time, college campuses were thinking a lot about mental health and loneliness[1]. Emerging from the pandemic, we saw students struggling to meet their social and academic goals and to balance digital hyperconnectivity[2] with the awkwardness of “in real life”. We saw this in classrooms, the workplace, in relationships, in the health center, and in counseling offices.

[1] https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf
[2] https://psychiatryonline.org/doi/10.1176/appi.pn.2026.10.10.3

It was around this time that I started getting questions from friends, colleagues, and neighbors about sports betting. “How would I know if someone has a sports betting problem?,” they asked. Most of these questions were from women—moms, wives, and girlfriends who were worried about the boys and men in their lives. “Why is his phone always out at dinner?” “He seems more irritable.” “Should I review our bank statements?” “Maybe he’s just depressed.”

From there, it snowballed[3].

I’ll never forget one phone conversation in particular. It was the moment I realized we needed to move faster to increase our campus prevention programs and clinical services. “Our son just called from college in tears,” he said. “He lost $10,000 sports betting online. This happened once before. What should we do? Should we bail him out? What’s the treatment?”

This young man and his family are not alone[4].

In a recent national survey, 64 percent of parents with children under 18 reported being concerned about underage gambling (sports betting, prediction markets, lotteries, fantasy sports apps)[5]. They’re right to worry. Another recent national survey found that 43 percent of adolescents ages 13 to 17 have gambled in the past year[6]. Young people today are gambling online, offline, legally[7], illegally, domestically, and off-shore. They are gambling on their own accounts, and on the accounts of friends and family (“proxy betting”).

Today it is possible to gamble 24/7/365 on our phones, with very few guardrails, on almost any sport or event, anywhere in the world. In years past, betting was a slower affair—you might drive to a casino, travel to Vegas, find a bookie, get your ID checked at the door. But today you can gamble and make bank withdrawals as fast as your internet speed will go. And that’s a big problem—the faster and easier it is to gamble, the faster small problems become very big ones[8]. The result? We may be on pace to create the largest generation of problem gamblers in U.S. history.

The explosion of sports gambling and prediction markets[9] is being driven by four of the most powerful and profit-driven sectors in the U.S. economy: gambling, sports, technology, and

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[3] https://globalreports.columbia.edu/books/losing-big
[4] https://www.espn.com/sports-betting/story/_/id/49547066/sports-betting-gambling-poker-addiction-college-campus-youth
[5] https://www.ncpgambling.org/news/parents-worry-kids-will-gamble-before-legal-age-ncpg-harris-poll/
[6] https://socialwork.rutgers.edu/sites/default/files/2026-10/Final%20New%20National%20Gambling%20Prevalence%20Study%2010.27.2026.pdf
[7] Sports betting is currently legal in 38 U.S. states, DC, and Puerto Rico. The legal age varies between 18 and 21. https://www.legalsportsreport.com/sports-betting/states/
[8] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.574884/full
[9] Prediction market: exchange traded financial market made up of binary contracts that resolve based on whether certain events happen or not

finance. These industries have partnered to engineer[10] immersive and exploitative online sports gambling platforms that manipulate customers to keep them coming back for more[11]. They relentlessly market and promote their products in places where young people work, live, and play[12]. For this multi-billion dollar industry, the health and thriving of young Americans is an afterthought, usually buried in their compliance department.

The "move fast and break things" approach of the sports betting industry is causing serious harm, especially for young people. Here are a few of the reasons why:

I. Young people don't always recognize that sports betting is gambling.

Sports betting has become so ingrained in daily routines, sports broadcasts, celebrity advertisements, stock-like tickers and crawlers that you could almost mistake it for gaming, entertainment, or investing. The lines are blurry, but the differences are important to appreciate.

Gambling has three elements: a stake, a risk, and a prize. You *stake* a dollar amount (or something else of value), *risk* an uncertain outcome, and maybe get a *prize*. This combination matters because it can trigger addiction[13]. The more unpredictable the prize—something called "variable-ratio (VR) reinforcement"—the more addictive it becomes. In traditional gambling, one of the highest and most "effective" VR schedules is slot machines: rewards are unpredictable, there are very few pauses, so people keep gambling. The equivalent for sportsbooks is proposition ("prop") bets[14] and microbets[15]. The novelty and constant action are great at getting people hooked.

Young people sometimes think of sports betting as "gaming." The industry would like us to see it that way[16]. But gambling is not gaming[17]. Games generally depend more on skill than chance; games are also less likely to involve transferring money. Gambling is the opposite: more chance than skill, and more likely to involve money. There's a gray zone here, for sure, especially when it comes to video games that introduce elements of gambling (so-called "gamblification" that introduces chance-based microtransactions, e.g., skins and loot boxes[18]). But understanding the core differences is important if you want to reduce the risk of gambling related harms.

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[10] https://www.bi.team/wp-content/uploads/2022/07/Behavioural-Risk-Audit-of-Gambling-Operator-Platforms-findings-report-July-2022.pdf
[11] They use classic neuroscience and behavioral psychology principles.
[12] https://www.cbsnews.com/news/sports-betting-apps-gambling/
[13] https://www.apa.org/monitor/2023/07/how-gambling-affects-the-brain
[14] Prop bet: a wager placed on a specific event, individual player performance, or team statistic within a game or competition that is independent of the final score or overall outcome
[15] Microbet: live, in-play sports gambling where wagers are placed on individual, granular moments within a game rather than the final outcome
[16] https://www.simonandschuster.com/books/Everybody-Loses/Danny-Funt/9781668062029
[17] https://www.tandfonline.com/doi/full/10.1080/10447318.2024.2346690
[18] https://assets.publishing.service.gov.uk/media/62d197418fa8f50c046c83ea/InGAME_Loot_Box_REA.pdf

How about “entertainment”? Isn’t sports betting fun and entertaining? It can be. Industry certainly frames it that way, i.e., as a form of entertainment where customers knowingly accept the cost to participate[19]. This is often followed by this advice: “Set limits on your time and money.” (Subtext: “If you get carried away, that’s on you”). Is individual responsibility important? Absolutely. Is it helpful for many people to set limits? Of course. But framing online sports betting as entertainment that carries an individual obligation to “bet responsibly”[20] lets sportsbooks off the hook for designing addictive technology and deploying it into populations at higher risk for bad outcomes. Relying on personal responsibility ignores the fact that (as with other forms of addiction) problem gambling causes brain changes that reduce self-control, so that those most in need of guardrails are the least likely to use them.

Sports betting and prediction markets are also not “investments.” Smart young people who know a lot about sports and analytics sometimes make this mistake[21]. In one survey, 86 percent of online sports bettors aged 18-34 believed they could make money by placing sports bets[22]; that kind of overconfidence[23] is a powerful motivator. But sports betting is not investing: there is no underlying productive asset (you don’t own anything); it has a negative expected return (over time, the house always wins); and transactions are zero-sum (i.e., not a mechanism for long-term economic growth[24]). And this can have terrible impacts on financial security: instead of securing their future with downpayments or retirement funds, young people sink their savings into sports bets[25].

II. The U.S. has abandoned basic safety principles (and values).

In healthcare and in education, safety comes first. For children and adolescents, who are considered “vulnerable populations”[26] in federal policies, that bar is particularly high. Many U.S. laws, policies, programs, and ethical guidelines reflect this understanding (e.g., age-specific requirements for helmets, seatbelts, cigarettes, and alcohol).

“Safety first” is a critical concept because the brains of teens and young adults continue to grow and dynamically change through their mid-20s. In the U.S. today, there are approximately 65 million adolescents, teenagers, and young adults between the ages of 10 and 24[27]. For these young Americans, one of the very last parts of their brain to mature is the prefrontal cortex[28], the

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[19] https://ifdm.stanford.edu/sites/g/files/sbiybj30991/files/media/file/the-rise-of-sports-betting-and-the-line-between-entertainment-and-behavioral-bias-4-29.pdf
[20] https://www.wsj.com/business/hospitality/responsible-gambling-campaigns-always-fail-thats-the-point-13a972de
[21] https://manhattan.institute/article/gen-z-is-mistaking-sports-betting-for-investing
[22] https://sri.siena.edu/wp-content/uploads/2025/08/ASFS2025-Release-3-Online-Sports-Betting_UpdatedMethodology.pdf (Q42)
[23] https://www.tandfonline.com/doi/full/10.1080/14459795.2026.2697457
[24] https://www.schwab.com/learn/story/gamblers-blues-betting-isnt-investing
[25] https://www.cnbc.com/make-it/2026/08/28/sports-betting-gen-z-investors.html
[26] https://www.hhs.gov/ohrp/regulations-and-policy/guidance/vulnerable-populations/index.html
[27] https://www.neilsberg.com/insights/united-states-population-by-age/#pop-by-age
[28] https://my.clevelandclinic.org/health/body/prefrontal-cortex

epicenter of self-control and decision making. Until it is fully developed, this area is more easily hijacked by fast-paced, uncertain actions like sports betting that trigger constant dopamine[29] release.

Let's look more closely at the seatbelt example. As experience and research accumulated in the U.S. in the mid-twentieth century about deaths and injuries related to unrestrained drivers, a commonsense approach prevailed. In 1968, the federal government mandated seat belt installation in new cars. Adult and child restraint laws became nearly universal. Is the risk of driving gone completely? No. But it has drastically reduced, and thousands of lives have been saved. This is a *population health* approach: when certain people are at greater risk and harms can be prevented, we adjust our programs, policies, and priorities to reduce those harms. In the U.S., we've taken a similar approach with alcohol.

Here's another example—opioids. Let me explain. Throughout history, we have always had an opioid problem (e.g., opium, morphine, codeine). The "crisis" began when high-potency opiates like heroin and fentanyl came along. Once opioids could be synthesized, packaged, and aggressively marketed, we started seeing bigger problems: more widespread addiction, societal problems, rising death tolls.

History is repeating itself, this time with sports betting[30].

In the U.S., we have not embraced a commonsense population health approach to online sports gambling. Our young people deserve better protections. Federal law currently lacks even the most basic safeguards like universal age restrictions, betting limits, opt-out guardrails, and advertising bans[31]. In healthcare settings, we rarely screen for problem gambling,[32] in part because we lack universal screening recommendations: the U.S. Preventive Services Task Force has not recommended a single gambling screener[33], even though helpful ones exist[34].

In bars and restaurants, we don't tolerate "overserving" alcohol;[35] we shouldn't tolerate it for sports gambling and prediction markets either.

III. Problem sports betting is hard to detect (except for the sportsbooks).

Parents ask me whether their children might be placing sports bets. They see microtransactions showing up on cash apps after high school football games. "Could these be

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[29] Dopamine is a key chemical (neurotransmitter) in the brain that drives motivation, reinforcement, and learning in the brain's reward circuit.
[30] https://www.gamblingnews.com/news/ex-us-surgeon-general-issues-dour-warning-sports-betting-may-be-the-next-opioid-crisis/
[31] https://aibm.org/policy/how-to-fix-online-gambling/
[32] This reflects our overall more segregated approach to problem gambling from mainstream healthcare.
[33] https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations?SORT=T
[34] https://pmc.ncbi.nlm.nih.gov/articles/PMC3076109/
[35] https://alcohol.org/laws/over-serving/

sports bets?" they ask. "Is my son betting on his own classmates?" "Does he owe money to a stranger?"

These are great questions. The answer is often yes. But it's hard to know for sure.

It's easy to miss gambling problems: there are no telltale physical symptoms or blood tests, clinicians often don't ask about it, and patients are often embarrassed to mention it (money can be a source of shame). Clinical appointments are often brief and filled with other important concerns. The time constraints are real. And because problem gambling often co-occurs with other conditions like alcohol use disorder, depression, anxiety, and ADHD, it may not come up right away (or at all).

This is why gambling disorder is called "the hidden addiction."

It's also hard to find a qualified treatment professional and pay for treatment. The result? Only 1 in 5 people with severe gambling problems seek treatment[36]. When they do, it is typically crisis-driven[37] and delayed (on average, problem gambling goes untreated for nine years[38]). The road from gambling harms to help, treatment, and recovery is long and difficult.

Ironically, the best-equipped people to detect the problem are the sportsbooks themselves[39]. The amount of person-level data and bet-level data they generate is massive, especially compared to land-based gambling. How do they use this data? To encourage more gambling. To promote losing bets. To increase in-app "engagement." Responsible gambling features get swallowed up by relentless data-driven marketing[40].

It's tragic, actually, because the positive potential for this data is incredible. Data can trigger helpful and life-saving interventions: cooling off periods, freezing deposits, screening for problem gambling or depression or suicide, referring real-time to a counselor. It could be shared more easily with researchers. Other countries[41] have been highly proactive in navigating data sharing and consumer protections. But in the U.S., that's not the case.

IV. Sports betting is a whole campus problem.

The harms inflicted by sports betting are complex and can be devastating. Gamblers can be harmed, but so can others—collateral damage is a well-known problem (the average problem gambler affects six people[42]). On campuses, we see a variety of risks and ripple effects[43]:

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[36] https://onlinelibrary.wiley.com/doi/10.1111/add.15952
[37] https://pubmed.ncbi.nlm.nih.gov/19768660/
[38] https://pmc.ncbi.nlm.nih.gov/articles/PMC7615660/
[39] MIT-Sloan Sports Analytics Conference (2024), https://www.youtube.com/watch?v=-taL8K
[40] https://www.propublica.org/article/draftkings-sports-gambling-problem-vip-fanduel
[41] https://iagr.org/industry-news/data-sharing-for-gambling-operators/
[42] www.tandfonline.com/doi/full/10.1080/14459795.2017.1331252
[43] https://online.umich.edu/teach-outs/sports-betting-risks-and-ripple-effects-teach-out/

Table 1. Gambling related harms[44] relevant to sports betting in the higher education context

Sports betting harms	Select examples and evidence
Health	• Online sports betting legalization is associated with increases in diagnosis and treatment for depression and anxiety[45]. • Sports betting frequency is correlated with alcohol-related problems[46]. • In-play sports betting creates continuous opportunities to place wagers, chase previous losses, and can be a maladaptive coping mechanism for people vulnerable to mental health challenges[47]. • Suicide is more common with gambling problems[48]. One study demonstrated *19.3x* greater risk of death by suicide[49] in individuals age 20-49 diagnosed with Gambling Disorder and *6.2x* greater risk of death from all causes.
Emotional stress	• Student-athletes are being harassed and abused because of sports betting[50], especially prop bets[51]. • Coaches and officials are also harassed by sports bettors[52]. • Student-athletes receive even greater attention than usual ("fishbowl effect") when classmates, staff, and faculty can place sports bets on them.
Relationships	• The rise of sports betting negatively affects the way coaches communicate with teams[53] and how players relate to fans[54]. • Sports betting losses appear to amplify the emotional distress from a favorite team's unexpected loss, resulting in anger, frustration, and greater intimate partner violence[55]. • Compared with the general population, people who meet diagnostic criteria for Gambling Disorder have 12x more likely to

[44] https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2
[45] https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2854925
[46] https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2830863
[47] https://pubmed.ncbi.nlm.nih.gov/37335776/
[48] https://psycnet.apa.org/fulltext/2024-35228-001.html
[49] https://akjournals.com/view/journals/2006/7/4/article-p1091.xml
[50] https://ncaaorg.s3.amazonaws.com/ncaa/wagering/2025-26NCAA_ThreatMatrixPublicReport.pdf
[51] https://www.theguardian.com/us-news/2024/oct/02/college-athletes-abuse-online-gambling-betting
[52] https://ncaaorg.s3.amazonaws.com/ncaa/wagering/NCAAThreatMatrixPilotStudyPublicReport.pdf
[53] https://www.nytimes.com/athletic/6807760/2025/11/14/sports-betting-players-nfl-nba-mlb-nhl/
[54] https://ncaaorg.s3.amazonaws.com/research/snap/2026RES_SNAP-FebFullReport.pdf
[55] https://ssrn.com/abstract=4938642

	report perpetrating severe dating violence and 20x more likely to report that they have perpetrated severe marital violence[56]. • Problem gambling is associated with higher rates of divorce[57].
Academic and occupational	• A recent study of undergraduates found 38 percent of sports gamblers placed bets during school or work.[58] More research is needed[59] to understand the impact on educational outcomes.
Financial	• A study of undergraduates who gamble outside of one-off events (e.g., Super Bowl, March Madness) found that 5 percent had difficulty meeting basic needs because of gambling losses[60]. • A recent poll of Gen Z investors found that half had redirected investment dollars toward sports betting[61]. • There is some evidence that college students use financial aid[62] and scholarship funds to gamble. More research is needed to determine if gambling affects student loan repayment.
Privacy	• Because anyone associated with athletics is a potential source of inside information about athletic participation and performance, protected health information, biometric data[63], and academic records are at greater risk for privacy breaches.
Culture, ethics, and conflicts of interest	• Sports betting creates doubt about the integrity[64] of college sports and is changing nature of sports fandom. • There are significant ethical considerations related to higher education governance, partnership, and investment in the gambling sector (e.g., endowments[65], sponsorships[66]).

[56] https://doi.org/10.1016/j.jpsychires.2009.07.010
[57] https://kindbridge.com/gambling/problem-gambling-and-divorce/
[58] www.tandfonline.com/doi/full/10.1080/07448481.2026.2744233#abstract
[59] https://link.springer.com/article/10.1007/s10899-025-10440-9
[60] https://www.tandfonline.com/doi/full/10.1080/07448481.2026.2744233#abstract
[61] https://www.prnewswire.com/news-releases/betterments-2026-retail-investor-survey-reveals-a-new-generation-of-investors-is-blurring-the-lines-between-information-advice-and-entertainment-302848376.html
[62] https://www.intelligent.com/more-than-1-in-6-college-students-used-financial-aid-student-loans-on-gambling/
[63] https://law.vanderbilt.edu/how-gambling-interest-in-player-biometric-data-could-disrupt-sports-privacy-laws/
[64] www.sportsbusinessjournal.com/Articles/2026/04/22/ticking-time-bomb-goes-off-seeing-the-impact-of-sports-betting-on-college-athletes-and-integrity/
[65] https://publicgaming.com/news-categories/financial/15108-harvard-endowment-makes-big-move-into-flutter-entertainment-stock
[66] https://apnews.com/article/college-sports-betting-agreements-with-universities-b4d1abce973e04fc6b59dd0f8db39b17

	• Sports gambling and prediction market companies are approaching campus organizations for "partnership opportunities"[67].
Criminal, legal and compliance	• Many colleges and universities lack gambling policies that reflect risks related to newer types of sports betting[68]. • College student-athletes are being criminally prosecuted, and there is concern that those in low-to-mid-major programs are more likely to be sanctioned (e.g., lose eligibility) or prosecuted[69].

These harms require a whole campus response. Fortunately, higher education is taking concrete steps, many of them adapted from historic approaches to alcohol and drug misuse prevention and informed by available education and training resources[70,71]. Examples include:

Education, Training, and Capacity Building

- Creating external-facing web content[72] that provides engaging and factual information
- Developing peer-to-peer initiatives[73], including collegiate recovery programs
- Developing toolkits and curricula[74] specifically for emerging adults and college students
- Creating learning collaboratives[75] to share best practices and explore new strategies
- Offering continuing education and workforce development (e.g., specialty certification[76])
- Elevating influential voices to speak openly about the potential harms of sports betting

Screening and Clinical Care

- Adapting screening, brief intervention, and referral approaches for gambling[77]
- Adding gambling questions to student health surveys[78]
- Expanding clinical services to include addiction care[79]

[67] https://www.insidehighered.com/opinion/columns/editors-note/2026/06/25/there-are-thousands-brendan-sorsbys-college-campuses
[68] https://cnsmaryland.org/2023/02/27/sports-betting-grows-on-campuses-with-few-restrictions-survey-finds/
[69] https://www.nbcnews.com/news/us-news/smaller-schools-vulnerable-sports-gambling-fixers-rcna254472
[70] https://learn.ncpgambling.org/
[71] https://www.divisiononaddiction.org/
[72] https://wolverinewellness.umich.edu/gambling
[73] https://gamblingawarenessct.org/college-gambling-prevention-initiative/
[74] https://mnapg.org/the-betting-blueprint-a-wellness-approach-to-reducing-gambling-harm-on-campus/
[75] https://hecaod.osu.edu/collegiate-gambling-learning-collaborative/
[76] https://ipggc.org/
[77] https://spectrumlocalnews.com/nys/central-ny/news/2025/04/14/new-york-colleges-launch-initiative-to-curb-problem-gambling
[78] https://pubmed.ncbi.nlm.nih.gov/42885879/
[79] https://uhc.umich.edu/addiction-clinic

Policy and Procedure

- Updating existing campus gambling policies[80,81,82,83]
- Blocking campus internet access (web filtering) to gambling sites[84]

Even with these efforts, there are gaps between current and ideal state: many campus leaders and professionals know about the problem and want to respond, but may not be adequately resourced to do so. Online gambling is evolving faster than policies, programs, training programs, and services can keep up.

That brings me to my final point.

V. U.S. research funding and data sharing are way behind.

Let me be blunt. United States research policy has an egregious blind spot when it comes to research about gambling, gambling disorder, and the manifold harms of an often predatory gambling industry. The word "gambling" does not appear a single time on a list of the top 332 NIH funding priorities[85]. This is in spite of the fact that nearly 4 in 5 Americans believe problem gambling is *as serious or more serious* than alcohol or drug addiction[86].

This grievous shortfall is compounded by the fact that there is very little mandatory data sharing with researchers[87]. In the U.S., sportsbooks own the data, buy even more data[88], and then use AI to digest it and drive further gambling. In contrast to the tobacco industry, which is legally required[89] to submit data to federal agencies, sportsbooks release their data very selectively. This results in a massive data asymmetry that privileges corporate interests over the safety of Americans.

The U.S. needs evidence for what works and what doesn't in education, training, prevention, clinical care[90], and recovery. We need funding for longer term studies. On the front lines, we are working blindly in the face of a major threat to the populations we serve.

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[80] https://www.davidson.edu/offices-and-services/human-resources/employee-guide/sports-betting-policy
[81] https://www.purdue.edu/vpec/resources/faqs/sports-wagering/
[82] https://sjuhawks.com/documents/2022/3/14/SJU_Sports_Wagering_Policy_Final_Feb_1_2022_docx.pdf
[83] https://www.villanova.edu/university/student-life/dean-of-students/sports-wagering.html
[84] https://texasscorecard.com/local/west-texas-am-university-blocks-online-gambling-sites/
[85] https://report.nih.gov/funding/categorical-spending#/
[86] https://www.ncpgambling.org/news/most-americans-see-gambling-addiction-as-a-public-health-issue-washington-doesnt-yet/
[87] There are a limited number of state mandates, e.g., NJ and WV.
[88] https://apnews.com/general-news-2fc27b7c558ceddd8669fb03acc15e3d
[89] https://pmc.ncbi.nlm.nih.gov/articles/PMC5794026/
[90] In the U.S., there is not a single FDA-approved medication for Gambling Disorder.

What can Congress do?

The U.S. needs federal and state action on this issue. Existing policy frameworks[91,92,93] can inform next steps, improve lives, and protect the U.S. financial investment[94] in college students. Here are three ways to help:

Common-Sense "Safety First" Regulations

- Create and enforce minimum safety standards for people under age 25.
- Protect youth and young adults from gambling advertising and marketing[95].
- Ban higher risk bets on amateur athletes.
- Strengthen oversight of emerging gambling-like products (e.g., prediction markets).
- Require institutions to maintain problem gambling prevention programs (similar to those for alcohol, drugs, and sexual misconduct)[96].

Data Sharing and Transparency

- Mandate data sharing with independent researchers.
- Require institutional transparency about financial relationships with gambling companies.

Research and Educational Funding

- Reprogram HHS funds (NIH, SAMHSA) to include gambling research.
- Expand the scope of the Office of National Drug Control Policy (ONDCP) to include gambling.
- Support block or seed grants to develop model prevention programs and free or low-cost materials for institutions.
- Consider a federal and industry-funded checkoff program for gambling research.
- Support workforce development initiatives and incentives for addiction training.

Conclusion

The U.S. needs to stop "overserving" young people with sports betting. Some of the greatest harms are falling on those with the most to lose. Let's not wait for massive litigation[97]. We can work together to change course and improve the future and well-being of young Americans.

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[91] https://aibm.org/policy/how-sports-betting-looks-in-america-and-where-policy-can-reduce-harms/
[92] https://socialwork.rutgers.edu/sites/default/files/2026-11/Legislative%20Policy%20Brief.pdf
[93] https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/policy-rounds/sports-betting-policy-round-final.pdf?sfvrsn=1eacfbd5_6
[94] The federal government provides approximately $160 billion annually in student aid grants, loans, and tax benefits. https://research.collegeboard.org/media/pdf/trends-in-college-pricing-and-student-aid-2026.pdf
[95] For example: age-related bans on promotions, content restrictions, celebrity and influencer endorsements bans
[96] Similar to the Drug-Free Schools and Communities Act (DFSCA) and Campus Sexual Violence Elimination (SaVE) Act
[97] https://www.nytimes.com/2026/10/30/business/meta-settlement-child-addiction-suit.html

Thank you.

The author has no commercial conflicts and did not use generative AI to draft this testimony.

If you are concerned about someone who is gambling: Ask how you can help[98] and consider referring to 1-800-MY-RESET[99], a licensed clinician, Gamblers Anonymous[100], and/or the 988 Suicide & Crisis Lifeline.

[98] https://www.gambleaware.org/advice/for-family-and-friends/helping-someone-who-gambles/
[99] The national problem gambling hotline, https://www.ncpgambling.org/help-treatment/about-the-national-problem-gambling-helpline/
[100] https://gamblersanonymous.org/