



**REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND
MEDICAL ASPECTS OF SPORTS
FEBRUARY 19-20, 2024, VIDEOCONFERENCE**

ACTION ITEMS.

1. Legislative Items.

- None.

2. Nonlegislative Items.

- **NCAA Division I Waiver Request – NCAA Division I Nominating Committee Association-wide Committee Composition Policy.**
 - (1) Recommendation. That the NCAA Division I Council Coordination Committee waive the Division I Nominating Committee's composition policy to permit the appointed expert in endocrinology to complete his term of service on the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports despite his school's change in conference affiliation. (See Attachment A)
 - (2) Effective date. July 1, 2024 (reflects date of conference realignment).
 - (3) Rationale. CSMAS' legislated purpose is to provide the membership with expert guidance on mental and physical health, safety and performance topics. As such, its composition reflects need for experts with specific medical, scientific, research and sports medicine expertise. These perspectives are more relevant and more essential to the work of CSMAS than conference affiliation. It should be noted that there were limited nominations for an expert in endocrinology position due to the specialized qualification required and it is expected it would be difficult to find a qualified replacement who could immediately contribute to CSMAS business in a necessary timeline. The current member has demonstrated the importance of this expertise and CSMAS expects to continue to discuss issues that would directly benefit from this perspective for the remainder of his tenure. CSMAS notes the historic rationale for these policies. Therefore, it remains committed to obtaining feedback from a variety of conference and divisional perspectives. This is reflected in its collaborative work with divisional governance bodies, which retain the authority to introduce legislative concepts and provide feedback on CSMAS discussions. In addition to this request for a temporary waiver, CSMAS will also pursue future legislative recommendations to further, and more definitively,

address its unique expertise needs that may outweigh a strict one conference, one representative policies. (See Attachment A)

- (4) Estimated budget impact. None.
- (5) Student-athlete impact. Ensures CSMAS maintains representative with necessary training and expertise on topics related to student-athlete mental and physical health, safety and performance.

INFORMATIONAL ITEMS.

1. **Approval of December 11, 2023, videoconference report.** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports approved the report of its December 11, 2023, videoconference.
2. **Legislative update.**
 - a. Division II legislative action. CSMAS received an update on Division II legislative proposals considered at the 2024 NCAA Convention.
 - (1) Proposal No. 2024-1 (football – first permissible contest): Adopted; CSMAS previously agreed to take no position on the proposal.
 - (2) Proposal No. 2024-2 (softball – championship and nonchampionship contests): Not moved; CSMAS previously agreed to oppose the proposal.
 - b. Cannabinoid legislative update. CSMAS received an update on divisional legislative action regarding CSMAS' September 2023 recommendation to remove cannabinoids from the NCAA list of banned substances. It is expected that all divisions will take final legislative action prior to the 2024-25 academic year.
 - c. Division I legislative concept – women's soccer playing and practice season. CSMAS opposed, as recommended by the Prevention and Performance Subcommittee, a Division I legislative concept that would amend the women's soccer playing and practice season and noted the following rationale:
 - (1) Due to declining injury rates over the past several years, there is no known reason to significantly amend the women's soccer playing and practice season for health and safety reasons.
 - (2) There is no guarantee that the concept would reduce competition congestion or missed class time, as the concept does not restrict back-to-

back competition, mid-week competition or limit the number of competitions per week.

- (3) The concept may have several unintended health and safety consequences:
 - (a) Earlier reporting dates and a longer championship season will likely increase time demands on medical support staff, with the biggest burden placed on athletic trainers. CSMAS has provided the membership with [guidance regarding current athletic trainer workforce issues](#) and notes increasing athletic trainer workload demands are contributing to athletic trainers leaving the profession and/or collegiate space.
 - (b) A longer championship season may have adverse effects on student-athlete mental health, including the later timing of the NCAA championship that would occur during many schools' final examination period.
- (4) The concept would shorten the non-championship segment, which may impact periodization and increase or imply student-athletes should participate in more voluntary activities that have less supervision.
- (5) The proposal introduces an optional acclimation period that could increase disparity between physical preparedness of student-athletes which could lead to increased injury risk.
- (6) The time period described as "acclimatization" should be accurately named a "transition period". Specifically, accurate naming would direct support staff to follow the guidance for transition periods described in the [Preventing Catastrophic Injury and Death in Collegiate Athletes](#).
- (7) The optional "acclimatization" period would occur during a time period when temperature and/or heat index may put student-athletes more at risk for heat-related illness and injury.

3. Mental health.

- a. Mental Health Best Practices update. CSMAS received an update on the [NCAA Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, second edition](#), which was approved by the NCAA Board of Governors in January. The document and accompanying resources were published Feb. 20.

CSMAS discussed ongoing education and communication efforts regarding the updated document, which include additional SSI Spotlight segments, proposed NCAA Learning Modules and additional resources.

- b. Mental Health Advisory Group update. CSMAS received an update on potential future activity of the group, which could include recommendations on the following topics: updating and create programming to support schools as they implement the Mental Health Best Practices; determining the frequency in which to update NCAA mental health materials; and providing feedback on related mental health topics.
4. **Governance updates.** CSMAS received a governance update from each of the divisions and an update on work of the NCAA Board of Governors.
 5. **Subcommittee reports.**
 - a. **Administrative Subcommittee.**
 - (1) Subcommittee activity review. CSMAS received the reports of its Administrative Subcommittee videoconferences since December 2023.
 - (2) Waiver request – Division I committee composition requirements. CSMAS discussed a committee composition issue that may cause the expert in endocrinology to be unable to complete his term of service due to his school's change in conference affiliation. CSMAS recommended Division I approve a waiver to permit the endocrinology expert to complete his term (see Action Item above).
 - (3) Permissible food / beverage inquiry. CSMAS recommended the Aug. 11, 2017, Official Interpretation on nutritional supplements be updated to reflect that amino acids, as an additive to otherwise permissible plant-based foods or beverages, are permissible up to a level equivalent to non-plant-based proteins (e.g., Protein Digestibility Corrected Amino Acid Score of 1.0).
 - b. **Drug-Testing Subcommittee.**
 - (1) Subcommittee activity review. CSMAS received the reports of its Drug-Testing Subcommittee videoconferences since December 2023.
 - (2) Cannabinoid policy education update. CSMAS approved the Cannabinoids in Collegiate Athletics Education Plan, which details next steps following the development of consensus statements from the NCAA Summit on Cannabis in Collegiate Athletics. (See Attachment B)

c. Prevention and Performance Subcommittee.

- (1) Subcommittee activity review. CSMAS received the reports of its Prevention and Performance Subcommittee videoconferences since December 2023.
- (2) CSMAS position on headgear. As recommended by the Prevention and Performance Subcommittee, CSMAS reaffirmed its position (originally developed in 2012 and reaffirmed in 2013 and 2016) to oppose playing rules waivers for the use of soft headgear in non-helmeted sports for the prevention or management of concussion, or for a student-athlete to be medically cleared from concussion to participate in sport. In its reaffirmation, CSMAS noted the Prevention and Performance Subcommittee's review of recent medical and scientific literature did not indicate reason for adjusting the existing position.

d. Research Subcommittee.

- (1) Subcommittee activity review. CSMAS received the reports of its Research Subcommittee videoconferences since December 2023.
- (2) Update on 2023-24 IPP Health and Safety Survey. CSMAS received an update on the status of the 2023-24 IPP Health and Safety Survey, noting that 100% of NCAA Divisions I and II schools completed the survey and more than 50% of NCAA Division III schools completed the survey. While completing the IPP Health and Safety Survey is required in Divisions I and II, completion is voluntary in Division III.
- (3) DISC program. CSMAS received an update from the Research Subcommittee on its work to reinstate the Datalys Injury Statistics Clearinghouse, a scientific program that provides de-identified injury surveillance data to researchers. In 2018, a moratorium on requests began because increased volume challenged the existing review process and mechanisms for quality control and compliance. The DISC program is operated by the Datalys Center with whom the NCAA partners to manage the NCAA Injury Surveillance Program.

6. Litigation updates. CSMAS received a briefing on the ongoing litigation involving the NCAA that is relevant to its work.

7. NCAA Student-Athlete Health & Wellness Study. CSMAS received additional review of

the [NCAA Student-Athlete Health and Wellness Study](#), which was conducted in 2022-23. This review focused on sleep behaviors, attitudes toward weight and body image, nutrition

8. and competition and injury history. CSMAS noted information from the study could be used to prioritize and inform future committee agenda items.
9. **Training and Performance.** CSMAS received an update on the formation of the NCAA Training and Performance Advisory Group. Specifically, most representatives have been identified by relevant organizations and it is expected that the Training and Performance Advisory Group will meet before the end of 2024.
10. **Protective equipment issues.**
 - a. Football helmet add-on products. CSMAS discussed issues related to football helmet add-on products. Specifically, the membership has shared a growing interest in the use of these products for both practice and competition. This interest is informed by the continued use of such products by the National Football League in its preseason practice period.
 - b. Hockey laceration protection. CSMAS discussed hockey neck laceration protection and received an update on the landscape of relevant protective equipment standards and the requirements of other hockey governing bodies. CSMAS noted there are no existing protective equipment standards in the United States for neck laceration protection equipment; however, such protective equipment is permitted for student-athletes according to current NCAA ice hockey playing rules.
11. **Process to vacate championship results due to failed drug test.** CSMAS referred to the Drug-Testing Subcommittee consideration of a legislative recommendation to address procedural complications in applying vacation penalties after a student-athlete competes in NCAA championships while ineligible due to a positive drug-test. This issue was recommended for discussion by the NCAA Committees on Infractions.

Committee Chair: James Houle, The Ohio State University
Staff Liaisons: Leilani Hubbard, NCAA Academic and Membership Affairs
John Parsons, NCAA Sport Science Institute
Anne Rohlman, NCAA Sport Science Institute

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports February 19-20, 2024, Videoconference
Attendees:
Brad Anawalt, University of Washington.

Matt Barany, University of Richmond.
Pam (Hinton) Bruzina, University of Missouri, Columbia.
Deena Casiero, University of Connecticut.
Jami Clinton, University of Texas at Dallas.
Timothy Coffey, Longwood University.
Sarah Dowd, Michigan Technological University.
Jack Enriken, Kutztown University of Pennsylvania.
Kenneth Ferguson, University of Missouri-Kansas City.
Deanna Hand, Houghton University.
Richard Hendricks, Shorter University.
James Houle, The Ohio State University.
Marybeth Lamb, Bridgewater State University
Nadine Mastroleo, Binghamton University.
Ally Meehan, Wagner College.
Austin Mondello, Colorado Mesa University.
Amanda Phillips, University of Louisiana at Lafayette.
Jaime Potter, University of California, Irvine.
Sarah Ramey, West Texas A&M University.
Leah Thomas, Georgia Institute of Technology.
Jack Turban, University of California, San Francisco.
Rich Wanninger, Patriot League.
Absentees:
Rohan Springer, University of Texas at Dallas.
Guests in Attendance:
None.
NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:
Leilani Hubbard, John Parsons and Anne Rohlman.
Other NCAA Staff Members in Attendance:
Laura Arnett, Lydia Bell, Amanda Conklin, Derrick Crawford, Amanda Dickey, LaGwyn Durden, Alicia Fine, Kelsey Gurganus-Wright, Brian Hainline, Ty Halpin, Greg Johnson, Mallory Mickus, Matt Mikrut, Leilyn Miles, Greg Pottorff, Alex Purcell, Stephanie Quigg, Bill Regan, Jen Roe, Crystal Rogers, Jared Tidemann and Carey Wheelhouse.



MEMORANDUM

February 6, 2024

VIA EMAIL

TO: NCAA Division I Council Coordinating Committee.

FROM: James Houle, PhD
Chair, NCAA Committee on Competitive Safeguards and Medical Aspects of Sports

SUBJECT: Request for Temporary Waiver of NCAA Division I Nominating Committee's Policies and Procedures.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports formally requests a temporary waiver of NCAA Nominating Committees' policies and procedures to permit CSMAS' appointed endocrinology expert, Dr. Bradley Anawalt, to complete his term of service despite his school's change in conference affiliation.

Specifically, CSMAS is seeking a waiver from two relevant nominating committee policies:

1. Eligibility:

No more than one individual from the same conference may serve on the same committee unless special circumstances warrant an exception.

2. Resignations and Interim Vacancies:

For governance committees, the following situations result in a vacancy that is opened to all eligible conferences:

- A member's institution changes conference affiliation.

Dr. Anawalt's school, the University of Washington, will become a member of the Big Ten Conference on July 1st, triggering a loss of his committee eligibility due to the second policy cited above. Were he permitted to continue his term on CSMAS, he would then be in violation of the first policy as a Big Ten Conference representative is already serving on CSMAS until August 31, 2024. Hence, CSMAS's interest is in a waiver from both policy components.

CSMAS' rationale for this request includes the following:

1. If approved, the Big Ten will have two representatives on CSMAS for at least two months (July 1-August 31, 2024). Additionally, it is expected that the Big Ten will nominate qualified experts for open positions that will start on September 1, 2024. CSMAS prefers to maintain the option for their consideration which may further extend the length of time the Big Ten will have two representatives. However, if other, similarly qualified individuals are nominated, this may be avoided.

2. CSMAS' legislated purpose is to provide the membership with expert guidance on mental and physical health, safety and performance topics. As such, its composition reflects need for experts with specific medical, scientific, research and sports medicine expertise. These perspectives are more relevant and more essential to the work of CSMAS than conference affiliation.
3. Dr. Anawalt holds the CSMAS position reserved for an endocrinology expert, a position legislatively adopted by the membership in 2022. It should be noted that there were limited nominations for this position due to the specialized qualification required, and it is expected it would be difficult to find a qualified replacement who could immediately contribute to CSMAS business in a necessary timeline.
4. Dr. Anawalt has demonstrated the importance of his expertise and CSMAS expects to continue to discuss issues that would directly benefit from his perspective for the remainder of his tenure.
5. CSMAS notes the historic rationale for these policies. Therefore, it remains committed to obtaining feedback from a variety of conference and divisional perspectives. This is reflected in its collaborative work with divisional governance bodies, which retain the authority to introduce legislative concepts and provide feedback on CSMAS discussions.
6. In addition to this request for a temporary waiver, CSMAS will also pursue future legislative recommendations to further, and more definitively, address its unique expertise needs that may outweigh a strict one conference, one representative policies.

For the reasons noted above, CSMAS requests your consideration of this temporary waiver to avoid disruption to CSMAS' access to the scientific and medical expertise required for it to satisfy its responsibilities to the NCAA membership and its student-athletes.

Respectfully,



James Houle, PhD
Chair, NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
Cannabis Summit Consensus Foundational and Strategy Statements

Table 1. Foundational statements.

Foundational statements	Agreement Mean (SD)
1. Current scientific evidence suggests that cannabinoids do not enhance athletic performance.	8.51 (0.85)
2. Although inconclusive, current scientific evidence does not support the use of cannabis in the management of sport-related musculoskeletal pain.	7.42 (2.22)
3. The availability of high THC concentration cannabis products has increased significantly over the past 15 years.	8.74 (1.36)
4. Greater harm from cannabis (e.g., cannabis use disorder, impaired memory/learning) is associated with: (1) earlier age of first use, (2) greater frequency of use, and (3) higher potency product use.	8.51 (0.78)
5. Current scientific evidence suggests that the risk of cannabis-induced psychosis is increased with use of high potency cannabis products and high potency routes of administration (e.g., edibles, dabs, concentrates).	8.31 (1.53)
6. For individuals with depression or anxiety disorders, concurrent use of cannabis is associated with greater disorder severity and poorer response to both behavioral and medication treatment.	7.54 (1.82)
7. Cannabis withdrawal symptoms can look like symptoms of depression and anxiety, with disrupted sleep being a main symptom. These symptoms can last about 2 weeks with some symptoms, including sleep problems, lasting up to a month. These symptoms can be highly disruptive to daily functioning.	8.06 (1.37)
8. Legalization, marketing, and increasing prevalence of cannabis use impact the social environment in which student-athletes are making decisions about cannabinoid use.	8.14 (1.48)
9. While recognizing that there is no universally safe level of cannabis use, harm-reduction interventions (e.g., meeting with individuals where they are and working to motivate lower use) are likely to be more effective in reducing cannabis-related health consequences than approaches to prevention that focus only on abstinence.	8.40 (0.95)
10. Current evidence-based behavioral interventions for cannabis use include those that use personalized feedback and motivational interviewing in their delivery.	7.80 (1.32)
11. For individuals with cannabis use disorder, there are evidence-based behavioral interventions that can lead to significant reductions in symptoms and increased likelihood of cannabis use reduction and abstinence. Relapse is a notable risk.	7.82 (1.27)

Table 2. Strategy statements for institutions

Strategy statement	Utility Mean (SD)	Feasibility Mean (SD)
1. Member schools should routinely provide student-athletes with evidence-based educational resources that aim to reduce harm from cannabis use. This includes providing student-athletes with information relevant to decision making about cannabis use, such as the risks of use. Educational needs are likely to vary across students, with some students benefiting most from approaches that promote continued abstention from cannabis, and others benefiting most from harm reduction approaches that aim to reduce use and limit the negative consequences of use.	8.24 (0.94)	7.76 (1.50)
2. Member schools should routinely provide the following to coaches, medical staff, and other athlete-facing staff in the collegiate sport environment: i. Current information about the risks of cannabis use. ii. Information about the role they can play in harm reduction, including how they can encourage help seeking for cannabis use.	8.40 (1.09)	8.37 (0.97)
3. Screening for cannabis use can help member schools identify disordered use among student-athletes, and/or tailor harm reduction efforts to current levels of use. Screening is best conducted by member schools, with results used to support the health and wellbeing of student-athletes. Screening can include the use of validated screening questionnaires, campus-based drug testing, or both.	7.52 (1.73)	7.31 (1.96)
4. Institutions should ensure there is a written plan for steps that will be taken if an athlete screens positive for cannabis use. This plan should be tailored to level of use.	7.37 (1.73)	7.20 (1.98)
5. Institutions should use evidence- and consensus-based approaches to supporting the health and safety of individuals with positive screens for Cannabis Use Disorder. Approaches should be tiered, with the nature of support depending on the extent and impact of use.	8.20 (1.08)	7.54 (1.50)
6. Campus-based management of cannabis use should be integrated with the health services available to student-athletes as provided by the member school. This includes at a minimum screening for concurrent mental health disorders.	8.43 (0.85)	7.54 (1.74)