



**REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS
AND MEDICAL ASPECTS OF SPORTS
JUNE 13-14, 2023 MEETING**

ACTION ITEMS.

- None.

INFORMATIONAL ITEMS.

1. **Approval of February 20-21, 2023, videoconference report.** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports approved the report of the February 20-21, 2023, videoconference.
2. **President Charlie Baker.** CSMAS received remarks from NCAA President Charlie Baker.
3. **Mental health.**
 - a. Mental Health Advisory Group update. CSMAS received an update on the work of the Mental Health Advisory Group. The MHAG met on March 8-9 in Indianapolis and discussed its scope of work, methodology and timeline (Attachment A). It also received an overview of literature and best practices on student-athlete mental health and discussed each best practice within the existing NCAA Mental Health Best Practices.
 - b. Mental Health Best Practices update. CSMAS supported the general direction of preliminary concepts developed by the MHAG to update the Mental Health Best Practices. The MHAG will continue its work to finalize consensus statements which will guide recommendations for CSMAS to consider at a future meeting. The recommendations will be socialized with the membership before CSMAS requests the NCAA Board of Governors take final action on the updates. It is expected that CSMAS will request the Board of Governors to take final action at its January 2024 meeting.
4. **Litigation updates.** CSMAS received a briefing on the ongoing litigation relevant to its work.
5. **Governance updates.**
 - a. Divisional updates. CSMAS received a governance update from each of the divisions.
 - b. Update from Division I Strategic Vision and Planning Committee and NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Health and Safety Subgroup. CSMAS received an update on the work of the Division I Strategic Vision and Planning Committee and NCAA CSMAS Health and Safety Subgroup.

Specifically, the Health and Safety Subgroup completed its referral from the NCAA Division I Transformation Committee and made recommendations to the NCAA Division I Council (Attachment B).

6. **Drug Free Sport International update.** CSMAS received an update from Drug-Free Sport International on the NCAA year-round, fall and championship drug-testing programs for the 2022-23 academic year. The program summary included the rate of NCAA banned substances detected, the number of appeals conducted, and the number of administrative reviews conducted for student-athlete exit tests.
7. **Subcommittee reports.**
 - a. **Administrative Subcommittee.**
 - (1) Review of subcommittee activity. CSMAS received the reports of its Administrative Subcommittee videoconferences since February 2023.
 - (2) CSMAS advisory group structure. CSMAS agreed to establish an advisory group structure (Attachment C), as recommended by AdCom and in support of the recently approved [Policies and Procedures of Identifying Consensus-Based Guidance](#). The structure includes five advisory groups: 1. The existing (a) Concussion Safety Advisory Group and (b) Mental Health Advisory Group; and 2. The creation of three additional advisory groups: (a) Sport-Related Illness and Injury; (b) Performance and Training; (c) Social and Interpersonal Health. CSMAS noted the following rationale for the creation of an a priori approach:
 - (a) The adopted policies and procedures established topical, threshold and compositional requirements that make it possible to anticipate the most relevant topical areas for the advisory groups.
 - (b) Creating an a priori structure allows for proper notice, planning and other operational support to identify consensus-based guidance that responds to membership needs in a timely way.
 - (c) Identifying the topical scope of advisory groups provides clarity to both CSMAS and the membership on the procedural avenue relevant requests will follow.

- (d) An established and stable advisory group structure will help generate trust in the process that could be more difficult to accomplish with a responsive approach.
- (3) General public physician nomination. CSMAS identified two nominees for nominating committee consideration when approving a replacement for the current general public physician whose term expires on September 1, 2023.
- (4) Athletic training workforce issues. CSMAS received an update related to ongoing athletic training workforce issues. An upcoming meeting is scheduled with the leadership of athletic training organizations and representatives from the membership.
- (5) NCAA transgender student-athlete participation policy update. CSMAS received a review of the current state of the NCAA transgender student-athlete participation policy, including an overview of emerging trends in sport-governing body policies, state laws and proposed federal regulations.

b. Drug-Testing Subcommittee.

- (1) Review of subcommittee activity. CSMAS received the reports of its Drug-Testing Subcommittee videoconferences since February 2023.
- (2) Drug-testing program review. CSMAS was informed by the Drug-Testing Subcommittee that it completed review of the NCAA Drug-Testing Program, as directed by CSMAS, and it recommended no changes to testing methods. In its decision to recommend no changes, the Drug-Testing Subcommittee affirmed previous concerns related to student-athlete privacy and the invasiveness of the athlete biological passport program that were raised during the 2020 review. It also noted the potential negative impact on the student-athlete experience if specific student-athletes and/or specific sports were targeted, and the logistical challenges associated with the testing pool (e.g., transfer portal, monitoring burden).

CSMAS referred the review to the Drug-Testing Subcommittee in September 2022 following interest from the United States Anti-Doping Agency to enhance collaboration. This review is separate from other ongoing reviews, including threshold considerations and Association cannabinoid policy [see Items 7-b-(3) and 7-b-(4) below]. CSMAS had previously reviewed the Drug-Testing Program in 2020.

- (3) Threshold for GW 1516. CSMAS adopted the Drug-Testing Subcommittee recommendation to establish a trace-level threshold of less than 0.1 nanograms per milliliter for the banned hormone and metabolic modulator GW1516. The threshold is intended to limit unintended eligibility impacts on student-athletes who may test positive due to unintentional ingestion of the substance (e.g., through contaminated supplements) or situations when student-athletes are disproportionately penalized due to the extended time the substance takes to be completely eliminated from the body.

Rationale that supported this decision included:

- (a) NCAA drug testing and appeal data associated with GW1516 positives;
- (b) Subject matter expert insight regarding concentration levels and elimination response based on administration/exposure;
- (c) Impact on return to eligibility; and
- (d) External sport organizations' testing data and protocols.

In adopting the threshold, CSMAS noted that when GW1516 is detected below the threshold the results will be reported to the school as atypical. This provides an opportunity for continued education and permits repeat testing of the student-athlete with no loss of eligibility or withholding from competition. The threshold for GW1516 detection will be effective for all tests September 1, 2023, and later.

- (4) Cannabinoid policy. CSMAS signaled its support for removing cannabis from the Association's banned drug list and testing protocols, as recommended by the Drug-Testing Subcommittee. CSMAS will gather input from the membership this summer with a final recommendation expected in the fall. CSMAS agreed that the potential change should be accompanied by a comprehensive communication and education campaign that would provide guidance to the membership about cannabis.

In June 2022, the issue was referred to CSMAS by Division II and III, which asked CSMAS to further consider the Association's cannabis policy and whether NCAA drug-testing should be limited to performance-enhancing substances.

The rationale for considering the change was largely informed by the December [2022 Summit on Cannabinoids in College Athletics](#) and includes

the consensus opinion that cannabis is not a performance-enhancing drug and that a harm reduction approach to cannabis is best implemented at the school level. Additional rationale included:

- (a) Focusing on testing for substances that provide an unfair advantage by enhancing athletic performance;
- (b) Shifting toward a harm reduction philosophy for cannabis, similar to the approaches taken with alcohol;
- (c) Realigning toward institutional testing and how that testing supports/enhances campus efforts to identify problematic cannabis use;
- (d) Educating student-athletes on the health threats posed by contemporary cannabis and methods of use; and
- (e) Identifying and explaining relevant harm reduction/mitigation strategies to those student-athletes who choose to legally consume cannabis.

Pending positive feedback from the membership, CSMAS would seek support from the NCAA Board of Governors to stop testing for cannabis at 2023-24 NCAA championship events while legislative action is considered.

For the cannabinoid class to be removed from the NCAA list of banned drugs, each of the three NCAA divisional governance bodies would have to introduce and adopt legislation.

c. Prevention and Performance Subcommittee.

- (1) Review of subcommittee activity. CSMAS received the reports of its Prevention and Performance Subcommittee videoconferences since February 2023.
- (2) Statement on wearable/performance technology. CSMAS approved recommended revisions to its 2016 statement on performance (previously wearable) technologies. (Attachment D)

d. Research Subcommittee.

- (1) Review of subcommittee activity. CSMAS received the reports of its Research Subcommittee videoconferences since February 2023.

- (2) Response to Wrestling Rules Committee: exposure accounting. CSMAS approved a written response to the NCAA Wrestling Rules Committee's inquiry about NCAA Injury Surveillance Program methodologies to account for athlete injury exposure. CSMAS will not recommend any changes to existing methodologies.
 - (3) Data Injury Statistics Clearinghouse process reinstatement. CSMAS received an update regarding progress toward the reinstatement of the Data Injury Statistics Clearinghouse process. This process allows for researchers affiliated with NCAA member institutions to request ISP data for the purpose of conducting peer-reviewed, epidemiological research. It is expected that the process will be reinstated the fall of 2023.
 - (4) IPP Health & Safety Survey update. CSMAS received the initial results from the 2022-23 Health & Safety Survey. These results are generated from the annual health and safety surveys required of Divisions I and II member schools and are otherwise provided to those schools by way of the NCAA Institutional Performance Program.
- 8. **National Federation of State High School Association update.** CSMAS received an update on the National Federation of State High School Associations' Sports Medicine Advisory Committee.
- 9. **Vice-chair election.** CSMAS elected Deena Casiero, University of Connecticut Senior Associate Athletic Director for Sports Medicine and team physician, to the vice chair position for the 2023-24 academic year.
- 10. **NCAA Injury Surveillance Program.**
 - a. Datalys contract renewal. CSMAS was informed that the NCAA plans to renew its contract with the Datalys Center and is working to finalize the contract.
 - b. Operational update.
 - (1) Participation update. CSMAS received an update on membership participation in the NCAA Injury Surveillance Program. Efforts to promote membership participation have been underway for the past year, and there is some evidence that participation levels are beginning to increase from post-COVID levels.

- (2) EMR status. CSMAS received an update on electronic medical record systems maintenance issues.
 - (3) Membership education. CSMAS received an update on plans for enhanced membership education on ISP use. The Datalys Center is developing video tutorials that correspond to various NCAA ISP-compatible EMR systems. These tutorials will guide ISP participants through basic steps of data entry and submission and will serve as a reference for participants seeking guidance.
 - c. ISP report. CSMAS received a summary of two reports that were generated from ISP data at the request of the membership. One report was created at the request of the NCAA Softball Playing Rules Committee. The second report was requested by a conference.
11. **Concussion Safety Advisory Group meeting and Concussion Safety Protocol Checklist.** CSMAS received a briefing on the agenda of the June 26 Concussion Safety Advisory Group meeting. The CSAG will consider emerging information, including the recently updated consensus statement on concussion in sport which is based on the outcomes from the sixth International Conference on Concussion in Sport held in Amsterdam in October 2022. The CSAG may make recommendations for CSMAS to consider updating the Concussion Safety Protocol Checklist and other resources. The timeline for the consideration of such changes will be determined by CSMAS in consultation with the membership.
 12. **NCAA Sports Medicine Handbook update.** CSMAS noted that the Sports Medicine Handbook is undergoing substantive updates which are expected to be finalized for publication for the 2023-24 academic year.
 13. **Sexual Violence Prevention Toolkit update.** CSMAS noted editorial changes to the Sexual Violence Prevention Toolkit that reflect changing state and national laws, more inclusive language and the recently updated deadline, now the first Friday in November, for schools to attest to compliance with the NCAA Board of Governors Policy on Campus Sexual Violence.
 14. **NCAA Board of Governors review of Association-wide committees.** Following the adoption of the new constitution in January 2022, the NCAA Board of Governors began a review of all Association-wide committees to determine their relevance, assess whether potential changes would better align the committee's work with the new constitution and determine how to streamline the Association-wide governance structure. CSMAS referred these questions to the AdCom, which will provide the requested information to the Board of Governors.

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

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports June 13-14, 2023 Meeting	
Attendees:	
Matt Barany, University of Richmond	
Pam Hinton-Bruzina, University of Missouri, Columbia	
Deena Casiero, University of Connecticut	
Timothy Coffey, Longwood University	
Bob Colgate, National Federation High School Association	
Sarah Dowd, Michigan Technological University	
N. Jeremi Duru, American University	
Jack Enriken, Kutztown University of Pennsylvania	
Luis Feigenbaum, University of Miami (Florida)	
Alan Hirahara, California State University, Sacramento	
Richard Hendricks, Shorter University	
James Houle, The Ohio State University	
Yolanda Malone-Gilbert, Genesis Behavioral Health & Collaborative, SVC., Inc.	
Nadine Mastroleo, Binghamton University	
Ally Meehan, Wagner College	
Austin Mondello, Colorado Mesa University	
Amanda Phillips, University of Louisiana at Lafayette	
Nicole Pieart, Lake Forest College	
Sarah Ramey, West Texas A&M University	
Rohan Springer, University of Texas at Dallas	
Kim Terrell, University of Oregon	
Michelle Walsh, Vassar College	
Rich Wanninger, Patriot League	
Auburn Weisensale, University of Pittsburgh	
Absentees:	
Brad Anawalt, University of Washington.	
Guests in Attendance:	
Adrian Boltz, Avinash Chandran, Michelle Dorsey and Neel Rao.	

NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:

John Parsons and Anne Rohlman.

Other NCAA Staff Members in Attendance:

Laura Arnett, President Charlie Baker, Amanda Conklin, Amanda Dickey, LaGwyn Durden, Alicia Fine, Brian Hainline, Gregg Johnson, Greg Pottorff, Alex Purcell, Stephanie Quigg, Jennifer Roe, Crystal Rogers, Jared Tidemann and Carey Wheelhouse.



**REPORT OF THE
NCAA MENTAL HEALTH ADVISORY GROUP
MARCH 8-9, 2023, MEETING**

INFORMATIONAL ITEMS.

1. **Scope of work, methodology and timeline.** The NCAA Mental Health Advisory Group noted its role and authority as an advisory group. Specifically, it was primarily charged with reviewing and making recommendations to the [NCAA Committee on Competitive Safeguards and Medical Aspects of Sports](#) on possible updates to the [Interassociation Consensus Document: Mental Health Best Practices](#) that would be informed by outcomes from the [Diverse Student-Athlete Mental Health and Well-Being Summit](#) and emerging mental health data in the medical and scientific literature.

The group received an outline of consensus-building methodology, which will be used to develop expert-based consensus statements and recommended updates to the Mental Health Best Practices. MHAG representatives discussed next steps in the consensus-building methodology, including surveys to invite representative participation in rating recommendation statements generated from discussions at this meeting. Following initial rating, recommendation statements will go through revision processes until MHAG representatives reach consensus. An update on the consensus-based statements and recommendations is expected to be provided to CSMAS in June 2023.

2. **Overview of Student-Athlete Mental Health.** The MHAG reviewed literature and best practices on student-athlete mental health, engaged in didactic sessions and began foundational discussions with the aim of reviewing and making recommendations to update the MHBP as directed by CSMAS. Specifically, the MHAG discussed the following:
 - a. Frameworks for understanding the scope of student-athlete mental health. Considering a public health approach, the MHAG reviewed multilevel factors that may play a role in student-athlete mental health. The Social-Ecological Model was discussed as a potential framework to consider individual, interpersonal, organizational and community level factors that may impact student-athlete mental health.
 - b. Unique mental health and well-being considerations in diverse student-athlete populations. MHAG representatives received an overview of current literature regarding the unique considerations for mental health and wellbeing in diverse student-athlete populations. The overview including discussion of mental health risk and protective factors for student-athletes of color, LGBTQ+ student-athletes, international student-athletes and student-athletes with disability.

- c. Review of Mental Health Best Practices. The MHAG received didactic content on each best practice within the MHBP document. Presentations provided a review of successes, challenges and opportunities related to each best practice, as well discussed topically relevant considerations for each best practice, including:
- (1) Best Practice #1.
 - Considerations for healthcare personnel providing evaluation and treatment of student-athletes with mental health symptoms.
 - (2) Best Practice #2.
 - (a) Considerations for identification of student-athletes at risk for mental health concerns.
 - (b) Access to and modalities of care.
 - (3) Best Practice #3.
 - New approaches to screening.
 - (4) Best Practice #4.
 - (a) Messages from organizations working to promote student-athlete mental health and wellbeing, as well as prevent athlete death by suicide.
 - (b) Considerations for student-athlete identity, including considerations for the impacts of social media, NIL and sports wagering on student-athlete identity.
 - (c) Considerations for team culture and athletics departments.
 - (d) Considerations for campuses.
 - (e) Considerations for policy.
3. **Future meeting schedule.** The MHAG will convene via videoconference June 28-29, 2023.

Staff Liaison: Carey Wheelhouse, NCAA Sport Science Institute

NCAA Mental Health Advisory Group March 8-9, 2023, Meeting	
Attendees:	
Vedika Anand, Board of Governors Student-Athlete Experience Committee (Virtual)	
Anna Baeth, Athlete Ally	
Randy Barker, Division III Governance (Virtual)	
Rebecca Benghiat, JED Foundation Representative	
Doug Boersma, National Athletic Trainers' Association	
Allison Brager, Sleep Research Society	
JoAnne Bullard, Faculty Athletics Representatives Association	
Karen Cogan, United States Olympic & Paralympic Committee (Alternate)	
Peggy Davis, Division II Governance	
Carla Edwards, International Society for Sport Psychiatry	
Daniel Foster, Society of Indian Psychologists (Virtual)	
Rachel Frank, American Orthopaedic Society for Sports Medicine (Virtual)	
Darcy Gruttadaro, National Alliance on Mental Illness	
Bob Harmison, Association for Applied Sport Psychology	
Brandonn Harris, Society for Sport, Exercise & Performance Psychology	
James Houle, Committee on Competitive Safeguards and Medical Aspects of Sports	
Megan Koch, Division III National Student-Athlete Advisory Committee	
Alan Lorenz, Higher Education Mental Health Alliance	
Myles Jackson, Division II National Student-Athlete Advisory Committee	
Natasha Oakes, Division I Governance (Virtual)	
Brynn Carlson, Division I National Student-Athlete Advisory Committee (Alternate)	
Casey Pick, The Trevor Project	
Ashwin Rao, American Medical Society for Sports Medicine	
Jerry Reynolds, Alliance of Social Workers in Sports	
Jeni Shannon, Clinical/Counseling Sport Psychology Association	
Allyson Meehan, Division I National Student-Athlete Advisory Committee (Alternate)	
Alisia (Giac-Thao) Tran, Asian American Psychological Association	
Laura Amaya, Division II National Student-Athlete Advisory Committee	
Absentees:	
DIII National Student-Athlete Advisory Committee – Representative TBD	
Guests in Attendance:	
Claudia Calder, Vincent Gouttebarger and Marci Ridpath	
NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:	
Carey Wheelhouse	

Other NCAA Staff Members in Attendance:
Laura Arnett, President Charlie Baker, Corey Berg, Ashley Caldwell, Amanda Dickey, LaGwyn Durden, Kelsey Gurganus-Wright, Dallas Hack, Brian Hainline, Emily Kroshus, Becca Burchette Medel, Jean Merrill, Mallory Mickus, Kaylen Overway, John Parsons, Greg Pottorff, Christopher Radford, Crystal Rogers, Anne Rohlman and Jerry Vaughn.



FINAL REPORT OF THE NCAA DIVISION I STRATEGIC VISION AND PLANNING COMMITTEE
AND
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL ASPECTS OF SPORTS
HEALTH AND SAFETY SUBGROUP
MAY 30, 2023, VIDEOCONFERENCE

1. Legislative items.

a. Empowerment of Athletics Health Care Administrators. [See Attachment A and Non-Legislative Action Item No. 2a]

- (1) Recommendation. Adopt legislation to specify that an active institution must establish policies and procedures to empower the athletics health care administrator with the authority to oversee the institution's athletic health care administration and delivery, as specified.
- (2) Effective date. August 1, 2024.
- (3) Estimated budget impact. None.
- (4) Rationale. In response to recommendations made by the Transformation Committee, the Board of Directors directed the development of legislation establishing enhanced membership expectations to improve the student-athlete experience of and access to health and safety measures. This proposal seeks to empower the athletics health care administrator to effectuate Association mental and physical health, safety and performance guidance, policy, legislation and other requirements. In recommending this proposal, it is also recommended that the NCAA national office provide resources, when requested, to assist institutions in developing and reviewing its athletics health care administrator policies and procedures.
- (5) Student-athlete impact. None.

b. Attestation of Review of Support Services. [See Attachment B]

- (1) Recommendation. Adopt legislation to specify that an active institution shall attest annually to completing a comprehensive review of its mental and physical health, safety and performance support services (e.g., legislative and policy requirements, best practice considerations) at least once every four years.
- (2) Effective date. August 1, 2024.

- (3) Estimated budget impact. Variable. Cost associated with conducting review no less often than once per four years.
- (4) Rationale. In response to recommendations made by the Transformation Committee, the Board of Directors directed the development of legislation establishing enhanced membership expectations to improve the student-athlete experience of and access to health and safety measures. This proposal provides one mechanism to hold schools accountable for providing mental and physical health, performance and safety support consistent with Association best practices and guidance. It should be noted that while conducting a review once every four years is appropriate, conferences have the option to require more frequent reviews for members of their conferences. Beyond that, conferences have the discretion to determine whether to play a more substantive role or establish more stringent requirements (e.g., establishing a conference peer review process or engaging outside entities to conduct standardized reviews). In recommending this proposal, it is also recommended that the NCAA national office provide resources, when requested, to assist institutions in conducting reviews of their support services. The importance of decision-making and participation by local medical professionals should be underscored. The athletics health care administrator should play a primary role in the review. Finally, the review of support services is intended to promote periodic evaluation of health and safety structures and services on campus, not to usurp the judgement of local medical authorities.
- (5) Student-athlete impact. None.

2. **Non-legislative Action Items.**

- a. Empowerment of the Athletics Health Care Administrators – Establishment of Professional Organization.
 - (1) Recommendation. The subgroup recommends that the Division I governance structure validate the importance of the creation of an AHCA professional organization to build culture and legitimize the responsibilities of the designation. The subgroup noted that additional work is necessary, including the consideration of financial support and possible partnership with a third-party entity, to establish a meaningful AHCA professional organization. This work should be referred to the appropriate governing body.
 - (2) Effective date. Immediate.

- (3) Estimated budget impact. Will vary based on the role of the NCAA National Office and partnership opportunities.
 - (4) Rationale. The establishment of a professional organization for Athletics Health Care Administrators will provide opportunities for collaboration, learning and further empowerment of the AHCA role.
 - (5) Student-athlete impact. None.
- b. Coverage of Athletic Activity.
 - (1) Recommendation. The health and safety subgroup recommends the following to address the Transformation Committee's recommendation related to the coverage of athletic activity:
 - (a) That the Division I Board consider work on the coverage of athletic activity complete based on the adoption of the holistic model, which requires schools to attest to following consensus-based guidance, including [Independent Medical Care Best Practice and Preventing Catastrophic Injury and Death in Collegiate Athletes](#); and
 - (b) That the Division I governance structure validate the importance and urgency of NCAA Committee on Competitive Safeguards and Medical Aspects of Sports continuing to address the current athletic trainer shortage and requested that an update regarding this shortage and work being done to address the issue be provided to the NCAA Division I Board of Directors at its August meeting.
 - (2) Effective date. Immediate.
 - (3) Estimated budget impact. None.
 - (4) Rationale. These recommendations align with the NCAA Division I Transformation Committee's intent since the adoption of the holistic model will require schools to attest to providing appropriate coverage of athletic activity consistent with best practices. The recommendations also acknowledge the existence of other requirements that address health care and health emergencies, for example:
 - (a) NCAA Bylaw 17.1.6 which requires school staff with certification in first aid, CPR and AED use to be present any time a student-athlete participates in physical, countable athletically related activity.

- (b) Association-wide policy which requires a school to have an emergency action plan for all venues in which practices or competition are conducted.

The subgroup noted that the difficulty in legislatively implementing the concept as recommended due to a variety of factors, including but not limited to, a shortage of athletic trainers and the varying coverage strategies used by schools. While the subgroup supported the intent of the recommendation, it was unclear if it would have the intended effect on the student-athlete experience. The subgroup recommended that the NCAA continue to work with strategic partners to identify strategies to address athletic health care staffing challenges, which may do more to improve the student-athlete experience.

Ultimately, the subgroup preferred a model that would require schools to attest to providing athletic coverage consistent with best practices for preventing catastrophic injury and death. This model provides the most flexibility and relies on best practices that are reviewed and updated by experts. An attestation model is also consistent with the recommended approach to other health and safety requirements in the holistic model, which has been supported and adopted by the NCAA Division I Board of Directors.

- (5) Student-athlete impact. None.

INFORMATIONAL ITEMS.

- **Approval of the NCAA Division I Strategic Vision and Planning Committee and NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Health and Safety Subgroup May 9 report.** The subgroup reviewed and approved the May 9 Health and Safety Subgroup meeting report.

Subcommittee Chair: Tim Coffey, Longwood University

Staff Liaisons: Amanda Conklin, Division I Governance
Leilani Hubbard, Academic and Membership Affairs
John Parsons, Sport Science Institute
Anne Rohlman, Sport Science Institute
Geoff Silver, Academic and Membership Affairs

NCAA Division I Strategic Vision and Planning Committee and NCAA Committee on Competitive Safeguards and Medical Aspects of Sports Health And Safety Subgroup May 30, 2023, Videoconference	
Attendees:	
Deena Casiero, University of Connecticut.	
Timothy Coffey, Longwood University (chair).	
Noreen Morris, Northeast Conference (SVPC chair).	
Nicole Pieart, Lake Forest College (CSMAS chair).	
Cody Shimp, NCAA Division I Student-Athlete Advisory Committee.	
Kim Terrell, University of Oregon.	
Absentees:	
Pam Hinton-Bruzina, University of Missouri, Columbia.	
Jennifer Strawley, University of Miami (Florida).	
NCAA Staff Liaisons in Attendance:	
Amanda Conklin, Leilani Hubbard, John Parsons, Anne Rohlman and Geoff Silver.	
Other NCAA Staff Members in Attendance:	
Greg Pottorff.	

Division: I

Proposal Number: 2023-

Title: DIVISION MEMBERSHIP -- CONDITIONS AND OBLIGATIONS OF MEMBERSHIP -- INDEPENDENT MEDICAL CARE -- POLICIES AND PROCEDURES FOR ATHLETICS HEALTH CARE ADMINISTRATORS

Status: Draft

Intent: To specify that an active institution must establish policies and procedures to empower the athletics health care administrator with the authority to oversee the institution's athletics health care administration and delivery, as specified.

Category: Amendment

Bylaws: Amend 20, as follows:

20.2 Active Membership.

[20.2.1 through 20.2.3 unchanged.]

20.2.4 Conditions and Obligations of Membership.

[20.2.4.1 through 20.2.4.18 unchanged.]

20.2.4.19 Independent Medical Care. An active member institution shall establish an administrative structure that provides independent medical care and affirms the unchallengeable autonomous authority of primary athletics health care providers (team physicians and athletic trainers) to determine medical management and return-to-play decisions related to student-athletes. ~~An~~ **Additionally, an** active institution shall ~~designate an athletics health care administrator to oversee the institution's athletic health care administration and delivery;~~

(a) Designate an athletics health care administrator to oversee the institution's athletics health care administration and delivery; and

(b) Establish, and review annually, policies and procedures that empower the athletics health care administrator with the authority to oversee the institution's athletics health care administration and delivery. Annual review should assess and affirm that the policies and procedures outline the role and responsibilities of the athletics health care administrator and consider positional authority, reporting lines, organizational structures and skills, knowledge and other qualifications required of the athletics health care administrator.

[20.2.4.19.1 unchanged.]

[20.2.4.20 through 20.2.4.30 unchanged.]

[20.2.5 through 20.2.6 unchanged.]

Source:

Effective Date: August 1, 2024

Topical Area: Division Membership

Rationale: In response to recommendations made by the Transformation Committee, the Board of Directors directed the development of legislation establishing enhanced membership expectations to improve the student-athlete experience and access to health and safety measures. This proposal seeks to empower the athletics health care administrator to effectuate Association mental and physical health, safety and performance guidance, policies, legislation and other requirements. Along with this proposal, it is also recommended that the NCAA national office provide resources, when requested, to assist institutions in developing and reviewing their athletics health care administrator policies and procedures.

Estimated Budget Impact: None.

Impact on Student-Athlete's Time (Academic and/or Athletics): None.

Legislative References

Legislative Cite	Title
20.2	Active Membership.
20.2.4	Conditions and Obligations of Membership.
20.2.4.19	Independent Medical Care.

Division: I

Proposal Number: 2023-

Title: DIVISION MEMBERSHIP -- CONDITIONS AND OBLIGATIONS OF MEMBERSHIP -- REVIEW OF MENTAL AND PHYSICAL HEALTH, SAFETY AND PERFORMANCE SUPPORT SERVICES

Status: Draft

Intent: To specify that an active institution shall attest annually to completing a comprehensive review of its mental and physical health, safety and performance support services (e.g., legislative and policy requirements, best practice considerations) at least once every four years.

Category: Amendment

Bylaws: Amend 20, as follows:

20 Division Membership

[20.01 through 20.1 unchanged.]

20.2 Active Membership.

[20.2.1 through 20.2.3 unchanged.]

20.2.4 Conditions and Obligations of Membership.

[20.2.4.1 through 20.2.4.23 unchanged.]

20.2.4.24 Review of Mental and Physical Health, Safety and Performance Support Services. An active institution shall attest annually to completing a comprehensive review of its mental and physical health, safety and performance support services (e.g., legislative and policy requirements, best practice considerations) at least once every four years.

[20.2.4.24 through 20.2.4.30 renumbered as 20.2.4.25 through 20.2.4.31, unchanged.]

[20.2.5 through 20.2.6 unchanged.]

[20.3 through 20.10 unchanged.]

Source:

Effective Date: August 1, 2024

Topical Area: Division Membership

Rationale: In response to recommendations made by the Transformation Committee, the Board of Directors directed the development of legislation establishing enhanced membership expectations to improve the student-athlete experience and access to health and safety measures. This proposal provides one mechanism to hold schools accountable for providing mental and physical health, performance and safety support consistent with Association best practices and guidance. Although conducting a review once every four years is appropriate, conferences have the option to require more frequent reviews for their members. Conferences also have the discretion to determine whether to play a more substantive role or establish more stringent requirements (e.g., establishing a conference peer review process or engaging outside entities to conduct standardized reviews). Along with this proposal, it is also recommended that the NCAA national office provide resources, when requested, to assist institutions in conducting reviews of their support services. The importance of decision-making and participation by local medical professionals should be underscored. The athletics health care administrator should play a primary role in the review. Finally, the review of support services is intended to promote evaluation of health and safety structures and services on campus, not to usurp the judgement of local medical authorities.

Estimated Budget Impact: Cost associated with conducting review at least once every four years.

Impact on Student-Athlete's Time (Academic and/or Athletics): None.

Legislative References

Legislative Cite	Title
20	Division Membership
20.2	Active Membership.
20.2.4	Conditions and Obligations of Membership.



**NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND
MEDICAL ASPECTS OF SPORTS
ADVISORY GROUP STRUCTURE
APPROVED JUNE 2023**

Background.

1. In response to August 2022 changes to the NCAA Constitution, and upon the recommendation of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, the NCAA Board of Governors, in January of 2023, approved [Policies and Procedures for Identifying Consensus-Based Guidance](#), which outline a process by which the Association provides guidance to the membership on mental and physical health, safety and performance topics through an advisory group structure.
2. To support these Policies and Procedures, CSMAS approved a structure of five advisory groups to include: a) the existing Concussion Safety and Mental Health Advisory Groups; and b) the creation of three additional advisory groups: a) Sport-Related Illness and Injury, 2) Performance and Training, and 3) Social and Interpersonal Health.
 - a. The a priori approach to creating advisory group structure allows for proper notice, planning and other operational support to identify consensus-based guidance that responds to membership needs in a timely way.
 - b. Identifying the topical scope of the advisory groups provides clarity to both CSMAS and the membership on the procedural avenue relevant requests will follow.

Approved Advisory Groups.

In June 2023, CSMAS approved the advisory group structure as outlined below. Advisory group authority and duties, composition, and other operational details will be codified in each advisory group charter.

1. **Concussion Safety Advisory Group (existing).** Maintain the existing Concussion Safety Advisory Group for the following reasons:
 - a. Historical record and operational effectiveness of existing group.
 - b. High profile nature of topic within membership and public.
2. **Mental Health (existing).** Maintain the existing Mental Health Advisory Group, which would align with new NCAA health, safety and performance strategic priorities. Could include mental health, behavioral health, disordered eating, bystander intervention, etc.

3. **Sport-related illness and injury (new).** Create a new Sport-Related Illness and Injury Advisory Group which would align with new NCAA health, safety and performance strategic priorities that would include sport-related injuries and illnesses. New advisory group scope could include:
 - a. Acute neck and spine injury.
 - b. Cardiac health.
 - c. Catastrophic injury prevention.
 - d. Exertional injury.
 - e. Infectious disease.
 - f. Relative Energy Deficiency Syndrome
 - g. Sudden cardiac arrest | death.
 - h. Sickle Cell.
4. **Performance and Training (new).** Create a new Performance Advisory Group which would align with new NCAA health, safety and performance strategic priorities. Scope could include, but not limited to:
 - a. Nutrition.
 - b. Performance (defined holistically – including physical and mental readiness).
 - c. Sleep.
 - d. Overuse injury prevention & periodization.
5. **Social and Interpersonal Health (new).** (Recommended by CSMAS, Sept. 2022) Create a new Social and Interpersonal Health Advisory Group. Scope could include, but not limited to:
 - a. Reproductive health.
 - b. Pregnant and parenting student-athletes.

- c. Sexual health.
- d. Sexual violence prevention.
- e. Gender identity and student-athlete participation.
- f. Social determinants of health and their implications.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
Recommended Statement on Performance Technologies
December 2014; Updated December 2016; Updated June 2023

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports recognizes that the adoption of performance technologies, especially wearable technologies (electronic devices designed to be worn or attached to sporting equipment to collect data on physical function, movement and/or performance) is increasing across the Association.

The increasing use and evolving nature of such technologies, as well as ongoing discussion by the membership and student-athletes, prompted an update to the 2016 statement. As in 2016, guidance on the use of such technology (e.g., privacy considerations, medical decision-making) is not widely available and research about their validity and utility is unsettled. Consequently, CSMAS notes the following considerations for schools employing performance technologies:

1. **Intent, Transparency and Privacy.** Prior to implementing performance technology, schools should consider the following:
 - a. What is the intent for the use of this technology? What is the intent for the collection and use of collected data?
 - b. Has consent been established for the collection and use of the data?
 - c. Who has access to the data and how will user privacy be protected?
 - d. Will the data inform decision-making processes (e.g., playing time, medical treatment), and if so, how?
 - e. What are the unintended social, behavioral and mental impacts on student-athletes (e.g., impact of surveillance, perceptions of required versus voluntary athletic activity, privacy) and have they been appropriately mitigated?
 - f. Has use been vetted with athletic compliance to ensure it meets applicable legislation (e.g., voluntary athletic activity)?

Schools should consider developing written policies and procedures on the use of performance technology that could be shared with student-athletes, coaches and the sports medicine team.

2. **Involvement of Sports Medicine Team.** CSMAS notes that the sports medicine team should be involved in determining if and how performance technology should be implemented, monitored and/or used in medical decision-making. This collaboration supports appropriate consideration of student-athlete health, safety and performance. The team should include, but not be limited to, the primary athletics health care providers and strength and conditioning professionals. Performance technology should not be implemented without collaboration with the sports medicine team.

Further, and consistent with NCAA legislation, performance technologies and the data they generate should be used for medical decision making in a manner that is consistent with the Independent Medical Care legislation. Specifically, medical decisions informed by performance technology should be made in the sole interest of student-athlete health and welfare. The primary athletics health care providers should be empowered with unchallengeable autonomous authority to determine medical management and return-to-play decisions of student-athletes in this setting.

3. **Playing rules.** NCAA playing rules committees and the Playing Rules Oversight Panel should continue to review existing and relevant playing rules and consider changes that would contribute to a more permissive environment for medical decision-making. Additionally, policies involving performance technology should avoid implicit or explicit endorsement of a specific product. Any rules modifications should be mindful of, and should not violate, existing playing equipment standards, certifications and/or warranties.
4. **Interest in further guidance.** CSMAS acknowledges that the use of these technologies raises many questions that are, to date, unanswered. Should the membership request additional guidance, CSMAS will evaluate referring the issue to an appropriate advisory group and/or commissioning a summit on the topic to better understand how performance technologies can advance the health, safety and performance of college student-athletes.