



REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS
AND MEDICAL ASPECTS OF SPORTS
FEBRUARY 17-18, 2025, VIDEOCONFERENCE

ACTION ITEMS.

1. Legislative items.

- None.

2. Nonlegislative items.

- **Interpretation and educational column on application of sickle cell legislation.**
 - (a) Recommendation. That each division issue the following: (1) An interpretation of sickle cell legislation to *determine* that only results from a sickle cell solubility test satisfy the requirements of NCAA legislation (see Attachment A); and (2) One combined and updated educational column to replace the six existing columns on sickle cell solubility testing (see Attachment B).
 - (b) Effective date. Immediate.
 - (c) Rationale. Recent inquiries prompted a review of existing guidance on sickle cell legislation, which revealed outdated guidance. These recommendations are a result of that review and are intended to increase clarity for the membership and more properly reflect the application of existing legislation.
 - (d) Estimated budget impact. None.
 - (e) Student-athlete impact. Clarity will ensure sickle cell solubility legislation is applied consistently and accurately at all schools and for all student-athletes.

INFORMATIONAL ITEMS.

- 1. Approval of Dec. 9, 2024, meeting report.** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports approved the report of its December 2024 meeting.
- 2. Litigation update.** CSMAS received a briefing about ongoing litigation involving the NCAA that is relevant to its work.

3. **NCAA Chief Medical Officer briefing.** The CMO provided an overview of the Sport Science Institute's recent activities.
4. **Legislative update.** CSMAS received an update regarding legislative action taken during the 2025 NCAA Convention. Specifically, per CSMAS' recommendation, all three divisions completed the process to adopt a proposal that would permit the CSMAS position designated for a physician with expertise in endocrinology to be filled by an individual who is either "on the staff" at a member institution or a member of the "general public".

Additionally, CSMAS noted that two proposals it opposed were adopted: (1) NCAA Division I Proposal No. 2024-62 (women's soccer – first date of competition and transition period); and (2) NCAA Division II Proposal No. 2025-2 (timing of medical examination). CSMAS referred further discussion of the proposals to the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Prevention and Performance Subcommittee to develop feedback for the membership to consider as it implements these proposals.

5. **NCAA Convention update on sports betting.** CSMAS received an update on divisional discussions during the 2025 Convention related to deregulating current prohibitions regarding sports betting. While no action was taken, the divisions will continue to discuss avenues to address the issue.
6. **NCAA divisional governance updates.** CSMAS received a governance update from the Board of Governors and each of the divisions.
7. **CSMAS subcommittee reports.**
 - a. **Administrative Subcommittee.**
 - (1) Subcommittee activity review. CSMAS received the reports of its Administrative Subcommittee videoconferences since December 2024.
 - (2) Partnership for sickle cell solubility testing. CSMAS supported AdCom's consideration of options to re-establish a partnership with Quest Diagnostics and/or other vendors to provide increased access and reduced-cost sickle cell solubility testing to the membership. Additionally, it noted the geographical range of NCAA schools and supported solutions that would provide testing availability to the maximum number of schools.
 - (3) Sports betting education. As recommended by AdCom, CSMAS approved a resource (see Attachment C) for the membership that outlines considerations for harm-reduction strategies related to sports betting. The resource will be provided directly to the membership.

b. Drug-Testing Subcommittee.

- (1) Subcommittee activity review. CSMAS received the reports of its Drug-Testing Subcommittee videoconferences since December 2024.
- (2) NCAA Banned Substances and WADA Prohibited List. CSMAS noted that the Drug-Testing Subcommittee approved a modification to the NCAA Banned Substances list that aligns with the WADA Prohibited List. Specifically, golf was added to the list of sports for which beta blockers are prohibited. Education on this change will be included in NCAA drug-testing resources that are provided annually during the summer.
- (3) Medical exception and drug-testing appeals procedures. CSMAS approved changes to the NCAA drug-testing medical exception and drug-testing appeals policies and procedures, as recommended by the Drug-Testing Subcommittee. The changes, effective for testing that occurs beginning with the 2025-26 academic year, include the following:
 - (a) Schools must submit a medical exception pre-approval (MEPA) before a student-athlete *participates* (practices or competes) in NCAA athletics rather than prior to competition. This does not impact medical exceptions (ME) which are required to be submitted only after a student-athlete tests positive for a banned substance.
 - (b) The NCAA Drug-Testing Subcommittee shall notify a school's president or chancellor should the school fail to submit a MEPA prior to a student-athlete's participation in NCAA athletics.
 - (c) An option to reduce the legislative sanction for a positive drug test to 25% of each sport's regular season schedule will be added to the drug-testing appeals process as a possible appeal outcome. The 25% withholding option may be applied in certain fact patterns associated with improper MEPA submissions should a student-athlete test positive for a banned substance that does not qualify for a medical exception. Additional details will be included in the drug-testing appeals process procedures.

Notice of the changes will be included in the NCAA Drug-Testing and Drug Education Resources provided to the membership this summer with additional education developed, as needed.

- c. **Prevention and Performance Subcommittee.** CSMAS received the reports of its Prevention and Performance Subcommittee videoconferences since December 2024.
- Division I Men's and Women's Basketball Playing and Practice Season Concept. CSMAS provided feedback on a Division I legislative concept that would increase the total number of contests in men's and women's basketball. In its feedback, CSMAS did not oppose moving to a strict limit for contests (a standard 31 contests limit vs. variable options for multiple-team event considerations); however, it did note the following health and safety considerations for increasing the total number of contests:
 - (a) There are no known health and safety reasons to support an increase in the total number of contests; however, there are risks with adding additional athletic activity of any kind.
 - (b) NCAA Injury Surveillance Program data on men's and women's basketball indicates that competition injury rates are higher than practice injury rates.
 - (c) Increasing the maximum number of contests may increase the risk of injury to student-athletes.
 - (d) Importantly, CSMAS noted concerns with comparing competition frequency of NCAA student-athletes to professional or other athletes. Noting that physiology, opportunity for recovery and time demand considerations are significantly different between these groups.
 - (e) Generally, increased frequency of competition over a shorter interval may increase risk of injury and decrease time for recovery between games.
 - (f) Increased number and/or frequency of competitions may increase travel burdens, which could negatively affect student-athlete sleep and have academic implications (e.g., missed class time).
 - (g) Any increase in activity may increase the time and resource demands on medical support staff, with the biggest burden placed on athletic trainers.
 - (h) CSMAS has provided the membership with [guidance regarding athletic trainer workforce issues](#) and notes increasing athletic trainer

workload demands are contributing to athletic trainers leaving the profession and/or collegiate space.

d. Research Subcommittee.

- (1) Subcommittee activity review. CSMAS received the reports of its Research Subcommittee videoconferences since December 2024.
- (2) Update on NCAA Injury Surveillance Program data requests process. CSMAS received an update on the NCAA Injury Surveillance Program data request pilot process, which accepted applications Jan. 20 – 31. Phase one of the pilot received 32 letters of intent with 56% of submissions focused on the three areas of emphasis approved by CSMAS in December 2024: elbow, lower leg and non-contact injuries. The next phase of the ISP data request pilot process includes an advisory panel review of the submitted letters of intent.
- (3) Institutional Performance Program Health and Safety survey. CSMAS received a brief status update of completion rates for each division for the Institutional Performance Program Health and Safety Survey.

8. NCAA National Study on Collegiate Wagering and Social Environments. CSMAS received a briefing on the social environments portion of the 2024 NCAA National Study on Collegiate Wagering and Social Environments, expected to be published later this year. The NCAA Social Environments Study, which has been conducted regularly since 2012, examines how student-athletes interact with various on-campus and community groups, their comfort and trust within the campus community and expectations and education provided by coaches and others in dealing with various issues that arise in a student-athlete's social environment.

9. NCAA Injury Surveillance Program.

- a. Operational updates.** The Datalys Center provided participation updates for the current academic year, an operational update on the Datalys Center Injury Surveillance Practicum Program and ongoing research and developments related to the Bayesian Methods for estimating injury rates in sports injury epidemiology and an algorithmic solution for population estimation in injury surveillance.
- b. Seasonal ISP report.** CSMAS received a report on the most recent seasonal sport injury reports.

10. CSMAS Advisory Groups.

a. Mental Health.

- (1) Mental Health Advisory Group report. CSMAS approved the report of its Mental Health Advisory Group's January 2025 meeting.
- (2) Mental Health Best Practices Resources. As recommended by the Mental Health Advisory Group, CSMAS approved the following resources for membership consideration in support of the [NCAA Mental Health Best Practices](#):
 - (a) IOC Certificate in Mental Health in Elite Sport.
 - (b) IOC Diploma in Mental Health in Elite Sport.
 - (c) IOC Relative Energy Deficiency in Sport Clinical Assessment Tool Version 2 (REDs CAT2).
 - (d) IOC Mental Health Guidelines for Major Sporting Events.
 - (e) ACE Critical Considerations before Contracting with a Teletherapy Vendor.
 - (f) Organizations that offer services that protect student-athletes from social media harassment, including Signify, Moonshot and any others identified by CSMAS.
- (3) Substance Misuse Prevention Tool Kit discussion. CSMAS supported the Mental Health Advisory Group's recommendation that the Substance Misuse Prevention Tool Kit should be updated. A plan for that update, including timeline, will be considered at a future CSMAS meeting.

11. Training and Performance. CSMAS received an update that, following the recommendations of CSMAS and its Training and Performance Advisory Group, the NCAA Sport Science Institute will host a Performance Technologies Summit May 1-2, 2025. Outcomes of the summit are anticipated to include considerations for the responsible use of performance technologies in collegiate athletics. The summit will be held at the NCAA National Office, with attendees including subject matter experts from the Training and Performance Advisory Group, CSMAS and external organizations and student-athletes.

12. Sports Medicine Handbook update. CSMAS noted that the next edition of the Sports Medicine Handbook is expected for publication later this year. The anticipated update represents the first substantive revision to the Sports Medicine Handbook since 2014.

13. Education update.

- a. **SSI Spotlight.** CSMAS received an update on the SSI Spotlight, as well as upcoming topics (NCAA Drug-Testing Program, athletic training workforce, sports betting and mental health) it will cover during the remainder of the 2024-25 academic year.

This academic year alone, over 60% of member schools have had at least one representative attend an airing of the SSI Spotlight.

- b. **Nutritional fact sheets.** CSMAS reviewed two recently updated nutritional fact sheets ([Making Good Choices While Eating on the Road](#) and [Eating Frequency for the Student-Athlete](#)), which were revised in coordination with the American Sports and Performance Dieticians Association and the Sports and Human Performance Nutrition organization. The fact sheets will be made available to the membership through the NCAA website.

14. Future meeting schedule. CSMAS reviewed its future meeting dates.

15. Adjournment. The meeting was adjourned at approximately 4:45 p.m. Eastern time.

Committee Chair: Nadine Mastroleo, Binghamton University.
Staff Liaisons: LaGwyn Durden, NCAA Sport Science Institute.
Leilani Hubbard, NCAA Academic and Membership Affairs.
Anne Rohlman, NCAA Sport Science Institute.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports February 17-18, 2025, Videoconference	
Attendees:	
Matt Barany, University of Richmond.	
Rhonda Beemer, Northwest Missouri State University.	
Leah Carey, Brown University.	
Timothy Coffey, Longwood University.	
Bob Colgate, National Federation of State High School Association.	
Adorijan Daniels, University of Nebraska at Kearney.	
Lee Dorpfeld, University of South Florida.	
Sarah Dowd, Michigan Technological University.	
Jack Entriiken, Kutztown University of Pennsylvania.	

Kenneth Ferguson, University of Missouri-Kansas City.
Deanna Hand, Houghton University.
Richard Hendricks, Shorter University.
Alan Hirahara, California State University, Sacramento.
Josey Johnson, Otterbein University.
Ryan Kelly, Rochester Institute of Technology.
Marybeth Lamb, Bridgewater State University.
Nadine Mastroleo, Binghamton University.
Amanda Phillips, University of Louisiana at Lafayette.
Jaime Potter, University of California, Irvine.
Sarah Ramey, University of Texas Permian Basin.
Marie Schaefer, Cleveland State University.
Leah Thomas, Georgia Institute of Technology.
Rich Wanninger, Patriot League.
Absentees:
Brad Anawalt, University of Washington.
Guests in Attendance:
Adrian Boltz, Kody Campbell, Avinash Chandran and Neel Rao.
NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:
LaGwyn Durden, Leilani Hubbard and Anne Rohlman.
Other NCAA Staff Members in Attendance:
Laura Arnett, Lydia Bell, Geoff Bentzel, Sara Brown, Deena Casiero, Amanda Dickey, Alicia Fine, Chelsea Hooks, Greg Johnson, Abigail Markey, Mallory Mickus, Leilyn Miles, Binh Nguyen, Alex Purcell, Stephanie Quigg, Bill Regan, Michelle Robison, Crystal Rogers, Carey Wheelhouse and Leeland Zeller.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
Administrative Subcommittee
Recommendation for Interpretation of Sickle Cell Legislation

Sickle Cell Solubility Test

Division: I, II, III
Date Issued: 2025
Item Ref: X

Interpretation:

The NCAA Division X Interpretations Committee **determined** that only results from a sickle cell solubility test satisfy the requirements of NCAA legislation. Results from other types of sickle cell screening do not meet the legislation.

<i>Division I</i>	<i>Bylaw 17.1.5.1</i>	<i>Sickle Cell Solubility Test</i>
<i>Division II</i>	<i>Bylaw 17.1.5.1</i>	<i>Sickle Cell Solubility Test</i>
<i>Division III</i>	<i>Bylaws 17.1.6.4.1</i>	<i>Confirmation of Sickle Cell Trait Status</i>

**NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND
MEDICAL ASPECTS OF SPORTS
Sickle Cell Solubility Test
Recommended Question and Answer Document**

This document contains questions and answers designed to assist the membership in understanding the application of sickle cell solubility test legislation. This educational column replaces previous guidance, which should be archived: Division I June 03, 2010, and January 14, 2010; Division II January 05, 2012, January 15, 2014 (Question Nos. 6 & 7) and January 28, 2022; and Division III January 18, 2013 and January 25, 2022.

**New questions are highlighted in grey. Other question and answers have been combined from previous educational columns, while some questions and answers that no longer apply (e.g., written release) have been eliminated.*

Question No. X: Must every individual undergo sickle cell solubility testing prior to participating in physical athletically related activity or may documented results of a prior test meet the legislation?

Answer: Documented results of a prior sickle cell solubility test meet the legislation; however, if no documented results are available a sickle cell solubility test is required during the individual's mandatory medical exam.

Question No. X: The option for an individual to sign a waiver declining the sickle cell solubility test was eliminated on August 1, 2022. How does the legislation apply to an individual who signed a waiver prior to August 1, 2022?

Answer: An individual who signed a waiver declining confirmation of sickle cell trait status before August 1, 2022, would not be required to provide documented sickle cell solubility test results prior to participation.

Question No. X: Do screening types other than a sickle cell solubility test meet the legislation?

Answer: No.

Question No. X: Is a question on the history form of the medical examination sufficient to determine an individual's sickle cell trait status?

Answer: No.

Question No. X: May an individual sign a written release if documented results from a sickle cell solubility test are not available?

Answer: No.

Question No. X: Are individuals required to undergo sickle cell solubility testing each year prior to participating in physical athletically related activity?

Answer: No. Documented results from an individual's previous sickle cell solubility test may be used to meet the legislation.

Question No. X: May a school conduct or pay for a sickle cell solubility test as part of a medical examination during an individual's visit to campus to attend general orientation sessions conducted for all prospective students?

Answer: Yes.

Question No. X: May an individual participate in physical athletically related activities while their sickle-cell solubility test results are pending?

Answer: In Divisions I and II, an individual may not participate in physical athletically related activities until the documented results of the individual's sickle-cell solubility test are available.

In Division III, an individual who has taken a sickle-cell solubility test but whose results are not yet confirmed, may participate in physical athletically related activities provided the individual engages in mandatory education regarding the risks, impact and precautions associated with sickle cell trait.

Question No. X: If a student-athlete refuses to be tested for the sickle cell trait due to religious reasons, may the school request a waiver?

Answer: Yes.

Question No. X: Does the legislation apply to male practice players?

Answer: Yes.

Question No. X: Must a school report sickle cell solubility test results to the NCAA?

Answer: No.

Question No. X: How should an institution keep track of an individual's sickle cell trait status or written release status?

Answer: The method of maintaining medical record documentation is an institutional decision. At a minimum, athletics medical staff should have a copy in the individual's medical file.

Question No. X: Do all states and U.S. territories require screening for the sickle cell trait in newborns?

Answer: Yes. Many other countries also require screening for sickle cell trait in newborns. Please note, not all newborn screening includes a sickle cell solubility test, which is required to meet the legislation.

Question No. X: May results from the newborn screening process be used to meet the legislation?

Answer: Possibly. Importantly, newborn screening may not employ sickle cell solubility testing, which is required to meet the legislation. Additionally, states/countries may have specific rules regarding access to newborn screening results. If the individual's newborn screening employed sickle cell solubility testing and the documented results are available, then they may be used to meet the legislation.

Question No. X: Are individuals that test positive for the sickle cell trait disqualified from participating in athletics?

Answer: No. Test information should be used by school and other applicable medical staff to provide more individualized medical monitoring and care.

Question No. X: Does the sickle cell trait change in adulthood? Is it possible that someone who tests positive for the trait as an infant would no longer have the trait in adulthood?

Answer: No.

Question No. X: What are the next steps/best practices if an individual tests positive for sickle cell trait?

Answer: If a test confirms the sickle cell trait, the individual should be offered counseling on the implications of sickle cell trait, including health, athletics participation and family planning. Knowledge of sickle cell trait status can be a gateway to education and simple precautions should be taken to minimize health issues among individuals with the sickle cell trait.

Question No. X: Where is more information on sickle cell trait?

Answer: Additional information and educational materials about sickle cell trait are available for student-athletes, coaches and athletics personnel at www.ncaa.org/sport-science-institute/sickle-cell-trait.



**HARM REDUCTION CONSIDERATIONS
FOR SPORTS BETTING IN COLLEGIATE SPORTS**
February 2025

This document discusses harm reduction strategies in the context of sports betting in collegiate sports and provides relevant resources. The information provided is resultant from discussions of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

Sports Betting and Collegiate Athletics.

1. Sports betting is widespread on college campuses.
 - a. Results of the [2023 NCAA Sports Betting Activities Survey](#) showed over half of 18-22 year-olds in the U.S. have engaged in sports betting, with 62% of those bettors identifying as degree-seeking students.
 - b. Results from the [2024 NCAA National Sports Wagering Study](#) indicate 22% of student-athletes participating in men's sports and 5% of student-athletes participating in women's sports have gambled on sports in the past year.
2. Collegiate populations, specifically men, have the highest incidence of sports betting and are more likely to be predisposed to problem gambling than the general population.
 - Six to 10 percent of college students are predisposed to problem gambling compared to ~2-3% of the general population.
3. Sports betting can present risk at multiple levels of collegiate sport.
 - a. At the individual level, student-athletes who gamble may experience problematic gambling behaviors or develop Gambling Disorder, a mental health condition recognized by the American Psychological Association, which often co-occurs with other mental health conditions (e.g., anxiety, depression and sleep disturbances).
 - b. Student-athletes, including those who do not gamble, may experience harassment from sports bettors. The [2023-24 NCAA Online Abuse in NCAA Championships Study](#) found that 12% of online harassment directed at student-athletes, coaches and officials was related to sports betting.
4. Generally, policy prohibitions on sports gambling, without other interventions, are ineffective at reducing gambling-related behavior and it is unclear how deregulation would impact gambling behaviors.

Harm Reduction Strategies.

1. As noted in its discussions on other health promotion topics (e.g., cannabinoids), the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports has identified harm reduction strategies as particularly useful when prohibitions and/or penalties have proven ineffective.
2. Broadly speaking, harm reduction strategies foster prevention, risk reduction and health promotion.
 - a. Harm reduction strategies acknowledge actual behaviors (e.g., some student-athletes do bet on sports) and attempt to meet individuals where they are.
 - b. Abstinence can be one approach included in harm reduction strategies.
3. Research has demonstrated that harm reduction approaches offer more effective and long-term benefits for college-aged individuals not seen with abstinence-only approaches.
4. Emerging adulthood is a critical developmental period that includes establishing lifelong health-related behaviors and harm reduction strategies can serve as an important tool to support the development of those behaviors.
5. Harm reduction strategies are and will remain important in supporting student-athlete health and wellbeing, regardless of deregulation of NCAA sports betting legislation.

Applying Harm Reduction Strategies to Sports Betting. Harm reduction strategies applicable to sports betting, as discussed by CSMAS, include:

1. **Stigma-reduction.** Significant stigma exists around the self-reporting of problem gambling behaviors, which can exacerbate harm. Use of stigma-reducing language when discussing sports betting can impact individual's likelihood to seek help.
 - a. The National Council on Problem Gambling provides examples of [person-first language in discussing gambling disorders](#).
 - b. [Words Matter – Terms to Use and Avoid When Talking about Addiction](#) includes two resources (one for providers and one for patients) from the National Institute on Drug Abuse that provides information and tips to reduce stigma and negative bias when discussing addiction.
 - c. The [NCAA Guidance on Inclusive Language](#) offers considerations for using language to foster environments of belonging.

2. **Education.** Increased education (for student-athletes, administrators and coaches) on sports betting and its potential risks to individuals, teammates and their broader community.
 - CSMAS noted NCAA research that demonstrated student-athletes are less likely to wager on sports if they receive education on the topic.
 - Consider providing education at multiple points throughout the academic year and through different methods (e.g., in-person training, learning module, via coach, peer educators, flyers, etc.). More information on available educational resources is included in the Mental Health Best Practices section below.
3. **Mental Health Best Practices.** Implementation of the [NCAA Mental Health Best Practices](#) (and other mental health resources) with consideration for sports betting.
 - a. Foundational Principles. The foundational principles of the Mental Health Best Practices discuss important risk and protective factors that may play a role in student-athlete mental health. In the context of gambling and sports betting, examples may include, but are not limited to:
 - (1) Emerging adulthood is a critical developmental period in which health-related behaviors are established, and it is also a common time for mental health challenges to emerge.
 - (2) Student-athletes who experience discrimination, harassment, bullying, and/or other forms of maltreatment are at elevated risk of having negative mental health outcomes.
 - (3) Social media poses risk factors, including the perpetuation of systemic racism and discrimination.
 - b. Best Practice 1: Creating Healthy Environments. Incorporate sports betting into written multi-level (e.g., community, campus, athletics, team, individual) health promotion plans that are developed in collaboration with a licensed mental health provider. Examples of this could include, but are not limited to:
 - (1) Provide guidance and support to student-athletes related to social media use and work with campus partners in developing protocols for threat reporting.

- (a) Signify Group [Threat Matrix](#) provides services to investigate online harassment in college sports.
 - (b) [Moonshot](#) provides services regarding threat monitoring and online violence prevention.
- (2) Educate student-athletes and coaches on sports betting and its intersection with student-athlete mental health.
 - (a) The [Summary of Findings – Slides for Member Schools](#) provides key findings from the 2024 Trends in NCAA Student-Athlete Gambling and Sports Betting Behaviors Study.
 - (b) The [NCAA Draw the Line Campaign](#) prioritizes student-athlete education on the effects of sports betting.
 - (c) The [NCAA Sports Betting webpage](#) provides educational resources, including e-modules for student-athlete and coaches.
 - (d) The NCAA works with [EPIC Risk Management](#) to provide educational programs for members of the Association.
- (3) Provide staff education on culturally sensitive and trauma-informed practices.
 - The [NCAA Mental Health Best Practices webpage](#) offers resources for supporting and promoting student-athlete mental health, including [SAMHSA's Trauma Informed Care in Behavioral Health Services](#).
- c. Best Practice 2: Screening and Identification. While validated screening tools are not intended to be diagnostic, screening student-athletes for psychological distress at least once annually may help identify student-athletes experiencing problem gambling behavior, Gambling Disorder and/or related mental health conditions. Consider sports betting and Gambling Disorder in processes for identifying and screening student-athletes for mental health symptoms. Examples of this could include, but are not limited to:

- (1) Collaborate with the primary athletics health care provider and/or licensed mental health provider to identify validated screening tools for psychological distress.
 - The [International Olympic Committee Sport Mental Health Assessment Tool 1](#) is an assessment tool to identify athletes experiencing or at risk of experiencing mental health symptoms, including additional screening options for problem gambling.
 - (2) Consider additional resources or screening to identify problem gambling behavior during times that are associated with higher participation in sports betting activities.
 - The National Council on Problem Gambling provides online access to a [problem gambling self assessment](#).
 - (3) Consider additional resources for the identification of student-athletes who have experienced social media harassment or abuse related to sports betting.
- d. Best Practice 3: Mental Health Action Plans. Incorporate routine and emergency presentations of mental health symptoms related to sports-betting into Mental Health Action Plans. Examples of this include, but are not limited to:
- (1) Determine the timeframe and logistics for responding to validated screening tools for problem gambling behavior.
 - (2) Establish pathways for referral of student-athletes with sports-betting related mental health symptoms, including self-referral, to a licensed mental health provider.
 - (3) Define what constitutes a mental health emergency related to sports betting and the logistics for responding.
 - (4) Conduct regular outreach about Mental Health Action Plans, including scenarios for rehearsal that incorporate sports betting related mental health symptoms.

- e. Best Practice 4: Licensure of Provider. Formal evaluation and treatment of student-athletes with mental health symptoms and disorders, including those related to sports betting and/or problem gambling, should be performed by a licensed mental health provider acting within the scope of activities covered by their clinical licensure. Examples may include:
- (1) Formal evaluation of a student-athlete experiencing signs of anxiety, depression, and/or psychological distress after being harassed by a bettor.
 - (2) Formal evaluation of a student-athlete with signs of problem gambling behaviors.
 - (3) Ongoing management and treatment of a student-athlete with Gambling Disorder and comorbid Substance Use Disorder.