

PROCEEDINGS
CHAIRMAN CROSBY: Okay. Good morning. We are calling to order Public Meeting Number 232 on January 10th, 2018, at the Massachusetts Gaming Commission at 9:30 a.m. First up is approval of the minutes.

COMMISSIONER MACDONALD:
Mr. Chairman, I move that we approve the minutes of the December 21st, 2017, public meeting subject to correction for typographical errors and other non-material matters.

COMMISSIONER STEBBINS: Second. CHAIRMAN CROSBY: Any discussion?

I had two or three things. On page 5 in the middle paragraph, Shara, with the

Commissioner, the paragraph that starts out "Commissioner Zuniga," it's just that first sentence doesn't scan. I think there's a word or two you've got to fix. On the next to the last paragraph that starts "Chairman Crosby," I think the main point that I was trying to make was I was basically in favor
of reading the list as a narrow list, but that I was agreeing that in the case of some really extreme thing or really egregious act, like maybe some versions of the kids in the car type thing, that I would be inclined to have it be broad enough to permit that. You might take a look at the video and see if you can characterize that a little bit better.

And I had one other one. Yeah. I'm not sure where this fits, but on page 7 and 8, the conversation about the junkets, $I$ think one of the main things we talked about that might be in here is whether or not it was appropriate to get all the names and background information on the customers of the junkets. That was one of the main things we talked about I think.

So anybody else have anything?
COMMISSIONER STEBBINS: Yeah. Just looking back on the conversation we had about under IEB, I want to make sure, and it might have been under my comments, Shara, on page 5 that we had. I had introduced the idea of discussion of thinking of not only kids left
in cars but seniors left in cars. I'm not sure whether that was under the portion where I spoke on page 5 or not, but if we can go back and look at that, too.

CHAIRMAN CROSBY: All right.
Anything else? All in favor with those adjustments?

Aye.
COMMISSIONER MACDONALD: Aye.
COMMISSIONER ZUNIGA: Aye.
COMMISSIONER STEBBINS: Aye.
CHAIRMAN CROSBY: Opposed? The
ayes have it unanimously. Commissioner
Cameron is also not at this meeting. She's out ill.

Okay. So next up is the administrative update. Director Bedrosian.

MR. BEDROSIAN: Good morning,
Commissioners.
CHAIRMAN CROSBY: Good morning.
COMMISSIONER MACDONALD: Good
morning.
COMMISSIONER STEBBINS: Good
morning.

COMMISSIONER ZUNIGA: Good morning.
MR. BEDROSIAN: Thank you for your flexibility. As you know, this is sort of a makeup meeting due to our snowstorm last week, and it's helpful because we don't want things to get too far behind, and we have an important presentation for to you today, so thank you for your flexibility.

I have a couple of things, but I'm going to suggest that $I$ do my general update, and then we go to Item Number 4 in the discussion about enhanced ethics I think we can put after we conclude Item Number 4 because we are -- And I don't anticipate it will be a problem at all, but we are somewhat time constraint today given this room is needed for the Public Fund Health Trust Fund meeting in the afternoon.

I would like to introduce a couple of new members of our staff first. Our new chief information officer has finally joined us, started right after the new year. She's here today, Katrina Jagroop-Ghomes. Most recently came to us from the Executive Office
of Energy and Environmental Affairs where she was the director or IT operations and technology. We are very, very happy to have her. I can tell you she's been here for a short week last week and already hit the ground running. So we welcome Katrina to our ranks.

CHAIRMAN CROSBY: Welcome. COMMISSIONER MACDONALD: Welcome. COMMISSIONER ZUNIGA: Welcome. COMMISSIONER STEBBINS: Welcome aboard.

MR. BEDROSIAN: And the next person we have to welcome is Crystal Howard, a program coordinator, who will be working with Director Griffin in workforce and diversity issues. Ms. Howard most recently comes to us as the alumni relations event coordinator for a small place called Bridgewater State University, so I'm sure she wasn't busy at all.

CHAIRMAN CROSBY: The alma mater of Commissioner Cameron.

MR. BEDROSIAN: All right. So
we're thrilled to have her working with Director Griffin. And as a matter of fact, I saw her as she was out yesterday at our access and opportunity meeting in

Springfield, so she, too, is already hitting the ground running, so we welcome her also. CHAIRMAN CROSBY: Welcome. COMMISSIONER MACDONALD: Excellent. COMMISSIONER STEBBINS: Welcome aboard.

COMMISSIONER ZUNIGA: Welcome.
MR. BEDROSIAN: Which leads me, as I've mentioned, I was out at the Access and Opportunity Commission meeting yesterday. Maybe I'll leave that official, that portion of the update, to Commissioner Stebbins who was there, later on commissioner updates, but as part of that, I went over to the gaming property with General Counsel Seth Stratton and got a tour of MGM's corporate office, MGM Springfield's corporate offices, which they are now in.

CHAIRMAN CROSBY: Oh, really.
MR. BEDROSIAN: They just moved in
last week, of course, during the storm. It's their corporate offices which is at 95 State Street, which is the building our offices are in. We're on the second floor. They're on I think 8 through 3. And you know, they're very industrial chic. They look like they're still in boxes, but it is another significant milestone that tells us this thing is happening and it's happening this year. In fact, we have a bunch of staff today who are out taking training for -- and I'll call it construction training -- training for being on property, you know, for our folks who will help monitor the setup of the gaming floor and other aspects of the property, if once they go through the training, they can with the appropriate safety gear and knowledge, they can walk around the site unescorted, so that's important.

And our office, too, I know Ms. Riley is working hard to get us all outfitted. Our offices look pretty ready, and I suspect we will get, you know, a minimum level of occupancy in there within
the next 30 days.
CHAIRMAN CROSBY: When is Tim going out there, Tim Babin?

MR. BEDROSIAN: That's a good question. I don't know the exact date. Soon. I think he'll start, Tim Babin, who is the lieutenant from the State Police, will be our commander for the Gaming Enforcement Unit out there.

CHAIRMAN CROSBY: Right.
MR. BEDROSIAN: I will check on
that. But I think it's relative -- because we're getting gaming agents out there as the floor starts to get set up. We're getting those folks out there and working with their folks. And I met a lot of new folks from MGM Springfield that I hadn't seen before. So they're really starting to fill in the ranks below the executive team. So as I said, it's starting to be real.

CHAIRMAN CROSBY: Great.
MR. BEDROSIAN: So.
COMMISSIONER MACDONALD: Is Burke
out there on a regular basis now?

MR. BEDROSIAN: I think Burke is out there routinely. I think Bruce stops by. It depends upon Burke. But we've made a -we're starting to restructure the gaming agents so we'll have a person, you know, the new Burke, there'll be a Burke out in Springfield, and that will be after -CHAIRMAN CROSBY: I thought Burke was going to be out in Springfield.

MR. BEDROSIAN: No. Burke will be overseeing the whole thing. Actually, Andrew Smith will be out in Springfield for us.

CHAIRMAN CROSBY: Oh. Okay. Who's
going to take over in PPC?
MR. BEDROSIAN: Jay Lendros will take over at PPC. We're starting to move up people and feed underneath them, and as you know, we're going to have to hire a group of new agents sometime in the spring and have a training class. And what the public can't see is at the end of this room, we have some tables that are covered because we're a little space constrained, and when we're not doing public meetings in this room, we're
going to break it up and use it for training space. So we're trying to make as much smart use of the space as we can.

CHAIRMAN CROSBY: Great.
MR. BEDROSIAN: But there will be no gaming during public meetings.

COMMISSIONER ZUNIGA: There is no actual gaming that takes place here. It's only training.

MR. BEDROSIAN: Exactly. It's all training purposes.

COMMISSIONER ZUNIGA: No wagering.
MR. BEDROSIAN: Exactly.
CHAIRMAN CROSBY: We got that State House News service.

What about you doing, what is it called, jury or something or other presentation, or you were going to bring your critical path chart.

MR. BEDROSIAN: Yeah. I think that's the next meeting.

CHAIRMAN CROSBY: The 18th?
MR. BEDROSIAN: Yeah. That's the next meeting, the 18th.

CHAIRMAN CROSBY: Okay. So that'll be in your presentation on the 18th.

MR. BEDROSIAN: In the presentation on the 18th, yeah. Yep. Yep. Yep.

So my suggestion is that we advance to Item 4, Director Vander Linden, and then we can circle back to the outstanding items, because I think that's the important one to get done today.

CHAIRMAN CROSBY: Okay. So let me just make sure I know what I'm doing here. So we'll skip over the Enhanced Code of Ethics, come back to that?

MR. BEDROSIAN: Correct.
CHAIRMAN CROSBY: Okay. Director
Vander Linden.
MR. VANDER LINDEN: Good morning.
COMMISSIONER MACDONALD: Good morning.

CHAIRMAN CROSBY: Good morning.
MR. VANDER LINDEN: I am joined by Dr. Rachel Volberg, who will be doing the bulk of the presentation this morning.

I actually was trying to figure out
how best to key this important topic up, and what I thought I would do is refer back to a memo that I presented to the Gaming

Commission in November of 2014. It was on that date that the Commission decided to go ahead and voted to launch the Massachusetts Gaming Impact Cohort Study. Interestingly, it was actually approved by the MGC in April of 2014, but we made the decision to wait until later in 2014 after the referendum didn't pass in order to launch this study. So the memo goes on to state that the purpose -- the proposed longitudinal cohort study of gambling behavior satisfies an objective in Section 71 of Chapter 23K which specifically calls for this study to understand the etiology of gambling and problem gambling. The study will follow a group of people with shared experience, exposure to expanded gaming, at intervals over time. This type of study can provide detailed etiological information about how gambling and problem gambling develops, progresses, and remits. The information
collected will have significant value as it will highlight risk and protective factors important in developing effective prevention, treatment, and recovery support services.

So a couple of notes on that. One is obviously we have limited expanded gaming in the Commonwealth right now, and the cohort to date really establishes a solid baseline through two waves of the cohort.

CHAIRMAN CROSBY: Was there no overlap or was there --

MR. VANDER LINDEN: There was very brief overlap --

CHAIRMAN CROSBY: Okay.
MR. VANDER LINDEN: -- which I believe Rachel will talk to you about. The second piece is as you will see as Rachel is talking to you about this, it is largely using the same information. It is largely meeting the objectives of the original -this proposal that $I$ presented to you in November of 2014 set out to do. This is a longitudinal study, so Rachel will present to you the difference between wave one and wave
two, but our goal is that this is a cohort study that will extend well, well into the future and after we are fully implemented in terms of the number of casinos that will be operating.

So with that, I will turn it over to Dr. Volberg to talk to you about MAGIC. DR. VOLBERG: Good morning, everyone.

CHAIRMAN CROSBY: Good morning. COMMISSIONER MACDONALD: Good morning.

COMMISSIONER STEBBINS: Good morning.

COMMISSIONER ZUNIGA: Good morning.
DR. VOLBERG: I must say, it's a pleasure to be in Boston again, but because you started the meeting early today, I actually drove in last night, so $I$ had a bit of fun walking around Faneuil Hall and the area downtown.

CHAIRMAN CROSBY: Where'd you stay?
DR. VOLBERG: Over at the
Bostonian.

CHAIRMAN CROSBY: Great.
DR. VOLBERG: But I did bring my snow boots, and I was very glad I did because you guys have as much snow as we do out in Western Mass.

At any rate, it is very exciting realizing that it's been three years since the start of this study. It's very exciting to finally be able to present some results to you.

I just wanted to preference the presentation by saying that to my knowledge, this is the only jurisdiction, Massachusetts is the only government anywhere in the world that has made the decision to move ahead with this particular type of study before an expansion of gambling has actually occurred. And from an intellectual or an academic's perspective, that makes it, again, a tremendously groundbreaking opportunity for someone like myself who has been engaged with doing this kind of study always in other jurisdictions and always after gambling has expanded in multiple ways in those
jurisdictions. So it's a way to understand what's happening with problem gambling before you actually have that full expansion.

CHAIRMAN CROSBY: It's the whole basic concept. I mean, the baseline piece of our agenda, right.

DR. VOLBERG: Right.
CHAIRMAN CROSBY: For the first time, we have a baseline for everything, whether it's an etiology or incidence or all the other things, too.

DR. VOLBERG: And prevalence -CHAIRMAN CROSBY: Right.

DR. VOLBERG: -- and all of the social and economic indicators that we were looking to receive as well. CHAIRMAN CROSBY: Right. Great. DR. VOLBERG: I just wanted to make that point because, again, just thinking back to the very first time $I$ came before the Commission, it was like I can't believe I'm setting off on this wonderful project that you're letting me do. It's truly been something that has been such an opportunity,
and I thank you for that.
CHAIRMAN CROSBY: Great.
COMMISSIONER MACDONALD: Rachel, kind of on that point, is my understanding accurate that this data was collected in September of 2015?

DR. VOLBERG: The data was collected between March of 2015 and September of 2015, that's right.

COMMISSIONER MACDONALD: Because I found myself actually crossing out '15 because I thought it was a typo.

DR. VOLBERG: You thought it was '16.

COMMISSIONER MACDONALD: I thought it was '16. But it is '15. So this really is before. It's only a couple of month's worth of PPC having been in operation, right?

DR. VOLBERG: Yeah. About five percent of the interviews we completed for MAGIC were completed after the opening of Plainridge Park. So 167 people and none of them had gambled at Plainridge.

MR. VANDER LINDEN: And Commission,
that was wave two. So that's the latest wave. Wave one was comprised of the original SEIGMA general population.

COMMISSIONER MACDONALD: Right.
No, I get that.
DR. VOLBERG: Okay. So moving into the slides. Given that it's been a couple of years since I presented about the methodology that we were proposing to use, I thought it would be helpful to everybody to go back and revisit some of the key terms that we used in talking about cohort studies. I wanted to do a little bit of background on what other jurisdictions, excuse me, other jurisdictions where these kinds of studies have been done just to give you an overview of the characteristics of those studies. I want to then turn and talk about the specific goals that we have for MAGIC and our current status, and then hopefully fairly quickly get into the key findings and give you all a chance to ask some questions about what we think are the implications and then finish up with some future directions.

So just to remind you, this is a slide that we presented to you some time ago talking about the differences in the design of the two pieces of work that we're doing. So SEIGMA, the Social and Economic Impacts of Gambling in Massachusetts, is what's called a repeat cross-sectional study, and what that means is that in terms of secondary data, we are, you know, keeping up to date with all of those data as they're published. In terms of primary data, particularly in terms of the survey data, the repeat cross-sectional means that we take -- we did a survey in 2013, 2014, and we're planning another large population survey after all of the casinos have become operational for a year, but those are not the same people in each of those samples.

The cohort study is a different beast. It's basically following the same people and taking those snapshots but with the same group of people who were exposed to an event at a particular point in time. It gives you a much sort of more fine-grained
picture of what's happening with people's behavior over time, and we think of it in research terms more as a moving picture because it's the same people. You have your characters moving through your movie, if you will.

When we presented to you the first time, we put together a different bathtub picture for you, and as $I$ was thinking about this presentation, I realized that maybe we needed several different bathtubs because when I looked on Google and looked at images, none of them gave me all of the pieces of the puzzle.

So epidemiological folks think about prevalence as sort of the level of the water in a bathtub, and there's ways to make the level move up and there's ways to make the level move down. So if $I$ want to make the level move up, you increase the incidence. I mean, actually you don't want to make the level move up. You want to
always be trying to get it down from a disease management perspective. But
incidence is adding new cases to the population that's in the bathtub, so that's new cases adding to your prevalence. The way you sort of lower the level of the water is, unfortunately, through morality, and we know that problem gamblers have fairly high rates of suicidal ideation, attempts, so this is a factor in problem gambling prevalence, but also through remission. If you look at the less colorful bathtub, you can see the level of the water can change if a you get a lot of people recovering from the disorder.

And then back over to the more colorful bathtub, you can increase the level of the water if you have a lot of people who had a problem in the past and then experienced a problem again, and that's recurrence or relapse. And we know that that is a factor not just with other addictive disorders, but also particularly with gambling when there's a new form of gambling that's introduced, the people who are vulnerable in the population because they've had a problem in the past are more liable to
relapse.
COMMISSIONER ZUNIGA: But isn't that also -- doesn't that also imply some recovery?

DR. VOLBERG: Yes.
COMMISSIONER ZUNIGA: Somebody may have at least temporarily recovered. Whether that was real recovery or not, we can have a separate discussion, but relapse --

DR. VOLBERG: Well, it certainly would be recovery in the sense that they're not experiencing a problem at the time that we ask them about it at a particular point in time.

COMMISSIONER ZUNIGA: Right.
DR. VOLBERG: But someone who's had either a substance use problem or a gambling problem, a behavioral addiction, even if they recover and, you know, and many of them do on their own, they're still more vulnerable to developing a problem again in the future.

And if you add to the risk factors by, you know, suddenly there's a great big new casino down the street and they happen to be a
casino gambler who has stopped gambling or cut back on their gambling because of concerns that they had, that is then, you know, sort of a risk factor for them that you want to be aware of.

So it's very helpful to know what the proportion of your prevalence rate is. Of people who have a gambling problem, it's important to know how many of them are sort of chronic and how many are sort of moving in and out because they require different kinds of services.

So here's another fun picture. Etiology, which is the long-term goal for the cohort study, is to understand the risk and protective factors that are associated with developing a gambling problem and then with helping people to get into remission and into recovery, and to establish in particular long-term recovery is something that's important to know protective factors for.

So following people over time, because you're following the same people, you can see sort of changes in their status and
you can begin to tease out what it is in time one that predicts change of status in time two. And that's the power of this kind of study design is that you can predict the changes, you can look at the predictors and start to sort out what the most powerful predictors are and how you can increase those changes in status over time.

So turning to talk about the background a little bit. There were quite a number of early small scale cohort studies. When I say early, probably starting in the early 1990s, certainly not before that, and all the way through to the mid 2000 s.

All of them had fairly serious limitations. They were limited to maybe young people or to casino workers or they were -- they asked about gambling, but they didn't ask about problem gambling. Most of them only went for two or three waves, so you couldn't really say anything long term about the people in the study. And those limitations actually led starting in the mid-2000s to the launch of five very large
scale cohort studies in four different countries. And Rob Williams, who's our coprincipal investigator on both SEIGMA and MAGIC was either the PI or a co-PI on the two studies in Canada ELLLP and the QLS. And I actually have been fortunate enough to be on the research teams for the Swedish, Australian, and New Zealand studies. So these are all pieces that I've had involvement with.

CHAIRMAN CROSBY: I'm right, Rachel, that these five all were subject to the same limitations you had originally, so there's no baseline, right?

DR. VOLBERG: That's correct, yes. CHAIRMAN CROSBY: These picked up in the middle of an operation of a new casino.

DR. VOLBERG: Yes. So all of these
jurisdictions had had casinos, and in the case of Australia and New Zealand, widespread gaming machines for quite a number of years, at least 10 to 15 years before these studies were launched.

So I'm not going to walk through all of the details of this. We certainly in the report, we talk about, you know, what each of these sort of rows deals with. I think the two things $I$ want to highlight here are that the interval in each case was about 12 months. The assessment length was quite variable. But the interval, except for the LLLP, was about one year between each of the assessments that people went through.

The studies involve either somewhere between four and six assessments in each of these cases, and the problem gambling measure that was used, only the QLS used the PPGM, which is the measure we use in both SEIGMA and MAGIC. The others use the CPGI, the Canadian Problem Gambling Index, which we also use in our two studies, but the PPGM has some different performance characteristics. So we have sort of opted with that. But we do have comparability across all of these studies.

COMMISSIONER ZUNIGA: Rachel, how many of these will continue besides in
addition to the five or so?
DR. VOLBERG: All of them are
completed actually, except for the New
Zealand. I believe New Zealand is planning at least one more wave. I should mention that the Swedish study is concluded, but only because the cohort had become small enough by 2014 that the Swedish government decided to fund a new prevalence survey that is now going to be followed by a new cohort study. So they've upped the ante on us a little bit in terms of deciding to just redo the whole design with a very large baseline prevalent survey and following the cohort over time. And I should mention, they're continuing -- there are discussions, I should say, about continuing to following their previous cohort, even though the numbers are smaller continuing to sort of -- because you can get -- the longer you can keep someone in a study like this, the richer your data become.

So the question comes down to why did we do MAGIC. I have to say back in 2013,

I had to pull my jaw off the ground when I was told that the Gaming Commission was thinking about doing a cohort study because that wasn't supposed to happen in my lifetime, but I'm certainly glad that I'm here to be able to participate.

So as I mentioned, there have been no major cohort studies of gambling and problem gambling in the U.S., certainly not with adults. There might be -- No. Not adolescents either. The other point to emphasize is that the change in gambling availability in Massachusetts during this cohort study is going to be more substantial than other cohort studies conducted internationally. We mentioned just a few minutes ago about the other jurisdictions.

I think what's exciting is that Rob Williams and I have been able to build on our experience in these cohort studies that we've been involved with. We've seen some of the mistakes that we've made and that our colleagues have made, but we've also sort of figured out what works. So it's been really
fun to sort of be able to build on that and, you know, build a better bridge given what we learned about the ones that had gone before. And the other really exciting piece is that we had predicted that MAGIC would be very synergistic with SEIGMA producing results that would inform -- that each study would produce results that would inform the other, and I have to say that we have already found that to be the case.

In our report, we actually discuss some of the implications of the findings from MAGIC in terms of a service development, but we also point out to point to the deeper analyzes that we did from the BGPS data and fold those into the MAGIC report to sort of talk about, well, we can't say as much about this as we would like with MAGIC data, but here's this data from SEIGMA that informs what we have learned from MAGIC. So that, again, is an exciting development.

This is a rather ugly slide. I apologize for all of the verbage. But basically, this outlines the three major
goals that we have for MAGIC. The first is to examine incidence. Again, that's the proportion of new cases that are developing in Massachusetts over a period of time.

The second major goal is to examine stability and transitions associated with problem gambling to look at how people move into and out of problem gambling. And then finally, once we have a number of waves of data, to develop a full etiological model of problem gambling which will help us in guiding development of problem gambling services in Massachusetts and hopefully elsewhere in the U.S. and internationally.

Again, a lot of sort of tiny writing here. But just to remind you, that wave one of the study actually was our very large baseline general population survey. What we did is we drew a stratified sample from the BGPS. It was about half of our respondents, but I'll explain this in a minute. We picked them or we selected them based on behavior that they told us about in the baseline survey.

We launched wave two, which was actually the establishment of the cohort in March of 2015. We finished it in September of 2015, not 2016. And the cohort size is 3,139. As we were sort of working on analyzing the wave two data, we also were going out and getting ready and then fielding wave three of the cohort study.

Wave three was a quite expanded questionnaire that we used to capture etiological factors more comprehensively. We have DSM screens for numerous psychiatric disorders that we know are associated with problem and pathological gambling, but we also put in a number of measures that looked at people's personality characteristics, so there was quite a lot of additional information.

The size of the cohort went down a little bit. Only 2,455 people participated in wave three, but we still consider the 3,139 to be the cohort. And in wave four, which we're preparing to launch in a couple of months, we actually are going to go back
to all of our people in the cohort and try to get information from them. So even if someone is missing data in one wave, we still believe it's very valuable to try and keep them going and get information from as many people as possible.

COMMISSIONER ZUNIGA: So this -CHAIRMAN CROSBY: Go ahead. COMMISSIONER ZUNIGA: I'm sorry. We may be asking the same question. Are you planning on reporting wave three and four together, or when can we expect wave three? Because you're reporting on wave two essentially, right?

DR. VOLBERG: I'm reporting on wave two. We're essentially a little bit delayed on wave two because of some of the review process that we ended up going through. Wave three, we actually have a small report planned on wave three in June of this year. It's one of our fiscal year '18 deliverables. I don't imagine that it will be a full report of all of the results because the results are quite complex and there's a lot of them. But
we'll probably -- you know, we'll certainly update on the methodology, and we'll update on some key findings. And then wave four, you'll recall, that we have a two-year gap between wave three and wave four for some budgetary reasons.

So we haven't really talked about what the reporting process is going to be, but I have discussed with Rob the fact that by the time we have wave four data in hand, it might be time to start thinking about are we going to be able to do some etiological analysis and start to look at filling in that risk and protective factors piece which I know is of real importance in the service development.

COMMISSIONER MACDONALD: But even wave four would be before the introduction of the --

DR. VOLBERG: The major casinos.
COMMISSIONER MACDONALD: -- Wynn and the main casinos.

DR. VOLBERG: Yeah. And the exciting piece about this is that we now are
going to have three measures of what we call natural incidence, which is basically incidence that we're looking at before the introduction of the big casinos. And that's something that we really didn't know whether, you know, a big introduction or a vast expansion changes incidence, but this is going to be a very important study in terms of being able to answer whether there's a change in incidence from pre to post. COMMISSIONER ZUNIGA: But there's going to be the slots parlor that would have been open during those last two waves because you're suggesting --

DR. VOLBERG: And that's one of the things we're going to be looking at is how people's behavior changed with the introduction of the slots parlor, and if there's a change in incidence, are we going to be able to tie it to some particular type of behavior or is it going to be something much more general, is it going to be other kinds of vulnerability, say, with substance use or psychiatric disorders or, you know,
who knows.
COMMISSIONER STEBBINS: Rachel, in
wave four, as Commissioner Macdonald just pointed out, you're going back to the field prior to Wynn and MGM opening. Is there some value in the research of not only looking at people's behavior but also assessing what is your attitude, what is your -- you know, is there an excitement or expectation over opening those two facilities that you would go back and then in wave five, I guess, look at how those attitudes about gaming might have changed, not just behaviors, but attitudes.

DR. VOLBERG: We actually have a number of questions in each of the waves about people's attitudes towards gambling. Not just gambling in general, but gambling in Massachusetts in particular and gambling in their communities. So it's the same questions that we had in the BGPS and in the targeted surveys. We can certainly talk with and/or see about adding some additional attitudinal questions, but we do have a suite
of questions.
COMMISSIONER STEBBINS: Okay.
CHAIRMAN CROSBY: How long can the cohort be useful as it degrades size wise?

DR. VOLBERG: Well, that is an excellent question to which I do not have a good answer. The decision in Sweden was based on two factors. One was the size of the cohort was getting quite small relative to the original baseline survey. So I think we were down to -- well, in Sweden, they like very large samples. So our initial cohort was actually 8,100 people. And I think we were down to about 3,000 when we agreed that it was getting too small.

But the other issue was the age of the cohort. So people age year by year, and so in the case of the baseline survey, you know, we interviewed people who were 18 and over. By the time we got out to wave two establishing our cohort, there wasn't going to be anyone 18 to 19. It was all going to be 19 and over. So as your cohort ages, you begin to have that gap in your cohort of
you're not able to represent anybody who's younger than the age of your cohort.

And I'm trying to think. We started in Sweden, we started in 2008, and by 2014, we all agreed that we needed to sort of take a look at younger people again. But we were looking at people who were 16. So in Sweden, they limit surveys to people who are 16 to 84. I don't know why 84 is the cutoff, but it is. So we were missing people who were sort of 16 to 20,22 , and the investigator didn't -- the lead investigators in Sweden decided they needed to go back out to a population survey to fill up that pot again.

CHAIRMAN CROSBY: So you can
replenish the cohort without losing the integrity of the data? I don't know how that works.

DR. VOLBERG: Well, that's a series of discussions that we have had internally, and we are hoping to be able to share that with you and other folks who come out to our annual meeting in May, and then going
forward, obviously, the best opportunity we think to replenish the cohort is probably with the follow-up general population survey that we're planning for 2020. CHAIRMAN CROSBY: Right.

DR. VOLBERG: But there may be some other things we can do. We're getting some expert advice from NORC. We want to get some feedback from the review, the research review committee, and from yourselves as well.

CHAIRMAN CROSBY: Great. Okay.
COMMISSIONER MACDONALD: But isn't this a problem that just adheres in any cohort study?

DR. VOLBERG: Yes, it is. COMMISSIONER MACDONALD: By definition, correct? DR. VOLBERG: By definition, it applies to any cohort study. The issue is, I think, how important do we feel that it is to have younger people in the cohort. I remember when we were getting ready to go out for the baseline survey, somebody, I forget who, said why are you bothering with people
who are 18 because the age to gamble at a casino is 21 in Massachusetts, and I had to point out that, in fact, you can buy a lottery ticket and you can go to the horse races and play bingo when you're 18 in Massachusetts. So people have access to some forms of gambling. It may not be to casino gambling, but you still want to have those younger people.

COMMISSIONER ZUNIGA: You could actually also go to Rhode Island where it's legal to be 18.

DR. VOLBERG: Right.
COMMISSIONER ZUNIGA: What about people who move? And maybe you already answered this question earlier, but. DR. VOLBERG: Yeah. Mobility is another challenge to conducting cohort studies. Interestingly enough, Massachusetts has quite a low mobility rate compared to other states, even states close by. But we have worked with NORC in doing locating for our cohort members. So they have tools at hand to try and track people down. Just
because they leave Massachusetts for a little while doesn't mean they're not going to come back.

COMMISSIONER MACDONALD: I don't know though, but after the last two weeks, I think you might find a considerable bump up. DR. VOLBERG: Yeah. All those snowbirds leaving.

COMMISSIONER ZUNIGA: Well, I'm specifically thinking about students, too, who come here and go back and are part of the young population.

DR. VOLBERG: We think about those things on a regular basis.

COMMISSIONER ZUNIGA: Okay.
DR. VOLBERG: Okay. I'm not going to go into weighting a great deal. This was the source of quite a lot of discussion and work, but basically, we did weight the cohort to adjust for a number of different things, most specifically, the stratified sample design, which I'll explain in a minute, but also for some of the differential response rates that we got by group.

Initially, we weighted by gender, age, race, ethnicity, and education. In the second round of weighting, after consultation with the research review committee, we adjusted the weights to account for likely participation bias. And I'll explain that in a minute again. But basically the reason we did the weighting was to allow us to more confidently generalize the incidence rate to the population of Massachusetts as a whole.

COMMISSIONER MACDONALD: Could you just pause for a moment and help me with the concept of weighting, because this is the part of your report that I found most difficult to understand.

DR. VOLBERG: Well, I will confess --

CHAIRMAN CROSBY: I suggest you should just accept it as a fact rather than...

COMMISSIONER MACDONALD: I just don't completely understand the concept. I'm not asking to go into the details of it.

DR. VOLBERG: I'm going to try and
do this in plain English.
COMMISSIONER MACDONALD: All right.
DR. VOLBERG: But please understand
that I am not a biostatistician. I actually have an emeritus professor on my team who does all this stuff for us and comes in and explains it to us, and we all go, well, are you sure, are you sure, are you sure, and we pick it apart, and then when we're satisfied --

COMMISSIONER MACDONALD: Well, then
I don't feel so self-conscious.
CHAIRMAN CROSBY: I don't
understand it.
DR. VOLBERG: -- and then we turn it over to the research committee, and they pick it apart, and then it comes back to us and we try and put it back together again. COMMISSIONER MACDONALD: Okay. DR. VOLBERG: So I'm going to do my best here. When you have a population and you take a sample, weighting is what you use to adjust your sample so that you can say something about the whole population, because
each person that you pull from the population represents a much larger group of people.

So I'm a 63-year-old white woman
with a Ph.D. I represent quite a lot of white, middle-aged women with a Ph.D. living in Western Massachusetts, but if I were living in Eastern Massachusetts, I would be a much smaller part of the pool of the middle-aged white women with a Ph.D. than I am in Western Massachusetts. So because I'm in Western Massachusetts, the statistical weight that is assigned to me is different than if I were in Eastern Massachusetts, okay.

So what the weighting process does is it takes the characteristics of every individual in the sample, and it adjusts them up or down based on a number of preselected characteristics with the idea that ultimately you're trying to talk about the 5.1 or 5.2 million adults in Massachusetts as a whole.

COMMISSIONER MACDONALD: Okay.
DR. VOLBERG: Okay. Does that
help?
COMMISSIONER MACDONALD: I get it.
Yeah, that helps a lot actually.
COMMISSIONER ZUNIGA: It's their best guess, and they go through, you know, to get the representation of the actual population.

DR. VOLBERG: And you will hear Ed Stenic say on a regular basis, weighting is more art than science. There is certainly some science and a lot of statistics involved, and he geeks out on the science all time. But at the end of the day, there are assumptions built into any weighting scheme, and you can question those assumptions, and you have to go back and really, you know, have a good rationale for why you picked the variables that you picked to adjust the sample to the population.

COMMISSIONER MACDONALD: Great.
Thank you.
DR. VOLBERG: Does that help? Oh
good. Okay. My first biostatistics lecture, and I passed.

This is a table rather than verbage. Basically, what you have on the left-hand side are the strata. These are the characteristics of the people in the baseline general population survey that we felt were important to look at.

So obviously, in the sample that we drew from the BGPS, that first column, the drawn sample, that 4,860, we had 133 problem gamblers. That was a hundred percent of all of the problem gamblers that we had in the BGPS. We have 450 at-risk gamblers. We had much larger numbers of people who spent $\$ 100$ a month or more on gambling or 1,200 a year. We had a large group of people who gambled weekly. We had a very small group, but a very interesting group, of folks who had served in the military after 9/11. And you'll remember in the BGPS, that they had a very, very high prevalence rate of problem gambling, and so we wanted to make sure we included them in the cohort study in case there was something specific about military service that we could tease out. And then we
had a random selection of everyone else in the BGPS.

I will say that the first five strata, from the problem gamblers to the military service, those strata were a hundred percent. We picked everybody that met that criterion and put them in our drawn sample, and then we took a third of the other BGPS respondents randomly.

The achieved sample is the sample that we now have as the established cohort, the 3,139. And then the last column in the table shows you the response rate by group. So we didn't -- you know, you never get one hundred percent of your sample when you go to do a survey. You get a response rate or, you know, some people choose to opt in, some people choose to not opt in.

Overall for the drawn sample, we achieved a response rate of 65 percent, but you'll see that it's a little bit different by the risk strata. So actually, problem gamblers were less likely to participate in the survey than some of the folks in the
other strata.
COMMISSIONER ZUNIGA: Rachel, I was just glancing over the averages here. Maybe this is due to the number of people, but not just the problem gamblers but military service has a higher than average. Do you think it might be attributable just to the number, to the low number in those groups, problem gamblers and military service?

DR. VOLBERG: So that's not -there's no overlap. So anybody who's in military service and had a gambling problem was going to be in the problem gambler group, and these were other people in the military who had had service since $9 / 11$ who didn't have a gambling problem but were still in our drawn sample.

COMMISSIONER ZUNIGA: Yeah. I wasn't thinking of them collectively.

DR. VOLBERG: Oh. Okay.
COMMISSIONER ZUNIGA: I was looking
at them, and they seem to be the two odd numbers on the averages altogether. I think everybody sort of coalesced otherwise around
a 65 percent --
DR. VOLBERG: Yeah. It could be -COMMISSIONER ZUNIGA: -- response rate, except these two groups.

DR. VOLBERG: So on the very small group, on the military service, it could be that it's an anomaly that, you know --

COMMISSIONER ZUNIGA: Because it's very small people.

DR. VOLBERG: Because it's a very small group, they just might have a higher response rate for unknown reasons. It might be that they're more dedicated to public service so they're more likely to do a survey or to agree to participate in a long-term study. It's hard to say.

Problem gamblers, we know that they tend to have lower response rates to gambling studies. We think it probably has to do with some sort of self-perception of their own gambling problem that makes them reluctant to talk about their gambling.

CHAIRMAN CROSBY: Rachel, is
another way of synthesizing this to just say
we lost 35 percent of the sample from the last wave?

DR. VOLBERG: No. Because this is establishing the cohort. We didn't lose anybody. We're going to follow all of these 3,139 over time.

CHAIRMAN CROSBY: You don't consider the original 48 as the cohort.

DR. VOLBERG: No. That was the basis for the sample. That was just the basis for establishing the cohort.

COMMISSIONER ZUNIGA: They have to agree to participate first, right?

DR. VOLBERG: Yeah. So --
CHAIRMAN CROSBY: But you used the 4,860 as your baseline data, right, that's how you calculated incidence.

DR. VOLBERG: No. We're not calculating incidence on 4,860.

CHAIRMAN CROSBY: Okay. We're only talking about the 3,139. Okay.

DR. VOLBERG: Yeah.
CHAIRMAN CROSBY: So you could almost call this wave one rather than wave
two. Okay. I get it.
DR. VOLBERG: Yeah. There was a lot -- We discussed, again, this was like -you guys are hitting on all the things that we sort of spent days and days talking about and came to a decision, and now I'm thinking, like, now why did we decide to call it wave two instead of wave one. I know we had a really good reason.

CHAIRMAN CROSBY: Right. Okay.
MR. VANDER LINDEN: One last point I wanted to make from this slide. This is a way in which it really is synergistic with the larger SEIGMA study that a low base rate disorder like problem gambling is really difficult to track in a cohort, but because we were able to identify these specific groups within the original SEIGMA population baseline study, it amplifies our ability to really use, gather information about gambling behavior from the group we're most interested in or groups we're most interested in.

CHAIRMAN CROSBY: Okay.
DR. VOLBERG: Okay. So this is
really just a nice map to show you the location of all of the addresses of the people that agreed to be in the cohort. We were really glad to see that it looked a lot like the population of Massachusetts, the distribution of the population of Massachusetts.

And now, finally for some key findings. Wait. Oh. Yeah. Okay. So one of the first things we looked at was between 2013, 2014, and 2015 or so -- I'm going to shorten that and say between 2014 and 2015, we looked at changes in individual members of the cohort's gambling participation between those two waves, and what this shows you is that there was a small -- it was statistically significant increase in overall gambling.

The two main types of gambling that contributed to that increase were actually casino gambling and horse racing. There was also an increase in the mien number of types of gambling that people had done, but $I$ just want to emphasize that while these were
statistically significant, all of these changes were quite small. And so the main reason that we felt that this was of interest is because in all of the other jurisdictions, gambling participation has generally reduced between waves. People tend to do less and less gambling over time, and so that was our first kind of little surprise about this study in particular was it seems to go in the opposite direction of the other studies that we have done.

COMMISSIONER ZUNIGA: But those other same studies were they started years sometimes the after the introduction of casinos, right?

DR. VOLBERG: Yeah. And we felt there might be some logical reasons why this would be the case, but because it's the first time that we've done a cohort where we've established a cohort in a jurisdiction that didn't yet have like all of the gambling that we knew was coming, we just were surprised to see it going in the opposite direction. Usually, you know, when you've got five
studies that are going one way and you get
one that goes the other way, you're like, all right, let's stop and think what could be going on here.

COMMISSIONER ZUNIGA: Right.
COMMISSIONER STEBBINS: Rachel, do respondents, talking about sports betting, are they -- obviously, it's --

DR. VOLBERG: It does look like it edged up a bit. It was not statistically significant.

COMMISSIONER STEBBINS: Do they
identify a difference between sports betting, sports betting and doing DFS, that type of activity as well?

DR. VOLBERG: I don't think that we -- because we were in the field or we were already in the -- I think we had already finalized the questionnaire when DFS, all of that stuff, blew up in I think it was in 2015, September of 2015.

COMMISSIONER ZUNIGA: Um-hmm.
DR. VOLBERG: We would have already been out of the field. There was something
else going on than DFS right there.
COMMISSIONER STEBBINS: Okay.
DR. VOLBERG: What we did do was in
wave three, we added some additional
questions to get greater detail about sports betting because we knew that DFS had blown up. So we'll definitely be taking a look at that.

COMMISSIONER STEBBINS: Just trying to think of what the respondents attitude is, is what I'm engaging in sports betting or --

DR. VOLBERG: Yes.
COMMISSIONER STEBBINS: -- is it
something else I'm doing?
DR. VOLBERG: Something else I'm doing.

COMMISSIONER STEBBINS: The Final Four and all the other.

DR. VOLBERG: Right. That's not betting. That's something else with my friends.

CHAIRMAN CROSBY: Why do you say that the increase is due to lottery and horse racing when, $A$, they all went up, and $B$, it
looks to me like the largest increase after horse racing was probably casino?

COMMISSIONER ZUNIGA: She said casino and horse racing.

DR. VOLBERG: I said casino and horse racing.

CHAIRMAN CROSBY: Oh. I thought you said lottery and horse racing.

DR. VOLBERG: No, sir. And it's all based on statistics. I'm sorry.

CHAIRMAN CROSBY: No. That makes sense. I misunderstood, I'm sorry.

DR. VOLBERG: Okay. Let's move on. From my perspective, this is the much more interesting stuff. I mean, gambling participation is good to know when you're talking about problem gambling, but this is really where the meat of our work has been over the last year or so.

Basically, I'm not going to go into a lot of detail about the care that we took to actually match people to make sure that they were the same person who participated in wave one and wave two, but we did a lot of
work to do that. And then we looked at problem gambling status in wave one and problem gambling status in wave two. And I'll draw your attention to the bottom of the table. You'll see there's a small number of respondents in our overall cohort who were either missing problem gambling status in wave one or were not a problem gambler in wave two and had known problem gambling status in wave two or we couldn't figure out in wave two what their problem gambling status was because they hadn't answered enough of the questions in the problem gambling section of the questionnaire. So we put all of them below the bar as far as being able to use their information to determine incidence and remission.

So the key groups are the people in wave one who were not a problem gambler in wave one and not a problem gambler in wave two. You can see it's a very large group. Then the incidence cases are actually the people who were not a problem gambler in wave one but were a problem gambler in wave two.

Those are your incidence cases. Those are the new problem gamblers in wave two.

Then you've got -- The next row is they were a problem gambler in wave one and not a problem gambler in wave two. Those are your remitted cases. So those are people who are in remission, but we know they had a problem in wave one, so we know they are vulnerable to having a problem in the future. And then you've got your ongoing cases, which are problem gambler in both waves of the study.

COMMISSIONER ZUNIGA: So ideally, or perhaps these other studies, the delta between 60 and 40 would be a negative, right, if people are adapting to the introduction in the long term.

DR. VOLBERG: The delta?
COMMISSIONER ZUNIGA: So the delta
between 60 and 40 are --
DR. VOLBERG: 20.
COMMISSIONER ZUNIGA: -- the
increase in incidence. Is that -- Am I oversimplifying it?

CHAIRMAN CROSBY: It's not a net number.

DR. VOLBERG: Yeah. I mean, you have to look -- so basically, your incidence cases, your incidence -- and I'm going to do this next. I'll wait to show this next slide. The incidence is only calculated on the people who were not problem gamblers in wave one. So your incidence is 60 divided by 2943 plus 60. Your remission is actually 40 divided by 40 plus 39. So actually, it's more like 50 percent remission.

COMMISSIONER ZUNIGA: Aha. Yes.
DR. VOLBERG: Does that make sense? COMMISSIONER ZUNIGA: Yep.

DR. VOLBERG: Because you've got different denominators.

COMMISSIONER ZUNIGA: You do.
DR. VOLBERG: Because you're
looking at different things. Okay.
COMMISSIONER ZUNIGA: Yes.
DR. VOLBERG: All right. That was the hardest part actually, thinking about how I was going to explain that.

So I have this red circle. When you look at the whole sample, you've got 2.3 percent of people in the full cohort who went from -- weighted cohort who went from being not a problem gambler to being a problem gambler, and then you've got the 1.1 percent of problem gamblers who remitted.

There's a long discussion in the report about this if you care to get into it, but weighted prevalence is 2.4 percent, and the unweighted prevalence, as the review committee pointed out, is somewhat lower at 2.0 percent. The reason is because of the characteristics of the people who developed the gambling problem were more likely to have high weights, they were young, they were minority, and they had low education.

And then last but not least, this is what we call a transition table. And this is basically to start to talk about the second major goal that we have for MAGIC, which is to examine transitions within the cohort. I just want to emphasize that this is unweighted data. So we're not trying to
talk about the population at this point. We're trying to talk about the individuals in the cohort.

The most stable group was
recreational gamblers in wave one.
Eighty percent of them remained recreational gamblers in wave two followed by non-gamblers about --

CHAIRMAN CROSBY: Where are you getting that number?

DR. VOLBERG: I'm sorry. If you --
Do I have a pointer on here. I do, but it doesn't show. If you look at the table. I'll put on my glasses so $I$ could see it as well. If you look at the column that at the top it says complete data wave two, and then you look down on recreational gamblers, you'll see a dark blue rectangle that has 1,723 and 80.3 percent in it.

CHAIRMAN CROSBY: Right.
DR. VOLBERG: That means
80.3 percent of the recreational gamblers in wave one, which is on the left-hand side, remained recreational gamblers in wave two.

COMMISSIONER ZUNIGA: Oh, I think I'm just getting this chart. Because I had a question about this chart when I first read it.

DR. VOLBERG: Let's start with non-gamblers. If you look up at that square that says 298 and 64.4, what that says is that there were 298 non-gamblers in wave one who were still non-gamblers in wave two, and they represent 64.4 percent of all of the non-gamblers in wave one.

COMMISSIONER ZUNIGA: So can I do the following. Is the 177 recreational gambler on wave one?

DR. VOLBERG: Who are non-gamblers in wave two.

COMMISSIONER ZUNIGA: Exactly.
DR. VOLBERG: Yes.
COMMISSIONER ZUNIGA: How does that
relate to the 158?
DR. VOLBERG: The 158?
COMMISSIONER ZUNIGA: Recreational
gamblers.
DR. VOLBERG: So that is
non-gamblers in wave one who became recreational gamblers in wave two.

COMMISSIONER ZUNIGA: Okay. So the column goes first?

DR. VOLBERG: The columns are wave two and the rows are wave one.

COMMISSIONER ZUNIGA: Wave one.
DR. VOLBERG: But the highlighted squares are what $I$ was trying to talk to you about are the proportion of each of the groups in wave one who remained in that group in wave two. And you can see that recreational gamblers were the most stable and actually at-risk gamblers were the least stable.

COMMISSIONER ZUNIGA: Is there any number here between the waves that is -besides the one that goes exactly at 45 degrees, I guess, that's important for us to understand?

DR. VOLBERG: Yes. So there's a couple of numbers that are important to understand. If you look along the row of non-gamblers, you can see that while

64 percent of them remained non-gamblers, actually a third of them transitioned into recreational gambling, and a very small percentage, but a very important percentage, went all the way over from being non-gamblers --

COMMISSIONER ZUNIGA: To at risk. DR. VOLBERG: -- to being at-risk gamblers.

COMMISSIONER ZUNIGA: That's the seven and the one and a half.

DR. VOLBERG: The N equals 7. It's
1.5 percent of that group. Similarly, you have movement for the recreational gamblers in wave one. You have about ten percent who transitioned into being at-risk gamblers, and you have another one percent who actually transitioned all the way to being problem and pathological gamblers.

COMMISSIONER ZUNIGA: Where are
those last two?
DR. VOLBERG: The 22 on the
recreational gambler, but they're in problem and pathological gambling on wave two.

COMMISSIONER ZUNIGA: But then the other italicized number are these at-risk gamblers that became non-gamblers, right, the H and the 2?

DR. VOLBERG: Yes. And the reason they're italicized is because the group is so small that the estimate is unstable. The statistical estimate is unstable. There's variation.

COMMISSIONER ZUNIGA: Not statistically significant or is that a new term?

DR. VOLBERG: No. We're not talking about statistical significance when we're talking about these data. I mean, we are. We're talking about the size of the group and because it's so small, there's a lot of noise around the estimate.

COMMISSIONER ZUNIGA: Right. Just like there is in the seven, right?

DR. VOLBERG: Yes. And that's why they're italicized. You can see they're the smallest groups.

COMMISSIONER ZUNIGA: Right.

DR. VOLBERG: The other two or the other piece that I want to point out to you is this almost ten percent of at-risk gamblers who transitioned into being problem and pathological gamblers versus the just over half of the at-risk gamblers who transitioned into a less severe category into recreational gambling.

COMMISSIONER ZUNIGA: I'm sorry, say that one more time.

DR. VOLBERG: So if you look at the at-risk gamblers in wave one, you can see there's moment in both ways.

COMMISSIONER ZUNIGA: Yeah.
DR. VOLBERG: Some people went up, and a lot more people went down.

COMMISSIONER ZUNIGA: Yes. 201 became recreational.

DR. VOLBERG: Yes. And then the problem gambling group which is actually a little bit more stable than the at-risk group, quite a number of people transitioned to either at risk about -- well, yeah, close to equal numbers transitioned down or way
down. This is sort of just --
COMMISSIONER MACDONALD: Rachel, do you have any -- I found this data to be the most striking of all the results of this study because here we're in an environment which is basically pre-introduction of casino gambling in the Commonwealth, and yet, you have all of this fluidity between these different categories.

DR. VOLBERG: Right.
COMMISSIONER MACDONALD: Do you have any thoughts preliminarily as to what could explain this?

DR. VOLBERG: I will say that these transitions are -- the fact of the transitions is not a surprise. We've seen that in all of the other studies, the cohort studies that I've been involved with or that Rob has been involved with. And it actually is extremely interesting because what we're learning from the cohort studies and from Massachusetts now as well about the fluidity of a person's problem gambling status at any given point in time somewhat contradicts the
view of pathological or disordered gambling that is enshrined in the DSM, which is that disordered or pathological gambling is a progressive and chronic and unremitting disorder and clearly, it's not.

COMMISSIONER MACDONALD: Right.
DR. VOLBERG: So Massachusetts is similar to other studies in other jurisdictions that have found these kinds of transitions. Where it's unusual and where we are not on solid ground is understanding that the rate of transitions in Massachusetts is actually much higher than the rate of transitions that we've seen in other jurisdictions.

So I have a calculation in the report that shows that about 14 percent of people in the cohort moved into a less severe group, and almost 15 percent moved into a more severe group. And the rates that we have from some of these other studies are in the four to five percent range. So there's clearly something going on in Massachusetts, or to my mind, there's something going on in

Massachusetts that's unusual, but what we don't know is if it just happens to be the particular period of time when we took these measures or if it's something about the population of Massachusetts that's a little bit unique or if there's hopefully something that we've measured that we just haven't analyzed yet that will help us figure out what's going on.

COMMISSIONER ZUNIGA: Well, it occurs to me the nature of the gaming market in the region, because our -- the study is specifically for Massachusetts, but there's very nearby availability of casinos and has been for some time. In fact, when the Gaming Act was being proposed, the one of the states next to us responded by expanding their own gaming into table games. So it's just another...

DR. VOLBERG: Yeah. I mean, that's one of the features of doing gambling research in the United States is, you know, it's different from New Zealand or even from some of the European countries that I've been
involved with in that states are very quick to sort of make competitive moves when they see something happening across their border much faster -- it's much more -- it happens much more quickly in the U.S. I think than in a lot of other jurisdictions where I've done this kind of work. And so $I$ think that is an important thing to keep in mind is that we may see bigger and faster changes in our cohort in both directions based on what's happening with, you know, the competitive pressures in the region.

MR. VANDER LINDEN: The value really comes over time in subsequent waves that while we may see remission, is it remission for a short period of time while the person recovers financially before their gambling begins to ramp up, or is it truly remission and somebody maintains their status as a recreational or non-gambler after being an at-risk and problem gambler. I think -and then throw the extra layer of opening casinos into the mix of that, the value will come over time in measuring wave four, five,
and six and beyond.
COMMISSIONER ZUNIGA: And
throughout all these measures, we will be able to ascertain protective factors and risk factors, correct?

DR. VOLBERG: Yeah. We're hoping by wave four and five we're definitely going to be able to start that fill that picture in. But you know, there just is a lot to kind of get our heads around and we have a pretty interested review group, so the debate is long. But $I$ think that, you know, at the end of the day, the product will -- the results will certainly stand the test of time. And you know, we only know what we know, and we'll try and figure out what we don't know going forward.

I just want to sort of quickly get to the end of this, because I know your time is valuable. But just to review, we found small but statistically significant increases in gambling participation. Problem gambling incidence prior to casinos in Massachusetts appears high, but as we point out in the
report, it is subject to some methodological limitations as well as to possibly some other things that are going on in the environment. We did have -- we did determine that we had some differential response rates which may have resulted in heavier gamblers, not problem gamblers, but heavier gamblers being more willing to participant in the cohort study, which we tried to adjust for, but we may not have been fully successful. As the reviewer pointed out, we have a longer interassessment interval than some of the other cohort studies that have been done, and there is a question of the reliability of problem gambling as it's impossible measured based on self-report.

CHAIRMAN CROSBY: Aren't the other ones done by self-reporting also?

DR. VOLBERG: Yes. They're all done by self-reporting also. CHAIRMAN CROSBY: So that doesn't -- Why would that probably be a factor? I mean, the whole business might be unrealistic and inaccurate because of self-reporting.

DR. VOLBERG: Right.
CHAIRMAN CROSBY: But that's not something unique about this methodology.

DR. VOLBERG: No. But it was something that the reviewer pointed out pretty much on every occasion.

CHAIRMAN CROSBY: I just agree that it's an issue, but you're making a distinction between these rates and the rates of other studies and that I don't think the one of the variables here, but whatever.

DR. VOLBERG: Yeah. I'll rethink that bullet.

CHAIRMAN CROSBY: All right.
DR. VOLBERG: Okay. And then the last piece in terms of stability and change, the transition rates do appear to be higher, but again, it could be due to the longer window between the assessments and also possibly due to the fact we used the PPGM rather than the CPGI which was used in most of the other studies.

So I think this is my last slide, next to last slide.

CHAIRMAN CROSBY: I'm sorry.
DR. VOLBERG: Yep.
CHAIRMAN CROSBY: Incidence appears higher than other studies by quite a bit, but stability and change seem similar. How can that be?

DR. VOLBERG: Stability and change seems similar in the sense that it was happening. I did point out a little while ago that the rate of transitions does seem to be higher in Massachusetts.

CHAIRMAN CROSBY: Yeah.
DR. VOLBERG: And the incidence rate we also think is higher. But as we have discussed it with the review committee, there are some possible explanations. It's going to -- If $I$ can just get on to this next slide.

CHAIRMAN CROSBY: Okay. Fine.
DR. VOLBERG: Oops. Going the
wrong way. So in terms of if these findings are accurate and the question is whether they are -- I mean, they're accurate here, but you know, are they meaningful in the long term.

If the incidence rate is accurate and it is a good bit higher than incidence rates that we identified in these other studies, it's unclear why that would be the case because, again, as Lloyd has pointed out, there have not been many changes in the availability of legal gambling in Massachusetts between the two waves of this study.

So it's unclear why it would be higher, but if it is higher, then it suggests that prevention resources may well be needed ahead of the casinos opening to reduce that incidence rate going forward.

CHAIRMAN CROSBY: Let me make sure I understand this one. So what you're saying is assuming this data is representative of what's going on, we do have a significantly higher incidence rate than other places, it doesn't have anything to do with casinos, but just as a matter of public policy, it might be something people want to know about.

DR. VOLBERG: Right. And a matter of public health as well.

CHAIRMAN CROSBY: Yeah. I got it.

But the point is, and I'm thinking about, the next meeting we have coming up with this same conversation is going to take place.

DR. VOLBERG: Right.
CHAIRMAN CROSBY: The Public Health
Trust Fund in Massachusetts is designed to deal with the impact of casino gambling.

DR. VOLBERG: Right.
CHAIRMAN CROSBY: Having this in here suggests that the Public Health Trust Fund better sit around, oh, my god. We better get moving here before the casinos open because the data is telling us we should deal with this problem. That's something that might go to the Department of Public Health but not to the Public Health Trust Fund, because we have enough trouble trying to get ready how to mitigate the implications and causes of casinos.

DR. VOLBERG: Right.
CHAIRMAN CROSBY: But to try to
worry about whatever else is going on right now is not our problem, it's not our mandate. It's an issue and it's worth pointing out to
somebody, but to put that line in here is, I think, sets off alarm bells like, oh, my god, we better get moving and that's not what we want to have happen. And in fact, that's not the mandate of the Public Health Trust Fund. DR. VOLBERG: Okay. CHAIRMAN CROSBY: So if you could scratch that point, I think that would make sense.

DR. VOLBERG: Okay.
CHAIRMAN CROSBY: I mean, if you can say as an aside, you might say to the folks at DPH it appears that there are problems in the gambling culture here in Massachusetts. If we're right about this, and we might not be, but if we are, there are other issues going on here. We might -- Mike Sweeney, we might want to talk about the issues, you know, the --

DR. VOLBERG: What the lottery could do, yeah.

CHAIRMAN CROSBY: But for purposes of the Public Health Trust Fund, it's not a factor.

DR. VOLBERG: Right. Okay. Has the Public Health Trust Fund already gotten these slides?

CHAIRMAN CROSBY: Yeah. Well, yeah.

DR. VOLBERG: Okay.
CHAIRMAN CROSBY: Whatever. You can say ignore that one because it's really not relevant to the PHTF.

DR. VOLBERG: Right.
COMMISSIONER ZUNIGA: I know you don't like to, in this context, speculate, but if I may, could there be that there's some anticipation factor at work here?

DR. VOLBERG: Yeah.
COMMISSIONER ZUNIGA: As well as
how the tight market in New England really operates because there has been some expansion around us.

DR. VOLBERG: And also some
anticipatory competitive spending by operators in other states. I mean, there's a lot of things that could be driving this higher incidence rate, and you know, we can
speculate, but until we've done our due diligence with triangulating these results with other data that we have from SEIGMA in particular but also from some secondary data sources, you know, it's early days to be jumping the gun.

COMMISSIONER ZUNIGA: Right.
DR. VOLBERG: And so similarly, if the remission rate is also high, as it looks to be with 50 percent, it suggests that recovery -- that treatment and recovery support resources would also be well advised.

So just to wrap this up --
CHAIRMAN CROSBY: Because remission is a good thing, we ought to seize on it to make the most of it --

DR. VOLBERG: Try and make it happen more.

CHAIRMAN CROSBY: -- people are acceptable to remission, so let's act on it.

DR. VOLBERG: Yeah. Make it happen more and keep it in place. You know, help people to maintain it.

CHAIRMAN CROSBY: Right.

MR. VANDER LINDEN: So what are the pathways to remission and how do we maximize those pathways.

CHAIRMAN CROSBY: Right.
COMMISSIONER MACDONALD: And that goes back to the point that you made earlier, as I understand it, that the fluidity, even amongst problem gamblers, at least challenges the proposition that once a problem gambler always a problem gambler. There really is flexibility in that.

DR. VOLBERG: There is that proportion of people who are clearly just problem gamblers every time you take a look at them, but the more common picture is sort of movement in and out, and the question from a public health perspective and from a treatment perspective is how do you get people to move down the spectrum and how do you keep them down there, you know, and prevent them from moving to the more extreme more severe end of the spectrum.

COMMISSIONER MACDONALD: Right.
DR. VOLBERG: So in terms of due
diligence, we definitely are planning to look at a number of other data sources that we have to try to understand what we identified in this first wave or this first establishment of the cohort. We have the targeted baseline and follow-up surveys in Plainville that we already are beginning to look at not just for this purpose, but also for development of the impact study -- the impact report that we have coming up later this year. We actually have in the BGPS, the baseline population survey, we actually had a large enough sample of people from Springfield and surrounding communities that we were able to pull them out of the BGPS, and then we have a year later, no, two years later I think from 2015, a year later. Once the Gaming Commission had identified Springfield as the --

COMMISSIONER MACDONALD: The
location.
DR. VOLBERG: -- as a licensee, we
went in and did a targeted baseline survey in Springfield. So we actually have two
baseline samples from Springfield that we want to take a look and see if we see any changes in gambling behavior or problem gambling in Springfield and surrounding communities in the same period of time that we were doing the MAGIC work.

We want to take a look at incidence in wave three of MAGIC. We're beginning to -- Oh, I'm sorry. Reminding me to do something else. We actually want to take a look at wave three, and we're starting to do that analytic work right now. And then we're hoping that we can also triangulate further using some secondary data from DPH on treatment seeking as well as help line calls from the Massachusetts Council. And we know that there's a count that's kept on a month basis of GA meetings, so we think those might be some additional pieces of information that we could feed into a larger picture of what might have been going on during this period.

And then following up on this report, we actually have some deeper analyzes of this data that we're planning. We want to
look at differences in incidence and transitions by gender, because men and women are known to have different trajectories. We want to look at the role of involvement with specific types of gambling and see if we can figure out if there's difference in incidence in transition related to types of gambling, although we're a little bit limited with sample size there. And then we want to begin to focus some work on factors that predict change in people's status with a particular focus on people who develop a gambling problem and those who move into remission. So that's work for the future.

CHAIRMAN CROSBY: Great. We didn't want you to --

DR. VOLBERG: I think you've already asked your question.

CHAIRMAN CROSBY: We didn't want you to get bored.

DR. VOLBERG: I don't think it's possible. Not in this lifetime.

CHAIRMAN CROSBY: Anybody else, anything?

COMMISSIONER STEBBINS: Great work. COMMISSIONER MACDONALD: I think it's fascinating and incredibility significant.

DR. VOLBERG: Thank you.
CHAIRMAN CROSBY: And remember, this is just the start. We're just the beginning.

COMMISSIONER MACDONALD: Just the beginning.

CHAIRMAN CROSBY: Correct. Let's take a very quick break, and then we'll come back and go back to the next item.
(Break taken.)
CHAIRMAN CROSBY: Okay. We are reconvening Public Meeting 232, and we are going to skip to item number five from legal division, General Counsel Blue, and or her deputy, Mr. Grossman.

MS. BLUE: Mr. Grossman.
MR. GROSSMAN: Good morning.
CHAIRMAN CROSBY: Good morning.
COMMISSIONER MACDONALD: Good
morning.

COMMISSIONER ZUNIGA: Good morning. COMMISSIONER STEBBINS: Good morning.

MR. GROSSMAN: We have before you a draft, a nondisclosure agreement. This is based upon the conversation you had at your last meeting where we reviewed the request by MGM Springfield to protect certain information and categories of information. This is how we have commemorated the discussion. This is, at least in form, the exact same language we used in the case of Plainridge Park Casino's nondisclosure agreement. I think it's both satisfactory to both protect the information and clarify what the process will be. And with your approval, we would ask that Mr. Bedrosian and a representative from MGM Springfield sign it so that it's formally executed.

CHAIRMAN CROSBY: Questions,
comments?
COMMISSIONER ZUNIGA: We already had the general discussion, right, last time, remind me.

MS. BLUE: That's correct, yes. COMMISSIONER ZUNIGA: And there was a couple of petitions we disagreed with or one in particular. Remind me. Do you remember?

MR. GROSSMAN: There were a couple. I think they were all resolved. There were a couple that we discussed back and forth. I know there were -- I'm trying to remember. The incident reports, for example, where individual's names are mentioned, we suggested, and this reflects that it's discretionary on the part of the Commission as to whether we turn someone's name over. COMMISSIONER ZUNIGA: Right.

MR. GROSSMAN: Or hold it under the privacy exemption.

COMMISSIONER ZUNIGA: Yes.
MR. GROSSMAN: So that was an issue, and couple of different areas. I think that was the big one.

COMMISSIONER ZUNIGA: That's was the big one, yeah.

MR. GROSSMAN: The other
complicated one are number 6 and 7 here.
CHAIRMAN CROSBY: Which was the
number of the one you just mentioned?
MR. GROSSMAN: Let me see. 14. 14
and 28 I think.
COMMISSIONER ZUNIGA: They were asking for something broader than what's reflected here, so it might not necessarily be --

CHAIRMAN CROSBY: Yeah. What we decided not to do is not reflected here.

COMMISSIONER ZUNIGA: Precisely.
MS. BLUE: Yeah. We talked a lot
about the interaction between what they requested and the public records and how we would address it. Any public record issue would not be reflected in this, but that was the tenor of our discussion.

COMMISSIONER ZUNIGA: Yeah. No, but thank you for that clarification. I'm sorry to...

COMMISSIONER STEBBINS: Todd, is there -- is some of the information material that we capture, it would be interesting at
some point to see if there's -- and I talked about this with Catherine -- some type of template that we can create so that all of our licensees are somewhat submitting the same information in the same form and, you know, we're collecting certain.

Looking at number one on annual business plan, that can be anything. You know, can we work in creating templates that, you know, kind of provide some efficiencies for our licensees, at least in capturing the information by creating a template that they can all use?

MR. GROSSMAN: Absolutely. And I think we have started to discuss reporting formats and things of that nature. So that is a great idea and one that we'll certainly work to implement.

COMMISSIONER STEBBINS: But kudos for getting this done in advance. I know we did PPC after they opened. So this is good work, and good work on behalf of MGM as well to get this wrapped up before they open. CHAIRMAN CROSBY: Anybody else?

COMMISSIONER MACDONALD: Are there outstanding, you know, objections from MGM?

MR. GROSSMAN: I think I'm
confident in reporting that they're generally comfortable with this. We would, with your approval, just leave it open for possible typographical and non-substantive minor modifications prior to execution. But otherwise, I think in form and substance, this is an agreed upon generally.

COMMISSIONER ZUNIGA: And we can always come back and amend. I think we've done that PPC, right?

MS. BLUE: We have.
COMMISSIONER ZUNIGA: They
requested an additional amendment --
MS. BLUE: As we move forward and there are other concerns that arise, we will bring them back to you if we need to amend. And we have, I think, two or three times with PPC, so I suspect that will occur here as well.

COMMISSIONER MACDONALD: Is it fair to say, Mr. Nosal, that $I$ can state on the
record that you have been nodding your head in answer?

MR. NOSAL: Thank you. Jed Nosal
on behalf of MGM. I had said to Deputy
General Counsel Grossman earlier that one thing that didn't come across in our discussion the last time we were before you that this really represented months of work, and I think we were in agreement that 95 percent of it, we discussed some of the policy issues that, you know, we had we thought were important to bring up to the Commission, but I believe this document sort of represents something that the company is willing to go forward with. And as I think General Counsel Blue has indicated, this also certainly can be changed if we run into any unanticipated issues or we -- and I imagine we will come to you from time to time to add to it.

CHAIRMAN CROSBY: Catherine, number 15, is that the same language that's in the PPC nondisclosure?

MS. BLUE: I believe so, yes, and
that's why it's covered by the nondisclosure.
CHAIRMAN CROSBY: Okay. Well, because in this case, I'm wishing John were here, but remember the topic came up with the GPAC about whether or not we could ask them about salaries and benefits, and we said no thinking at that point that they had said that it was covered under a nondisclosure and that we couldn't break that. But now I think the issue was specific jobs and specific positions, not categories of, what do you call it.

COMMISSIONER ZUNIGA: Ranges. CHAIRMAN CROSBY: Ranges on job categories. So if -- And I'm just not sure we're all exactly on the same page because John said he was talking to PPC and saying, no, we'd really like to have you be willing to give us ranges of salaries for categories of jobs, is that okay with you, as if it were up to them. But if this is already in the agreement, then it's not up to them. They've agreed.

MS. BLUE: They've already agreed
that it's covered by the NDA. So we would receive it. We can't release it. That was the response to the GPAC was that the information is covered under a nondisclosure agreement, thus, we cannot release it.

CHAIRMAN CROSBY: No. But what's covered under the nondisclosure is specific jobs.

MS. BLUE: Specific jobs, yes.
CHAIRMAN CROSBY: The ranges of the job category, for example, housekeepers will be from 30,000 to 37,000 or whatever it is. Those we can release. That's not covered under the NDA plan.

MS. BLUE: Well, it's not covered, but --

COMMISSIONER ZUNIGA: Depends who we are talking about here.

MS. BLUE: Well, to answer your question, though, as I think John sort of relaid, we are in the midterm review of PPC's licensing conditions. I asked PPC to come back to us with some idea of what they would be comfortable releasing, that
notwithstanding that we have this language, we did receive a request. I want to understand what they thought they could release. And maybe they will come back with something about ranges. I don't know.

CHAIRMAN CROSBY: Okay. So this --
MS. BLUE: We are in discussions. CHAIRMAN CROSBY: So what you're saying here is, yes, so far that information has broad categories, job categories, with salary ranges is not covered under the NDA, but that's not the same thing as saying they'd be comfortable with us releasing that.

MS. BLUE: And also, keep in mind we don't receive that information. So what's under the NDA is what we receive. We receive specific information.

CHAIRMAN CROSBY: Right.
MS. BLUE: We don't receive it, I don't believe, in the job category. But I have put a question to PPC as to what they would be willing to turn over, because we know we have a request, and I want to have that conversation with them. So they are
reviewing our request for what they would feel comfortable notwithstanding that there's an NDA on this information.

CHAIRMAN CROSBY: Right. Okay.
COMMISSIONER ZUNIGA: It's fair to
say that when we did the NDA with PPC, this may not have read exactly how it reads now in MGM's NDA, correct?

MS. BLUE: We would have to look.
MR. GROSSMAN: I think that's right.

MS. BLUE: Yeah. We have to look at it.

MR. GROSSMAN: I think we added that parenthetical.

COMMISSIONER ZUNIGA: We did add the parenthetical, but --

CHAIRMAN CROSBY: But that's what I just asked. It is the same as PPC, and you said yes.

COMMISSIONER ZUNIGA: No. That was my point. It may not be because of the parenthetical that we talked about.

CHAIRMAN CROSBY: That was my whole
point. So it's not the same as PPC?
MS. BLUE: Yeah. It doesn't mean we get the information we want.

CHAIRMAN CROSBY: I understand that. I asked is it the same thing or not, and it's not.

COMMISSIONER ZUNIGA: Well, we have to check.

MS. BLUE: We have to check, yes.
CHAIRMAN CROSBY: Okay.
COMMISSIONER ZUNIGA: But the conversation I remember from last time on MGM was what gave way to this parenthetical that MGM only is, at least I remember that, are comfortable releasing -- for us releasing salary ranges.

CHAIRMAN CROSBY: Right.
COMMISSIONER ZUNIGA: They're just uncomfortable with the specification.

CHAIRMAN CROSBY: All right.
COMMISSIONER ZUNIGA: And we're all
fine with that.
CHAIRMAN CROSBY: So now we just
have to reconcile what we are thinking we
would like to be able to do and what -COMMISSIONER ZUNIGA: And PPC. CHAIRMAN CROSBY: -- PPC so far says they're willing to do. Any other discussion about this?

Mr. Nosal, are you --
MR. NOSAL: No. Appreciate everybody's attention on this.

COMMISSIONER STEBBINS: Mr. Chair, I move that the Commission approve the nondisclosure agreement that's included in the packet between the Commission and MGM Springfield.

CHAIRMAN CROSBY: Second? COMMISSIONER MACDONALD: Second. COMMISSIONER STEBBINS: Or Blue Tarp.

CHAIRMAN CROSBY: Further
discussion? All in favor?
Aye.
COMMISSIONER ZUNIGA: Aye.
COMMISSIONER STEBBINS: Aye.
COMMISSIONER MACDONALD: Aye.
CHAIRMAN CROSBY: Opposed? The
ayes have it unanimously.
MR. BEDROSIAN: Just for
clarification purposes, I assume that gives me the authorization to sign on behalf of the Commission.

CHAIRMAN CROSBY: To sign what? COMMISSIONER ZUNIGA: This.

MR. BEDROSIAN: On behalf of the Commission, sign it.

CHAIRMAN CROSBY: Yeah, go for it. COMMISSIONER MACDONALD: So moved.

MR. GROSSMAN: And thanks to
counsel, we were able to clarify, the PPC NDA does not include that parenthetical. We added that for this.

CHAIRMAN CROSBY: Okay.
COMMISSIONER ZUNIGA: All right.
On the to-do list.
CHAIRMAN CROSBY: All right. Now
we are back to item number four finally.
MR. BEDROSIAN: The good news is and we're still with Deputy General Counsel Grossman.

CHAIRMAN CROSBY: Sorry. We're
back to $3(\mathrm{a})$. Oh. Are we still with -- Do we have more?

MR. GROSSMAN: No. A different topic but still me.

CHAIRMAN CROSBY: Oh, still you. All right. Item 3(a), he's back, Deputy General Counsel Grossman.

MR. GROSSMAN: Okay.
Interestingly, we're coming upon the five-year anniversary of the Commission's approval of the inaugural Enhanced Code of Ethics. This certainly seems like a good time to have a fresh look at it. It's always healthy to review some of the early policy determinations that were made. And of course, before you, you have prepared a version of the code that incorporates a number of proposed and hypothetical amendments to the enhanced code. And I'm happy to work through them one by one, or if we want to start by just addressing certain areas first, we can do that as well, whatever your preference would be.

CHAIRMAN CROSBY: I mean, we could
just go with an exception, have us raise where we have questions and save the general briefing. We're pretty familiar with this. Is that all right?

COMMISSIONER MACDONALD: That's fine.

CHAIRMAN CROSBY: Commissioner
Stebbins, do you want to start, and do you have anything you want to raise? COMMISSIONER STEBBINS: No. CHAIRMAN CROSBY:

Commissioner Zuniga.
COMMISSIONER ZUNIGA: Sure.
There's two sections that maybe work together, and $I$ just want to clarify. The applicability now as we discussed -CHAIRMAN CROSBY: What page are you on?

COMMISSIONER ZUNIGA: Page 1 -crosses out in general consultants and that's true for the whole code.

MR. GROSSMAN: Right.
COMMISSIONER ZUNIGA: But we left, and I just want to confirm that this is
intentional, on 14 , on section 14.
CHAIRMAN CROSBY: Section 14?
COMMISSIONER ZUNIGA: Yeah. On the
restriction about wagering, we leave consultants.

MR. GROSSMAN: That should come out, too. There might be one or two area areas that I missed.

COMMISSIONER ZUNIGA: Okay.
MR. GROSSMAN: That should -COMMISSIONER ZUNIGA: At
consultants.
MR. GROSSMAN: All the consultants should come out. Although, on that point, there is one area I think we need to leave a reference to consultant and that's the actual definition of the term consultant. It's important still, though the code would not de facto apply to consultants, it's important that we draw a distinction between consultants and employees for purposes of understanding who the code does apply to.

So I'm not proposing that we delete the definition of the term consultant because
it's still important to include here. But as you're referencing, essentially, if we were to delete the term consultant from those specific provisions, what would be left with that on a case-by-case basis when we negotiate contracts with consultants, we could make the code applicable to them or not, depending upon the nature of the work that they're doing, and specifically make it applicable to certain employees within their organization should they be larger than one or two people. And it's just a more precise way, I think, of addressing this issue. COMMISSIONER ZUNIGA: Yes. And that's the conversation I remember Counsel Blue pointing out, that we have a lot more -it's a much better timing given the specifics. Many of those are case specifics to do with the contract we have with them and the agreement with them.

MR. BEDROSIAN: I also think it shows, as we've talked about in the past, sort of the maturation of the Commission staff.

When you all drafted this,
consultants were doing a big chunk of your substantive work here, including investigation. So at the time, it seemed to make since to capture them as employees, because quite frankly, they were in many aspects acting as employees. Now we're a much more mature organization where we are hiring consultants in a true sort of consultant capacity. Hopefully one offs, and as Deputy General Counsel Grossman said, in that case, we will still retain the authority, if we think it's important, to contract that the consultants be covered by the Enhanced Code of Ethics. So we're not just wholeheartedly giving that up.

CHAIRMAN CROSBY: Great. That's a good point. I hadn't quite remembered that, so that's good.

MR. GROSSMAN: Just to clarify even further just so there's no confusion, certain consultants, depending on the nature of the work they do and how much of it they do are still subject to the state conflict of
interest law of special state employees. So we are in no way relieving them of that obligation and the obligations under the conflict of interest laws. We're merely talking about the applicability of our Enhanced Code of Ethics to these folks.

CHAIRMAN CROSBY: All right. Good.
Let me just restate that because I know a reporter who just walked in was interested about the issue of consultants, and I'll restate it and make sure $I$ 'm saying it right, Andy. What we've decided to do or what's proposed here that we're discussing and leaning towards doing is eliminating consultants from the blanket involvement in or blanket coverage from these multiple sections of the Enhanced Ethics Code feeling like that was too broad a brush, but we retain the case-by-case right as we contract with consultants to apply the enhanced ethics code either to their company or to individuals within their company as we see fit on a case-by-case basis. So what we're doing is eliminating the blanket coverage but
keeping open the option applying where we think it makes sense. Right?

MR. GROSSMAN: That's exactly
right.
COMMISSIONER MACDONALD: And just to make a point that Todd just made, that again, even though the consultants from here on would not be obliged to comply with the Enhanced Code of Ethics, they remain obliged to comply with the --

CHAIRMAN CROSBY: The state.
COMMISSIONER MACDONALD: -- the state standards of ethical behavior.

CHAIRMAN CROSBY: Right.
MR. GROSSMAN: If they meet the requirement, but essentially, yes.

COMMISSIONER ZUNIGA: I had another --

CHAIRMAN CROSBY: Okay. Go ahead.
COMMISSIONER ZUNIGA: Question.
CHAIRMAN CROSBY: Go ahead.
COMMISSIONER ZUNIGA: I'm on
page 5. Just one for clarification and this is probably just formatting. In the conflict
of interest sections sub (c), it talks about Commissioners must recusing themselves from licensing decisions given potential
conflicts. There's additional language that goes on to say that one's impartiality -probably referring to Commissioners -- may not be reasonably questioned if such things happen, including the determination from the executive director finds that no conflict exists.

Is that to say that that such
recusal may no longer be necessary, or is the intent to continue to be recused, let's just -- it's just a statement that your impartiality is no longer questionable? MR. GROSSMAN: That's two parts to
paragraph (c). The first is the first sentence, which says that Commissioners, and this only applies to Commissioners, must recuse themselves from a licensing decision in which a potential conflict of interest exists. That's in the statute and that's what it says. It applies only to

Commissioners. So you cannot disclose that
and continue to participate. That's what the statute says.

The second part it's slightly
different. It applies to Commissioners and all employees, and it says that -- To answer your question, you would be able to participate. If your impartiality can be reasonably questioned, you have to disqualify and recuse yourself. But what we're saying here is that similar to the way these types of conflicts are handled under the state conflict of interest law, if you -- if one discloses a potential conflict like this, then your -- and your superior finds that you can be fair and objective in whatever the decision is or whatever the incident is you're working on, then your impartiality can no longer be reasonably questioned.

So we're really just removing the
question. It's important to remember this is different from a financial conflict of interest where there's an actual conflict there. Here, we're just talking about someone questioning a perception as to
whether you can really be fair and objective.
When there's money involved, it's different. The de novo assumption is you cannot be fair and objective. Here we're saying someone's really not sure. If you disclose it and your superior says, yes, I believe you can be fair and objective, then we're saying that no one can no longer reasonably question your objectivity there. And that's --

CHAIRMAN CROSBY: It's not just your superior, it's the executive director. MR. GROSSMAN: The executive director.

CHAIRMAN CROSBY: Your executive director would have to approve each one of these judgments that disclosure relieved you of any possibility of a reasonable expectation of impartiality.

MR. GROSSMAN: That's right. To
that end, I would suggest -- I was just reading through this again. The language you read there, Commissioner, at the end, that the executive director finds that no conflict
exists, $I$ think it should actually be the executive director finds that the person can be fair and objective. That's really the finding, not the no conflict.

CHAIRMAN CROSBY: You're right.
COMMISSIONER ZUNIGA: That's a great point.

MR. BEDROSIAN: And Todd, just for my clarification, is the executive director, whether it's me or some subsequent executive director, finding that you can be fair and impartial for employees or employees and Commissioners, or do Commissioners go to the appointing authority?

MR. GROSSMAN: Well, it's a good question. I think we can do it either way. Here, it's set up so that the executive director would sign off on --

COMMISSIONER ZUNIGA:
Commissioners.
MR. GROSSMAN: -- all of the
Commissioners as well.
MR. BEDROSIAN: Okay.
MR. GROSSMAN: We could have it
that the Chair signs off on other
Commissioners and that the director signs off on the Chair. There's a number of ways of doing it.

MS. BLUE: Well, I think keep in mind, too, this is the Enhanced Ethics Code.

MR. BEDROSIAN: Right. So it's not --

MS. BLUE: So we enforce the Enhanced Ethics Code. There is a separate hierarchy for 268A where you go to your appointing authority. So for this particular issue, it would go to the executive director or the Chair.

MR. BEDROSIAN: All right. I am comfortable if you're comfortable on the enhanced ethics having that authority. Obviously, I would need to report to someone. I assume it's the Chair.

MR. GROSSMAN: To the Chair. The executive director would go to the Chair. Actually, that's not in here. We need to --

MS. BLUE: Add that.
CHAIRMAN CROSBY: Should the first
sentence be --
COMMISSIONER ZUNIGA: Stand alone.
CHAIRMAN CROSBY: -- a separate
point? And because it is kind of hard to figure out what antecedents relate to what, and this ought to be maybe Section D would be from Commissioner and employees on down.

COMMISSIONER STEBBINS: Right.
MR. GROSSMAN: Yes.
MR. BEDROSIAN: We might want to take a shot at clarifying, even maybe do a bullet point chain of authority.

CHAIRMAN CROSBY: Right. Okay.
Others?
COMMISSIONER ZUNIGA: That's all I
had.
CHAIRMAN CROSBY: I had a couple.
I had said that I was interested in what other jurisdictions do on whether Commissioners and employees can go and have dinner at a licensed. Did we get any of that information?

MR. GROSSMAN: We did.
CHAIRMAN CROSBY: And what's the --

MR. GROSSMAN: So just to calibrate the discussion, we're on number -- this is paragraph 15 on page 7. Here it's asking about essentially whether Commissioners, employees may attend casinos and eat and drink and things and go to shows, things of that nature.

CHAIRMAN CROSBY: Not gamble, but social. Could other places, can you socialize basically?

MR. GROSSMAN: Exactly. So the answer to your question is we checked with Pennsylvania, New Jersey, and Nevada, and in each location, employees are allowed to attend the casinos provided that they pay advertised posted prices. Essentially, that they don't receive any unwarranted privileges. In one or two instances, they note that you have to watch out for appearances of conflicts. But as a general matter, those are certainly more mature jurisdictions. They do allow their employees to go that their casinos.

CHAIRMAN CROSBY: Does that include

Commissioners?
MR. GROSSMAN: I believe so.
CHAIRMAN CROSBY: So let me just
put this out, and this may be one we want to save for Gayle. I'm not sure where she might come down on this. But what I had originally said at the last meeting was personally that -- and I'm sort of 56/44 on this. Personally, it's always struck me as funny, as not particularly constructive that an employee particularly, but also a Commissioner, couldn't go to one of these facilities and sort of see how it's operating. One of the things I would kind of like to do would be to go to one of these, be a customer and see what it's like. But we have always eliminated that, so that was fine.

I certainly understand a couple of things. Number one, you should not get anything of value. You should pay listed prices. I would add, you know, submit receipts of such events to the executive director just so there's a record of it. And

I think the thing about being cautious on appearances, too. But on a $56 / 44$ basis in my judgment, $I$ think that makes more sense, and I asked, I wanted to know what the other jurisdictions do because $I$ think that's a reasonable guide. And I had no idea what they would say, but turns all three of them pretty much agree with my sense of that.

So I'm curious to know what you all think. If you disagree, then I'll drop it. If you think it's worth pursuing, then we'll pursue it.

COMMISSIONER STEBBINS: I personally just think we can avoid a lot of headaches and spread our wealth around if we dine off and eat off premises.

COMMISSIONER ZUNIGA: Yeah. I'm a 56/44 in the other direction. COMMISSIONER MACDONALD: I am, too. CHAIRMAN CROSBY: All right. So that's three so forget it. COMMISSIONER ZUNIGA: The appearances is such a question that -CHAIRMAN CROSBY: That's fine.

That's over. My last one is so we're eliminating the issue about Commissioners can't solicit funds for non-profits?

COMMISSIONER ZUNIGA: Yes.
CHAIRMAN CROSBY: 15B.
MR. GROSSMAN: I struck that just so you would see what it looks like. I think it's an issue the Commission needs to address. The fact it's been struck through is no indication that it had been decided or anything like that.

CHAIRMAN CROSBY: Are you
recommending it? I thought these other ones were things you were recommending based on --

MR. GROSSMAN: Oh. No. That one, I'm not necessarily recommending -- most of the stuff I think it's fair to say that, you know, we're recommending. This one, it seems like a -- it certainly was, at the time anyway, a sound policy to ensure that applicants for big gaming licenses don't intentionally try to support organizations the Commissioners are involved with financially in order to carry favor. Perhaps
that concern is lessened at the moment. I think it's -- I guess I'm fairly neutral on this particular issue at the moment. There is still conflict of interest laws that apply to outside activity.

COMMISSIONER ZUNIGA: I like
striking this through. I think -- I forget if this was a discussion $I$ just had with you in the briefing or in a public meeting before, but --

CHAIRMAN CROSBY: I'm glad you
forget, too.
COMMISSIONER ZUNIGA: I think
initially that's an area that was important to consider in which we were prior to licensing. But I think there's a lot of personal involvement that is fruitful for the individual with charitable organizations for us to, you know, think differently now. CHAIRMAN CROSBY: Others, other thoughts?

COMMISSIONER STEBBINS: Yeah. Just
a question on a segment of this. Is the portion, Todd, that talks about be a speaker
or guest of honor at an organization's fundraising event, is that covered anywhere else in kind of the state's overall conflict of interest law?

MR. GROSSMAN: It is in that you cannot -- under the unwarranted privileges provisions of the law, you can't use your title, your state title, to raise money in a personal capacity. So you couldn't say, you know, Bruce Stebbins, a Commissioner, will be speaking at this event, please donate $\$ 50$.

COMMISSIONER STEBBINS: That's a bad example because nobody would show up. MR. GROSSMAN: Please donate \$5 dollars to hear him speak.

CHAIRMAN CROSBY: We'll pay you \$5. COMMISSIONER STEBBINS: We'll pay
you $\$ 5$ to show up.
MR. GROSSMAN: So you need to be very careful about things like that under the state conflict of interest laws anyway. Now, if just Bruce Stebbins, citizen, is coming to speak because he's going to say something interesting, you know, the state conflict of
interest law is probably not implicated in any way. The reason we put this in here though is everyone, of course, knows you're a Gaming Commissioner, and even now, we want to be careful that the gaming licensees don't, you know, support your causes just because, you know, they want to make sure that they stay on your good side.

So that's where the enhanced part of the code of ethics comes in. We recognize there's a lot covering that already, but we wanted to be super careful on that particular point.

COMMISSIONER MACDONALD: On the agenda, this appears to be up for a vote today; is that right?

MR. BEDROSIAN: It is. I might suggest just one -- given some of the issues you pointed out specifically on that one paragraph and, of course, I've lost it now, 9C I think.

CHAIRMAN CROSBY: Yep.
MR. BEDROSIAN: Maybe we take one more quick shot at revising some of the
stuff, having Commissioner Cameron come back, and do a vote on a final product.

CHAIRMAN CROSBY: Well, I -- Go ahead.

COMMISSIONER MACDONALD: Can I just say on 15B, I would be in favor of maintaining the current language.

COMMISSIONER ZUNIGA: Oh, you
would.
CHAIRMAN CROSBY: Why?
COMMISSIONER MACDONALD: Because
we're still at a early point in the enterprise of introducing gaming in the Commonwealth. There is such a high level of concern about integrity and the maintenance of integrity Commonwealth wide and that this is, in my view, an appropriate kind of super standard that would distinguish us and our obligations as Commissioners.

CHAIRMAN CROSBY: And I stated my
thought about this earlier. I think this is -- to me this is too broad. You know, it probably made sense when the stakes were so huge and there was -- you know, there was a
lot riding and there was an opportunity for people to try to reach us, but to have a blanket -- there is a blanket. We can petition the Commission for a waiver from it, and I've thought about doing it with this one case in point that's come up I've mentioned to a board I serve that $I$ know somebody on a board of directors at a biotech company that's got zero to do with gaming, and right now I can't help this organization reach out to this organization to this potential donor. If there were -- in order to protect, $I$ certainly would say you can't solicit from licensees or applicants. You could even if you really were concerned about it, you could even think about putting something in that said you can't serve on a board that gets money from a Gaming

Commission gaming licensee, because the overlap is going to be so little that's hardly a problem, but it would get to the concern that Lloyd is raising. But to have a blanket prohibition where nonprofits that we all serve on where we can't help raise money
in a way which is emphatically and clearly not a conflict does not seem appropriate to me anymore.

So, you know, if you want to try to, you know, beef up 9 C or redraft $B$, that goes -- you know, that eliminates the blanket but tries to take away the sniff test issues as well as the actual possible issues that concern us all, particularly Lloyd, I'd go for that, and then we deal with it in the finality next week next session.

MR. BEDROSIAN: So I think we will -- Let me ask you this. Do we want to -before we just close this out, are there any other open discussion on this? Because if there aren't, we will assume that we need to clarify 9C in a way that's sort of understandable, the decision, and that we will give you some options on 9B, which may be keeping it.

CHAIRMAN CROSBY: 15B.
MR. BEDROSIAN: I'm sorry. Thank you. 15B. Which may range from keeping it to getting rid of it and something in between
and have Commissioner Cameron back for a final discussion.

CHAIRMAN CROSBY: Sounds good to me.

COMMISSIONER MACDONALD: I might say on the record that I'm 55/45 on this.

CHAIRMAN CROSBY: Okay.
COMMISSIONER STEBBINS: I think
there are also, and I've talked about it before, I think on 15B, there's some clarification needed, and I don't know how we rustle with this, but be a speaker or guest of honor at an organization's fundraising event. When we go out and are invited to speak at, say, a chamber of commerce event, it doesn't necessarily fall into what you would see as a nonprofit fundraising event, but for that chamber of commerce --

CHAIRMAN CROSBY: It's a
fundraiser.
COMMISSIONER STEBBINS: They're not
just charging for the meal. So just kind of clarifying that a little bit more and maybe segmenting that out as well.

CHAIRMAN CROSBY: I think that's a fair point, too. I could see not -- if I were -- unless we put in the thing that $I$ said about you can't serve on the board of an organization that receives contributions from a licensed organization, that would take care of your problem. But unless we do that, then having us be a headliner at a fundraiser which anybody, including licensees can contribute to, that's a bridge too far. So I'm with you on that. One of those two ways, I could suggest getting at it.

COMMISSIONER ZUNIGA: That speaks to the broadness of how it needs to be rewritten.

CHAIRMAN CROSBY: Exactly. Right.
MR. BEDROSIAN: Okay.
CHAIRMAN CROSBY: That's it.
Deputy General Counsel Grossman, do you got anything else your hat?

MR. GROSSMAN: If you're all
comfortable with other proposed changes as mentioned, we can put together a proposed final version and give it one more go.

CHAIRMAN CROSBY: Great. So where are we? What's left only is?

MR. BEDROSIAN: Six.
CHAIRMAN CROSBY: Yeah.
Commissioner updates. Do we have any?
COMMISSIONER STEBBINS: I have two quick ones. As Executive Director Bedrosian mentioned earlier in his report, we had another great meeting at the Access and Opportunity Committee meeting out in Springfield. You know, our licensees continue to focus on meeting their diversity goals, but you know, the tenor of the meeting yesterday in Springfield was interesting because we finally now see a window of where the work with MGM is going to end. And you know --

CHAIRMAN CROSBY: Construction work you're talking about?

COMMISSIONER STEBBINS: The
construction work or this part of the AOC's work of MGM during the construction phase. But there was several sentiments, and I hope I'm capturing this correctly, of a little bit
of remorsefulness amongst the crowd in terms of continuing, you know, the diversity work as it extends to other kind of construction projects out in that region. There isn't that pipeline of construction and crane work going on in Western Mass. as much as there is in Eastern Mass. But there was still some interesting level of willingness on behalf of the Susan Moir and Liz Skidmore and the building trades that are represented at these meetings, that there was this -- you know, we want somebody to kind of pick up the mantle of diversity in the construction workforce and kind of keep carrying it through a number of different strategies. But I think, you know, there's been this great partnership that's evolved in the AOC meetings in kind of thinking ahead that the work with MGM in a short amount of time is going to come to an end and how through all the great work that the stakeholders have done is there a way to carry it on.

But credit to our licensees, they still do corrective action meetings with the
building trades and subs and contractors to make sure that as we slide towards these final months of construction on both projects that nobody is letting up in terms of making sure that diversity goals are met. So that was encouraging.

I also had an opportunity to stop by a great announcement involving MGM --

CHAIRMAN CROSBY: Excuse me, just one second. I think it's a really interesting feeling to express and capture, and I'm thinking we might just think about whether it would be a way as we end, we roll to the end of the AOC meetings, not only MGM but also coming in Wynn, for us to do some kind of a recommendation, report, case study where we talk about how this came about, what it's accomplished, the metrics to demonstrate it's success and urge certainly other state agencies, but other building sites, you know, private and public, to learn from this experience and maybe to adopt this model. You know, it might be something that we could certainly blog it. You know, maybe

Commissioner Stebbins writes a blog and we send that out. We might maybe be able to publishing something in Banker and Tradesmen, whoever, whatever the right publication would be.

COMMISSIONER STEBBINS: I think that's a great idea.

CHAIRMAN CROSBY: It would be great, and we can work with Elaine to try to figure out the right medium, but it's a case study we should be proud of. You know, we really -- the suggestion came along, we leapt on it, and we played it out in spades, so to speak. And I think we should maybe try to push that lesson out there.

COMMISSIONER STEBBINS: I think it's a great idea. Part of the conversation and, again, going back to Susan and some of the building trades stakeholders, they're looking for other opportunities, you know, whether it's through local or responsible employer ordinances for construction projects in various municipalities, but they're certainly trying to find a way to say this
was a great best practice. There are other best practices attached to it. How can we -I think to your point, Mr. Chair -- keep the legacy of our success moving forward -CHAIRMAN CROSBY: Right. COMMISSIONER STEBBINS: -- through other capital projects.

CHAIRMAN CROSBY: That's great. Well, you could even tell them, share with them your idea of trying to formalize this in some way and pick their brains and have them contribute to what you might put together. COMMISSIONER STEBBINS: I think that's a great idea.

CHAIRMAN CROSBY: Okay. Great. COMMISSIONER STEBBINS: The second, the event $I$ went to with MGM Springfield, they have engaged a number of other hospitalities stakeholders out in Western Mass. and have partnered up with Cambridge College, which has a site in Springfield, as well as the Department of Labor and Workforce Development apprenticeship program, to approve a kind of hospitality apprenticeship
program that has gotten Labor and Workforce Development signoff. So they had the kickoff yesterday that MGM was at. A number of stakeholders, they're actually going to have a class on kind of Springfield concierge so that everybody who's trained in hospitality has some awareness of the other cultural and tourism aspects around the valley. So when you ask a bartender, gee, you know, where's this, they will be kind of staffed with the information to be able to make that.

But as the story goes -- And I'm, interestingly enough, connected to Cambridge College because I was working with the city when we helped them relocate downtown. But Wanda Gispert from MGM and MGM's offices are right across the street. Looked out the window one day and saw Cambridge College and said who the heck are they and what do they do. And that quickly evolved into a great partnership. So it was a good event.

CHAIRMAN CROSBY: That's great.
Terrific. Anybody else? All right. Do we have a motion to adjourn.

COMMISSIONER MACDONALD: So moved. COMMISSIONER ZUNIGA: Second. CHAIRMAN CROSBY: All in favor? Aye.

COMMISSIONER MACDONALD: Aye. COMMISSIONER ZUNIGA: Aye. COMMISSIONER STEBBINS: Aye. CHAIRMAN CROSBY: Thank you. We are adjourned.
(Whereupon the hearing was adjourned at 11:52 a.m.)

## SPEAKERS

SEIGMA:
Rachel Volberg, Principal Researcher

MASSACHUSETTS GAMING COMMISSION:
Ed Bedrosian, Executive Director
Catherine Blue, General Counsel
Todd Grossman, Deputy General Counsel
Mark Vander Linden, Director Research and Responsible Gaming

MGM SPRINGFIELD:
Jed Nosal

CERTIFICATE
I, Amie D. Rumbo, an Shorthand Court Reporter, do hereby certify that the foregoing is a true and accurate transcript from the record of the proceedings.

I, Amie D. Rumbo, further certify I neither am counsel for, related to, nor employed by any of the parties to the action in which this hearing was taken and further that $I$ am not financially nor otherwise interested in the outcome of this action.

Proceedings recorded by verbatim Stenographic means, and transcript was produced from a computer.

WITNESS MY HAND this 18th day of January, 2018.

## Amie D. Rem

Amie D. Rumbo, Notary Public<br>My Commission expires: 10/23/2020

