ASSEMBLY STANDING COMMITTEE ON RACING AND WAGERING

NOTICE OF PUBLIC HEARING

SUBJECT: To examine New York’s horse racing industry and the businesses that support it.

PURPOSE: The purpose of this hearing is to examine the efficiency and effectiveness of the regulatory structure of horse racing in New York State, including but not limited to, the performance of the industry, equine drug use, and the impact on businesses that support it.

Wednesday, December 8th
11 A.M.
Hearing Room C
Legislative Office Building
Albany, New York 12248

New York State’s horse racing industry represents a key segment of the national horse racing industry, and an important part of New York State’s economy. According to the 2018 New York State Equine Industry Economic Impact Study, the equine industry generates 33,000 full time jobs, and contributes to the local economies of all 62 counties in New York. The local businesses that support the industry include breeding, training and racing facilities, family owned farms and stables, hay manufacturers, aftercare facilities, and other critical service providers. The purpose of this hearing is to examine the efficiency and effectiveness of the regulatory structure of horse racing in New York State, including but not limited to, the performance of the industry, equine drug use, and the impact on businesses that support it.

Persons wishing 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 Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, 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 Assembly facilities and activities.

J. Gary Pretlow
Member of Assembly
Chairman
Committee on Racing and Wagering
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the examination of New York’s horse racing industry and the businesses that support it are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Spiro Sokaris  
Analyst  
Committee on Racing and Wagering  
Room 520, Capitol  
Albany, New York 12248  
Email: sokariss@nyassembly.gov  
Phone: (518) 455-4928  
Fax: (518) 455-7095

☐ I plan to attend the public hearing on the examination of New York’s horse racing industry and the businesses that support it being conducted by the New York State Assembly Standing Committee on Racing and Wagering on 12/8/21.

☐ I plan 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 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:
____________________________________________________________________
____________________________________________________________________

NAME: ______________________________________________________________________

TITLE: ______________________________________________________________________

ORGANIZATION: ____________________________________________________________

ADDRESS: __________________________________________________________________

E-MAIL: ____________________________________________________________________

TELEPHONE: ________________________________________________________________

FAX: ______________________________________________________________________