ACTION ITEMS.

1. **Policies and procedures for identification of evidence- and consensus-based guidance to support student-athlete mental and physical health, safety and performance.**
   a. **Recommendation.** That the NCAA Board of Governors approve policies and procedures for the identification of evidence- and consensus-based guidance to support student-athlete mental and physical health, safety and performance (see Attachment A) that will replace the Uniform Standards of Care Process.
   b. **Effective date.** Immediate.
   c. **Rationale.** The new NCAA Constitution outlines association and member school responsibilities for student-athlete physical and mental health, safety and performance. Specifically, the constitution establishes that the Association shall provide evidence- and consensus-based guidance when requested by a BOG recognized committee, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports or a division. The proposed policies and procedures build on previous advisory group (e.g., Concussion Safety Advisory Group) and Uniform Standards of Care processes to outline the threshold and method in which such guidance will be identified and provided to the membership. The new policies and procedures address the changes to the Constitution and provide transparency to the membership on how health, safety and performance guidance will be identified and maintained.
   d. **Estimated budget impact.** None.
   e. **Student-athlete impact.** Provides policies and procedures for how evidence- and consensus-based health, safety and performance guidance will be identified for the membership in its effort to support student-athletes.

2. **Strategic priorities for mental and physical health, safety and performance.**
   a. **Recommendation.** That the BOG endorse revisions to the Association’s strategic health, safety and performance priorities, including a new introductory statement (see Attachment B).
   b. **Effective date.** Immediate.
   c. **Rationale.** The proposed revisions respond to and more accurately reflect the Association’s constitutional commitment to student-athlete physical and mental health, safety and performance, as described in the new Constitution. The revised priority areas
are intentionally designed to be thematic and flexible enough to guide the membership in its response to ongoing areas of importance and areas of emerging science and current events that may impact student-athlete well-being. The recommended thematic priorities were developed to capture and continue work around all nine of the 2016 BOG-endorsed health and safety priorities (e.g., concussion, sexual assault and interpersonal violence). Therefore, the revised priorities include but are not limited to the previously endorsed priorities.

d. Estimated budget impact. None.

e. Student-athlete impact. The revisions provide new perspective and flexibility in identifying priorities that impact the health, safety and performance of student-athletes.

3. Transgender student-athlete participation policy.

a. Recommendation. That the BOG extend Phase Two of the NCAA transgender student-athlete participation policy through the 2023-24 academic year with Phase Three to begin in the 2024-25 academic year.

b. Effective date. Immediate.

c. Rationale. Extending Phase Two implementation through the 2023-24 academic year allows: (1) Sufficient time to fully consider the evolving landscape of sport-governing bodies’ policies for transgender athletes and how those trends may impact implementation of Phase Three of the policy; (2) Sufficient time and resources to address administrative considerations associated with implementing Phase Three, which includes policy components in addition to testosterone thresholds; and (3) Sufficient notice to the membership regarding competition requirements for the 2023-24 academic year. The extension would continue a phase of the policy that has been effectively implemented during the 2022-23 academic year and would maintain testosterone thresholds as informed by sport-governing bodies’ policies.

d. Estimated budget impact. Delayed cost, if any, of implementing Phase Three.

e. Student-athlete impact. Provides notice and clarity to student-athletes regarding requirements for 2023-24 academic year.
INFORMATIONAL ITEMS.

1. Subcommittee reports.
   a. Administrative Subcommittee.
      (1) Subcommittee activity review. CSMAS received the reports of its Administrative Subcommittee meetings since September 2022.
      (2) Student-Athlete Advisory Committees’ statement on mental health. As directed by CSMAS at its September meeting, the AdCom created a complementary statement to support and amplify a recent statement drafted by the three divisional NCAA Student-Athlete Advisory Committees and NCAA Board of Governors Student-Athlete Engagement Committee (See Attachment C). Both statements will be shared with the membership soon.
      (3) Subcommittee charter review. CSMAS received an update on the implementation of subcommittee charter changes, as approved by CSMAS in September 2022.
      (1) Review of subcommittee activity. CSMAS received the reports of its Drug-Testing Subcommittee since September 2022.
      (2) Drug-testing program review. CSMAS received an update on the Drug-Testing Subcommittee’s discussions around potential adjustments to the NCAA Drug-Testing Program, as advocated by the United States Anti-Doping Agency. The topic was referred to the Drug-Testing Subcommittee by CSMAS in September 2022.
      (3) CFP drug-testing operations. CSMAS received an update on continued communication with the College Football Playoff Management Committee pertaining to NCAA drug-testing at the CFP championship game.
   c. Prevention and Performance Subcommittee.
      • Review of subcommittee activity. CSMAS heard an update on subcommittee activity since September 2022.
d. **Research Subcommittee.**

1. **Review of subcommittee activity.** CSMAS received the reports of its Research Subcommittee since September 2022.

2. **Injury Surveillance Program participation update.** CSMAS received an update on the Injury Surveillance Program participation, which is up 1% compared to participation this time last year. Efforts are underway to engage the membership about increased participation.

2. **Advisory Group and Summit updates.**

a. **Summit on Cannabis in Collegiate Athletics.** CSMAS heard a summary of the Summit on Cannabis in Collegiate Athletics, which was held Dec. 7-8. Expected outcomes include: (1) foundational principles that reflect a synthesis of current evidence about cannabinoids that can inform policy; (2) Areas for future research; and (3) Consensus recommendations for education and management at an institutional level.

b. **Mental Health Advisory Group update.** CSMAS received the Mental Health Advisory Group Report from its Oct. 6 meeting.

c. **Concussion Safety Advisory Group.** CSMAS received the Concussion Safety Advisory Group Report from its Oct. 21 meeting. It approved both recommendations: (1) To review the NCAA Concussion Fact Sheets to determine if changes to repetitive head impact (RHI) exposure content are needed; and (2) To explore the development of sport-specific recommendation on RHI exposure for sports other than football.

3. **Pregnant and parenting resources update.** CSMAS was informed on the status of updates it recommended in Sept. 2022 to the publicly available resources on pregnant and parenting student-athletes. Specifically, the website has been updated to remove outdated or errant links and references. Additionally, both the inclusive language review and legal assessment of remaining resources are in progress. Finally, initial discussions regarding the creation of a sexual and reproductive health advisory group have begun.

4. **Performance.**

a. **Performance site visits / collaborative performance project.** CSMAS received an update related to performance site visits and a collaborative performance project.

b. **Wearable technology / performance tracking data.** CSMAS discussed recent developments regarding wearable technology and performance data tracking. CSMAS referred review and potential update of its 2016 statement on wearable technology to
the Prevention and Performance Subcommittee and referred exploration of a summit on the topic, including a recommended timeline for when it could occur, to the Administrative Subcommittee.

5. **2023 NCAA Convention briefing.** CSMAS received an update about the NCAA’s upcoming sessions at the 2023 NCAA Convention related to mental and physical health, safety and performance.

**Committee Chair:** Nicole Pieart, Lake Forest College  
**Staff Liaisons:** Leilani Hubbard, NCAA Academic and Membership Affairs  
John Parsons, NCAA Sport Science Institute  
Anne Rohlman, NCAA Sport Science Institute

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<th>Attendees:</th>
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<tr>
<td>Matt Barany, University of Richmond</td>
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<td>Pam Hinton-Bruzina, University of Missouri, Columbia</td>
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<td>Deena Casiero, University of Connecticut</td>
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<td>Timothy Coffey, Longwood University</td>
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<td>N. Jeremi Duru, American University</td>
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<td>Jack Entriken, Kutztown University of Pennsylvania</td>
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<td>Luis Feigenbaum, University of Miami (Florida)</td>
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<td>Alan Hirahara, California State University, Sacramento</td>
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<td>Richard Hendricks, Shorter University</td>
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<td>James Houle, The Ohio State University (vice-chair)</td>
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<td>Nadine Mastroleo, Binghamton University</td>
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<td>Amanda Phillips, University of Louisiana at Lafayette</td>
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<td>Nicole Pieart, Lake Forest College (chair)</td>
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<td>Leshlie Ramirez, University of Puerto Rico, Mayaguez</td>
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<td>Julie Rochester, Northern Michigan University</td>
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<td>Cody Shimp, St. Bonaventure University</td>
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<td>Kim Terrell, University of Oregon</td>
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<td>Michelle Walsh, Vassar College</td>
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<td>Rich Wanninger, Patriot League</td>
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<td>Auburn Weisenasale, University of Pittsburgh</td>
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<td><strong>Absentees</strong></td>
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<tr>
<td>Bradley Anawalt, University of Washington</td>
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<td>Bob Colgate, National Federation High School Associations</td>
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<tr>
<td>Yolanda Malone-Gilbert, Genesis Behavioral Health and Collaborative SVC, Inc.</td>
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<td>Talia Williams, Carleton University</td>
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<th><strong>Guests in Attendance</strong></th>
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<th><strong>NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance</strong></th>
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<tr>
<td>Leilani Hubbard, John Parsons and Anne Rohlman.</td>
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<th><strong>Other NCAA Staff Members in Attendance</strong></th>
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<tr>
<td>Laura Arnett, Amanda Dickey, LaGwyn Durden, Brian Hainline, Jean Merrill, Mallory Mickus, Greg Pottorff, Stephanie Quigg, Crystal Rogers, Jared Tidemann and Carey Wheelhouse.</td>
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NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS
POLICIES AND PROCEDURES FOR THE IDENTIFICATION OF CONSENSUS-BASED GUIDANCE
SUPPORTING STUDENT-ATHLETE HEALTH, SAFETY AND PERFORMANCE

Approved by NCAA Board of Governors: January 2023

POLICIES AND PROCEDURES FOR IDENTIFYING CONSENSUS-BASED GUIDANCE.

When requested by a Board of Governors recognized committee, CSMAS or a division, the Association shall identify and promulgate guidance, rules and policies based on consensus of the medical, scientific, sports medicine and sport governing communities. The following policies and procedures outline the threshold and method in which such guidance will be identified and provided to the membership:

1. Threshold for Recommending Identification / Maintenance of Consensus-Based Guidance.
   a. An issue aligns with proposed NCAA strategic priorities for student-athlete physical and mental health, safety, and performance:
      (1) Mental and physical health.
      (2) Sport-related illness and injury.
      (3) Performance and training.
      (4) Education and policy.
      
      AND
   b. One or more evaluative criteria satisfied:
      (1) Involves an issue characterized by new or rapidly evolving information with relevance to Association commitments to student-athlete health and safety.
      (2) Impacts a core Association-wide value(s).
      (3) Directly supports the constitutional responsibilities assigned to member schools in support of student-athlete physical and mental health, safety and performance.
2. **Consensus-Based Guidance Identification: Advisory Groups.**

   a. Consensus-based guidance will be identified through a process involving the creation of expert advisory groups. Advisory groups should:

      (1) Be constituted to reflect the landscape of relevant medical, scientific, sports medicine and sport governing communities.

      (2) Represent the Association’s three divisions.

      (3) Be organized around broad, rather than specific topical areas (e.g., mental health vs. anxiety or depression).

      (4) Work with topics that are expected to require regular attention, review and monitoring, and regular and substantive updates in order for guidance to remain both contemporary and maximally useful to the Association and its member schools.

   b. Advisory groups are not indicated for topics that are either 1) sport-specific and/or 2) narrow in both scope and impact. They should be reserved for the identification of new guidance or the substantive update/revision to existing guidance.

3. **Advisory Group Structure.** As noted, advisory groups should be constituted to facilitate consensus from topically relevant medical, scientific, sports medicine and sport governing communities. When possible, a core of professional organizations representing those professions essential to the delivery of athletic healthcare in the collegiate setting (e.g., medicine; athletic training; mental health) shall be included in all advisory groups. This core group would be supplemented with additional organizations or individuals with relevance and/or expertise germane to the topic, subject to feedback from CSMAS.

   Advisory groups should also include representation from the three divisional governance structures, as well as representatives from divisional student-athlete advisory committees.

4. **Process Oversight.** Any group created by CSMAS for the purpose of developing consensus-based guidance will be overseen by CSMAS.

5. **Meeting Structure.** Advisory groups will meet as needed to identify consensus-based guidance. Advisory groups will then on a semi-regular basis for the purpose of reviewing and updating existing guidance and monitoring developments relevant to the designated topic.

6. **Possible Outcomes and Deliverables.**

   a. Consensus-based guidance (previously referred to as *Interassociation Recommendations*) identified and published for membership consideration.
(1) All guidance will be socialized with appropriate membership bodies (e.g., divisional councils) prior to final publication.

(2) Recommendation to CSMAS to request BOG consider guidelines for association-wide policy.

b. Peer-reviewed manuscript - reflecting the content of the consensus guideline.

c. Other policy and/or legislative recommendations.

d. Other collateral in support of membership socialization and education efforts - as recommended by CSMAS.
NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
Recommended Updates to Association Health, Safety and Performance Strategic Priorities

The below represents the recommended updates to the NCAA strategic priorities for student-athlete mental and physical health, safety and performance, as developed by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Additionally, an accompanying introductory statement was developed to provide context to the strategic priorities.

NCAA Strategic Priorities for Student-Athlete Health, Safety and Performance

As identified by CSMAS and approved by the membership, the following NCAA strategic priorities for student-athlete health, safety and performance reflect the Association’s constitutional commitment to student-athlete physical and mental health, safety, performance and education. The priority areas are intentionally thematic and flexible enough to guide the membership in its response to emerging science, current events, medical infrastructure and social determinants of health that may impact student-athlete well-being. Any work in support of the priority areas, including the development of membership guidance shall account for social factors (non-medical conditions that influence health outcomes) and the ways they may impact student-athlete health equity.

- Mental and physical health.
- Sport-related illness and injury.
- Training and performance.
- Education and policy.
Supporting Student-Athlete Mental Health – A Statement from the NCAA Committee on Competitive Safeguards - January 2023

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports seeks to amplify the voices of student-athletes on mental health and offers the following information in support of the recent statement from the NCAA Student-Athlete Advisory Committee and NCAA Board of Governors Student-Athlete Engagement Committee:

CSMAS applauds the effort of the NCAA Student-Athlete Advisory Committee and NCAA Board of Governors Student-Athlete Engagement Committee and acknowledges the urgency and magnitude of the current mental health crisis that touches every aspect of society. Further, CSMAS notes recent traumatic events, including loss of student-athletes to suicide, have generated new conversations and momentum around mental health support.

Collegiate student-athletes – like many college students – experience challenges that can detract from their mental well-being including stress, eating disorders, burnout, depression and anxiety, but may be hesitant to seek counseling and other professional help services. Data from the third NCAA student-athlete well-being study, published earlier this year, indicates that less than half of student-athletes feel comfortable seeking mental health support on campus. Moreover, student-athletes may carry the additional burdens that come from public expectations associated with performing and competing at the highest levels while simultaneously managing their personal and academic responsibilities.

CSMAS is continuing its work to facilitate membership efforts to improve access to quality mental health care and creating a culture where care-seeking for mental health issues is as normative as care seeking for physical injuries. All involved in the conduct of college athletics have a responsibility to contribute to a culture that not only breaks the stigma surrounding mental health, but also promotes health and well-being.

It is important to note that NCAA legislation currently requires member schools to make available to student-athletes mental health services, resources and educational materials that are consistent with the Mental Health Best Practices document, which was endorsed by over 20 of the leading mental health, sports medicine and medical associations in the country.

For example, CSMAS highlights Recommendation No. 2 which notes that schools should have a mental health emergency action and management plan and practice it regularly.

As campuses act to support student-athletes and create normative environments for mental-health care-seeking, CSMAS notes the following:

1. **Research on Student-Athlete Mental Health.**

   Data from the third NCAA student-athlete well-being study, published earlier this year, indicates student-athlete mental health concerns remain elevated (1.5 to 2 times higher) compared to pre-pandemic survey data. For example, nearly one third of student-athletes reported feeling overwhelming anxiety constantly or most every day. Notably, mental health concerns remained highest among women, student-athletes of color, those identifying on the queer-spectrum and those reporting family economic hardship.
2. **Mental Health Education and Resources.**

   Schools should be aware of a comprehensive selection of mental health education and resources available to assist campus-level efforts to support student-athletes.

   Click [here](#) for a complete listing of the NCAA’s mental health resources, which include the Mental Health Best Practices, the final report from the NCAA Diverse Student-Athlete Mental Health and Well-Being Summit (an event that convened industry experts and stakeholders to discuss the specific mental health challenges facing student-athletes of color and possible avenues to address those issues), a mental health workshop planning toolkit, interactive modules for student-athletes, coaches, and administrators and much more.

   Additionally, the NCAA Social Series has featured a number of timely conversations on mental health. Watch on the [NCAA YouTube](#) channel or catch the audio recording on [Spotify](#), [Apple Podcasts](#) or [SoundCloud](#).

3. **Next Steps/Action.**

   Following the Diverse Student-Athlete Mental Health and Well-Being Summit, CSMAS [commissioned a Mental Health Advisory Group](#) (which includes membership, student-athlete and industry expert representatives) to be a standing group that advises the Association on emerging developments in mental health science and policy. Its first task will be to recommend updates to existing NCAA mental health materials, including the Mental Health Best Practices. The group first met in October and expects to continue its review of the Mental Health Best Practices over the coming year.

   Thank you for listening to student-athletes and acting to support their mental health. Feedback and questions related to available resources can be sent to [ssi@ncaa.org](mailto:ssi@ncaa.org).