REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS
AND MEDICAL ASPECTS OF SPORTS
DECEMBER 8, 2025, VIDEOCONFERENCE

***ACTION ITEMS*.**

1. **Legislative Items.**

   - None.

2. **Nonlegislative Items.**

   - **NCAA Division I August 20, 2024, Educational Column -- NCAA Division I Core Guarantees – Health, Safety and Performance Requirements**.

     (a) Recommendation. That NCAA Division I August 20, 2024, Educational Column is updated to address questions from the membership regarding Division I Bylaw 20.2.4.25 (Consensus-Based Care, Education and Services Model). Specifically, to provide additional clarity around the requirement for schools to attest annually their compliance with consensus-based guidance. (Attachment A)

     (b) Effective date. Immediate.

     (c) Rationale. The updated guidance addresses questions received from the Division I membership during the 2025-26 attestation cycle. Updating the educational column will provide increased clarity to schools.

     (d) Estimated budget impact. None.

     (e) Student-athlete impact. Increased clarity would support a more consistent application of the legislation which will benefit all student-athletes.

***INFORMATIONAL ITEMS*.**

1. **Approval of September 24-25, 2025, meeting report.** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports approved the report of its September 2025 meeting.

2. **Litigation update.** CSMAS received a briefing about ongoing litigation involving the NCAA that is relevant to its work.

3. **NCAA governance and member services updates.** CSMAS received a governance update regarding the NCAA Board of Governors and each division.

4. Legislative update.

a. **Division II legislative proposals.** CSMAS received an update on several Division II legislative proposals CSMAS considered at its September meeting. Specifically, CSMAS's feedback was included in the proposals for consideration by the Division II membership during the 2026 NCAA Convention.

b. **Sports betting.** CSMAS noted that Division I rescinded Division I Proposal No. 2025-20 (ethical conduct – sports wagering activities – elimination of prohibition on professional sports), which would have eliminated the prohibition on wagering on professional sports. With this decision by Division I, the sports wagering legislation will remain in place for all three divisions as it is common legislation that requires approval by all three divisions for the change to apply.

CSMAS also received an update on ongoing discussions to consider different ways to address penalties for student-athletes and others who engage in prohibited sports-wagering activities and who may be experiencing problem gambling. Concepts recognize that harm reduction and education for student-athletes are important.

5. Concussion. CSMAS received an informational update regarding the status of concussion-related work, including the NCAA Concussion Safety Advisory Group. At this time, the CSAG will not meet in 2026, as there are no new developments warranting an update to the concussion safety protocol resources.

6. Performance technology consensus statements. CSMAS approved the performance technology consensus statements (see Attachment B) and supported a related socialization plan. The consensus statements provide the membership considerations on how to identify, implement and assess responsible use of performance technologies. The consensus statements will be provided to the membership in early 2026, along with educational opportunities, beginning with an educational session at the 2026 NCAA Convention.

7. CSMAS subcommittee reports.

8. Administrative Subcommittee.

(a) Subcommittee activity review**.** CSMAS received the reports of its Administrative Subcommittee videoconferences since September 2025.

(b) Sickle cell. CSMAS reviewed the final outcomes from the Duke Summit on Sickle Cell Trait Screening in the NCAA and agreed that no legislative or policy action was necessary at this time. CSMAS noted that the NCAA's existing policy, legislation and guidance for sickle cell trait align with its constitutional responsibility. While it deemed no legislative or policy action was necessary, CSMAS supported amplifying sickle cell education efforts when feasible or where appropriate, specifically education for coaches and other stakeholders who directly support student-athletes.

(c) Update on athletic training workforce. CSMAS received an update on the continued collaboration with key stakeholders from the Stakeholder Meeting on Athletic Training Workforce Issues that occurred in July 2025. The group continues to make progress on identifying practical solutions that aim to improve the recruitment and retention of athletic trainers, including: fact sheets; mentoring and professional development opportunities; resources outlining health care delivery models; and strategies for team physicians to advocate for athletic trainers.

(d) USOPC/NCAA Para-College Inclusion Project and Paralympic eligibility. CSMAS received an overview of the USOPC/NCAA Para-College Inclusion Project and related adaptive sport initiatives. The committee provided feedback on opportunities to create greater awareness of Paralympic eligibility and classification criteria among collegiate athletics health care providers. The U.S. Olympic and Paralympic Committee and the NCAA launched the Para-College Inclusion Project in 2022 to engage schools in offering adaptive sports to collectively increase Paralympic sports understanding, awareness and connection.

9. Drug-Testing Subcommittee.

(a) Subcommittee activity review. CSMAS received the reports of its Drug-Testing Subcommittee meetings since September 2025.

(b) Creatine. As recommended by its Drug-Testing Subcommittee, CSMAS reaffirmed its food-first philosophy and did not recommend action that would permit schools to provide creatine directly to student-athletes. In its discussion, CSMAS noted the following:

(1) CSMAS's 30-year precedent in supporting a food-first philosophy.

(2) The U.S. Food and Drug Administration does not regulate supplements, including creatine.

(3) Creatine is not a banned substance. When medically necessary, schools may provide creatine to student-athletes with a proper prescription.

(4) Creatine has ergogenic properties and there may be inequity in schools' ability to provide it to student-athletes.

(5) The 2022-23 NCAA National Study of Student-Athlete Health and Wellness found that fewer than 25% of student-athletes report using creatine.

10. Prevention and Performance Subcommittee. The committee did not receive a report as the Prevention and Performance Subcommittee did not meet since CSMAS' September 2025 meeting.

11. Research Subcommittee.

a. Subcommittee activity review. CSMAS received the reports of its Research Subcommittee meetings since September 2025.

b. Update on catastrophic injury methodologies publication and public summary report. CSMAS received an update on the work of the National Center for Catastrophic Sport Injury Research (NCCSIR) to produce a surveillance methodologies publication and to create a public-facing report regarding NCAA catastrophic sport injuries. Next steps include obtaining approval from the appropriate research review boards, which is expected early in 2026.

12. NCAA Chief Medical Officer briefing. The NCAA Chief Medical Officer provided an overview of the NCAA Sport Science Institute's recent activities.

13. Update on prevention and harm reduction (formerly Substance Misuse Prevention Tool Kit) guidance. CSMAS provided feedback on a charter to establish an Ad hoc Prevention and Harm Reduction Advisory Group, which CSMAS charged with making recommendations to update the NCAA Substance Misuse Prevention Tool Kit and generating guidance on other health promotion topics (e.g., sports betting, hazing). CSMAS will consider the final charter at its February 2026 meeting.

14. Education and communications. CSMAS received an update about ongoing educational initiatives, including educational programming planned for the 2026 NCAA Convention including an education session on Student-Athlete Health, Safety and Performance; and, two Mental Health First Aid Trainings hosted by the NCAA Sport Science Institute. Additionally, CSMAS noted its partnership with the JED Foundation, to complete multiple mental health facts sheets, as well as ongoing work to update the Athletics Health Care

Administrator Handbook. CSMAS expects that both the facts sheets and the updated AHCA Handbook will be available to the membership in early 2026.

15. **Adjournment.** The meeting was adjourned **Future meeting schedule.** CSMAS reviewed its future meeting dates.

16. at approximately 4:32 p.m. Eastern time.

Committee Chair: *Sarah Dowd, Michigan Technological University*
Staff Liaisons: *Leilani Hubbard, NCAA Division I Governance and Member Services*
Nicki Pieart, NCAA Sport Science Institute
Anne Rohlman, NCAA Sport Science Institute

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports December 8, 2025, Videoconference
Attendees:
Jeff Batis, Southern Virginia University.
Matt Barany, University of Richmond.
Rhonda Beemer, Northwest Missouri State University.
Timothy Coffey, Longwood University.
Rhiannon Davis, Eastern Washington University.
Lee Dorpfeld, University of South Florida.
Sarah Dowd, Michigan Technological University (chair).
Jack Entriken, Kutztown University of Pennsylvania.
Kenneth Ferguson, University of Missouri-Kansas City.
Elizabeth Gardner, Yale University.
Deanna Hand, Houghton University.
Josey Johnson, Capital University.
Ryan Kelly, Capital University.
Marybeth Lamb, Bridgewater State University.
Amanda Phillips, University of Louisiana at Lafayette.
Jaime Potter, University of California, Irvine.
Sarah Ramey, University of Texas Permian Basin.
Marie Shaefer, Cleveland State University.
Stacey Schley, Boston Children's Hospital.
Leah Thomas, Georgia Institute of Technology.
Absentees:
Brad Anawalt, University of Washington.
Bob Colgate, National Federation High School Association.

Adoriyan Daniels, University of Nebraska at Kearney.
Kenneth Ferguson, University of Missouri-Kansas City.
Jennifer McMillan, Oregon State University.
Guests in Attendance:
None.
NCAA Staff Liaisons in Attendance:
Leilani Hubbard, Nicki Pieart and Anne Rohlman.
Other NCAA Staff Members in Attendance:
Laura Arnett, Deena Caseiro, Amanda Dickey, LaGwyn Durden, Alicia Fine, Greg Johnson, Jean Merrill, Mallory Mickus, Alex Purcell, Stephanie Quigg, Bill Regan, Michelle Robison, Crystal Rogers and Carey Wheelhouse.

NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS
Recommendation to Update NCAA Division I August 20, 2024 Educational Column

The following outlines the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports recommendation to update the NCAA Division I August 20, 2024 Educational Column; specifically, the section on Bylaw 20.2.4.26 – Consensus-Based Care, Education and Service Model. Recommended updates are highlighted in grey.

Bylaw 20.2.4.26 – Consensus-Based Care, Education and Services Model

Rather than establishing new legislative requirements around athletics health care, this legislation requires schools to attest to being in compliance with Association consensus-based guidance developed by CSMAS through the NCAA Board of Governors' approved policies and procedures. The consensus-based process allows guidance to be regularly reviewed and provides appropriate flexibility for schools to implement as appropriate on their campuses.

Question No. 11: What documents are considered consensus-based health, safety and performance guidance that schools must attest to annually?

Answer: The following documents should be considered consensus-based guidance, as of August 1, 2024.

1. *Statement on Cardiovascular Care of College Student-Athletes* and *companion checklist*. (2016)
2. *Independent Medical Care for College Student-Athletes Best Practices*. (2016)
3. *Preventing Catastrophic Injury and Death in Collegiate Athletes*. (2018)
4. *Concussion Safety Protocol Checklist*. (2023)
5. *Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health, 2nd Edition*. (2024)

Any additional consensus-based guidance developed through the existing NCAA Board of Governors' policies and procedures will be added to this list.

Question No. 12: What should a school consider when determining if it is "in compliance with consensus-based guidance supporting student-athlete health, safety and performance"?

Answer: When considering if it complies with consensus-based guidance supporting student-athlete mental and physical health, safety and performance, a school should consider the following:

1. Was there intentional review and consideration of all consensus-based guidance and related resources (e.g., checklist)?
2. Were decisions about how to implement components of consensus-based guidance made intentionally? Importantly, such decisions should account for local facts (resource availability, etc.).
3. Has an evaluation been conducted or is one in progress to review processes, procedures, resources and/or outcomes based on consensus-based guidance?
4. Situations impacting implementation (e.g., medical information, standards of care, school resources and staffing) will likely change over time. Consequently, review and determination of compliance should occur annually.
5. It is acceptable that implementation of consensus-based guidance will vary by school.
6. Conferences may create additional expectations or requirements to contribute to more uniform implementation within its schools.

Question No. 13: May a school attest to being in compliance with consensus-based health, safety and performance guidance if it identified a gap in implementing any aspect of the guidance?

Answer: Possibly. A school should first determine that it was generally in compliance with the guidance. If it was but a gap was identified, the school should confirm that there is a plan in place or being developed to address the identified gap in a timely manner.

This approach is consistent with standard practice in academic and health care accreditation processes and in-line with continuous improvement as noted in NCAA health, safety and performance guidance.

Question No. 14 *(re-numbered)***:** Is there a penalty for non-compliance with consensus-based guidance supporting student-athlete health, safety and performance?

Answer: Currently, there are no legislated penalties associated with non-compliance.

It is recommended that schools address non-compliance through the spirit of course correction, education and institutional improvement of the organization, administration and delivery of athletics health care.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Performance Technology Consensus Statements

At its December 2025 meeting, the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports approved the final consensus statement outcomes from the NCAA Summit on Performance Technologies in Collegiate Athletics.

Background.

- The NCAA Summit on Performance Technologies in Collegiate Athletics, commissioned by the Committee on Competitive Safeguards and Medical Aspects of Sports and hosted by the NCAA Sport Science Institute, took place in Indianapolis in May 2025.

- The Summit aimed to 1) synthesize current evidence and scientific literature about the use of performance technologies in collegiate athletics as it pertains to student-athlete mental and physical health, safety and performance, and 2) inform recommendations for the development of evidence- and consensus-based guidance on the responsible use of performance technologies in collegiate athletics.

- The outcomes serve as responsible use recommendations for NCAA member schools using or planning to use performance technologies.

- Having awareness of and implementing recommendations for the responsible use of performance technologies can support and promote NCAA student-athlete mental and physical health, safety and performance.

Consensus Process.

Summit attendees (n=11) rated the recommendation and strategy statements below using a modified Delphi methodology, as consistent with previously developed evidence- and consensus-based guidance. Consistent with this approach, agreement and feasibility were rated on a 1 to 9 scale where higher scores indicate greater agreement/feasibility.

Mean agreement $\geq$7.00 was established a priori as the threshold for consensus that the statement should be included in the Summit output. After each statement, opportunity for open-ended feedback was provided. Given the relatively small number of Summit participants and the specialized and unique expertise of attendees, open-ended feedback for statements with any low score ($\leq$4) were reviewed for potential modifications. All open-ended feedback was also reviewed for potential suggestions related to wording (clarity, precision) and to generate potential considerations for implementation.

In the first round of the consensus process, preliminary statements were generated based on a detailed review of Summit discussion notes and anonymous participant expert feedback. Outcomes were rated by summit attendees (n=11) via survey as part of the process to develop evidence- and consensus-based guidance. Statements were generated in three categories, as noted below.

- Foundational statements: the most important informational takeaways from the Summit; the attendees rated for agreement only, as consistent with previous evidence- and consensus-building processes.
- Recommendation statements: overarching considerations for schools that include key takeaways; the attendees rated for agreement only.
- Strategy statements: serve to provide implementation strategy considerations for each recommendation; the attendees rated for both agreement and feasibility.

Final Consensus Statements.

Foundational Statements.

Statements	Mean (SD), range
Foundational statement 1: Performance technologies are devices that enable users to collect and record biometric and/or performance data. Devices may be directly attached to the individual athlete or their athletic equipment, or they may indirectly monitor athletic performance (e.g., cameras, sensors, surveys, software, mobile apps).	7.91 (1.22) 5-9
Foundational statement 2: Performance technologies are just one tool schools may use to address student-athlete health, safety and performance. The utility of performance technologies depends on how well they are addressing user needs.	7.36 (1.69) 5-9
Foundational statement 3: The quality of performance technologies can vary based on several factors (e.g., accuracy, reliability, validity, function). It is important to assess the quality of performance technologies prior to selecting or implementing them.	8.67 (0.71) 7-9
Foundational statement 4: Understanding student-athlete rights and protections, as well as the applicable local and international laws, are important components of responsibly using performance technologies.	8.45 (1.21) 5-9

Foundational statement 5: Performance technologies may have unintended impacts on student-athlete health, safety and performance, including implications for mental health. Unintended impacts are important considerations for continuous improvement in the responsible use of performance technologies.	8.78 (0.67) 7-9
Foundational statement 6: Having a written plan for a school's responsible use of performance technologies can help establish common standards and procedures, increase transparency and address school-specific needs and resources.	8.45 (0.93) 6-9
Foundational statement 7: A written plan for the responsible use of performance technologies in collegiate athletics should address school-specific considerations, including how relevant groups will be educated, how the school will manage and protect student-athlete performance technology data, how the school will make decisions about purchasing and implementing new technologies and how the school will approach continuous improvement.	7.91 (1.30) 6-9

Recommendation and Strategy Statements.

Statements	Agreement	Feasibility
	Mean (SD), range	
Policy		
Recommendation 1: It is recommended that schools establish a written plan that addresses the responsible use of performance technologies. Having a written plan for the responsible use of performance technologies can help establish common standards and procedures, increase transparency and address school-specific needs and resources.	8.60 (0.97) 6-9	--
Strategy 1.1: Engage a multidisciplinary team in developing, routinely reviewing and revising a written plan, leveraging existing campus resources and systems. Key roles on that team may include but are not limited to student-athletes, sports medicine staff, coaches, athletics administration, legal affairs and information technology.	8.30 (0.67) 7-9	7.89 (0.78) 7-9
Strategy 1.2: Address school-specific considerations, including how relevant groups will be educated, how data will be managed, how decisions will be made about selecting and implementing	8.70 (0.67) 7-9	7.70 (0.82) 7-9

new technologies and how continuous improvement will be approached.		
Education		
Recommendation 2: It is recommended that schools routinely provide education about the responsible use of performance technologies to those involved with their use. Education is foundational for informed consent, and it aids in ensuring schools use performance technologies in a way that maximizes benefits and minimizes harm to student-athletes.	8.60 (0.70) 7-9	--
Strategy 2.1: At least once annually, provide education to those involved in selecting, using or accessing data from performance technologies.	8.60 (0.70) 7-9	7.70 (1.06) 6-9
Strategy 2.2: Educational needs are likely to vary among different groups and schools should consider tailoring education to meet each group's learning needs. Such groups may include, but are not limited to, student-athletes, coaches, strength and conditioning staff, sports medicine staff and administration.	8.90 (0.32) 8-9	7.20 (1.14) 5-9
Strategy 2.3: Address topics such as: o Limitations and potential benefits and/or harms of performance technologies. o Data privacy and security. o Student-athlete rights and protections (e.g., informed consent). o Departmental policies and procedures for responsible use.	7.90 (1.60) 5-8	7.40 (1.43) 5-9
Data Management		
Recommendation 3: It is recommended that schools establish who owns data from performance technologies, where and how data is stored, who has the authority to access data and how data is permitted to be used. Performance technologies have different use-case scenarios and produce different types of data, and the interpretation and communication of data may benefit from a multi-disciplinary approach. Schools may consider using existing campus resources for data management in collaboration with legal and risk management personnel.	8.40 (0.84) 7-9	--
Strategy 3.1: Determine who can be involved in interpreting and sharing/communicating data from performance technologies,	8.60 (0.52) 8-9	8.20 (0.79) 7-9

including considerations for the required competencies and oversight necessary to do so effectively and responsibly.		
Strategy 3.2: Determine what rights, if any, the school has with respect to data collection, data use, data access and ownership of the performance technology data, including considerations for transfer student-athletes.	8.50 (0.71) 7-9	7.90 (0.88) 7-9
Strategy 3.3: Clarify the school's permissible uses of data from performance technologies. If data might be used to inform medical decision-making, sports medicine staff should be involved. Schools should refer to independent medical care best practices, which defines the unchallengeable, autonomous authority of primary athletics healthcare providers to determine medical management and return-to-play decisions of student-athletes.	8.20 (1.87) 3-9	7.80 (1.55) 4-9
Selecting and Implementing New Technologies		
Recommendation 4: It is recommended that schools establish a structured process for making decisions about selecting and implementing new performance technologies. A structured process that considers how to use performance technologies in a way that maximizes benefits and minimizes harm is important to ensure student-athlete wellbeing is prioritized when a school makes decisions regarding use of performance technologies.	8.20 (1.87) 3-9	--
Strategy 4.1: Review technologies using existing, evidence-based standards and frameworks that evaluate their value, usability and quality.	8.60 (0.52) 8-9	7.70 (1.25) 5-9
Strategy 4.2: Consider and assess the quality of performance technologies. Quality may include, but is not limited to, factors such as accuracy, reliability, validity and function.	8.89 (0.33) 8-9	7.56 (1.24) 5-9
Strategy 4.3: Decisions about selecting and implementing performance technologies should be made by a multidisciplinary group. Important roles to consider including are sports medicine staff and individuals with competencies in sports science, coaching staff, information technology, data security, administration and compliance.	8.33 (0.71) 7-9	7.89 (1.54) 5-9
Continuous Improvement		

Recommendation 5: It is recommended that schools routinely get feedback from those using performance technologies (e.g., student-athletes, coaches, sports medicine staff) about how these technologies are being used and how they are working. This feedback can be used to inform changes to the school's written plan to reflect current needs, available resources and evolving technological developments.	8.80 (0.42) 8-9	--
Strategy 5.1: Engage a multidisciplinary group to plan, collect and interpret feedback about performance technologies. When possible, this group should include individuals involved in establishing the school's written plan for responsible use.	7.70 (1.42) 5-9	7.60 (1.17) 5-9
Strategy 5.2: Understanding student-athletes' experiences with performance technology is critical. Schools should obtain student-athlete feedback to learn about the positive and/or negative impacts performance technology use has on their student-athletes.	8.70 (0.48) 8-9	8.10 (0.99) 7-9
Strategy 5.3: Areas for feedback from additional groups could include: o Technology implementation (e.g., how were technologies used). o Technology effectiveness (e.g., how did outcomes align with the school's reasons for their use). o Education (e.g., does education meet learner needs).	8.50 (0.71) 7-9	7.90 (0.88) 7-9