REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL
ASPECTS OF SPORTS
JUNE 7 - 9, 2017, MEETING

ACTION ITEMS.

1. Legislative items.


   (1) **Recommendation.** Adopt legislation to amend Bylaw 31.2.3.1 (banned drugs) to specify that the NCAA Banned Drug Classes shall align with the World Anti-Doping Agency Prohibited Classes, with the exception of the WADA glucocorticoid class.

   (2) **Effective date.** August 1, 2019.

   (3) **Rationale.** The recommendation to align NCAA Banned Drug Classes with WADA Prohibited Classes, with the exception of glucocorticoids, allows the NCAA to defer updates to this list to WADA experts and help avoid confusion for student-athletes competing in both NCAA and international competition.

   (4) **Estimated budget impact.** None.

   (5) **Student-athlete impact.** Aligning with WADA will help student-athletes avoid confusion when competing in both NCAA and international competition.

b. Noncontroversial Legislation - NCAA Bylaw 21.2.2.1 – Committees – Association-Wide Committees – General Committees – Competitive Safeguards and Medical Aspects of Sports, Committee on – Composition – Division I Representation.

   (1) **Recommendation.** Adopt noncontroversial legislation to amend NCAA Bylaw 21.2.2.1 (composition) to increase the size of the Committee on Competitive Safeguards and Medical Aspects of Sports from 22 to 23 members; further, to specify that the additional member shall be a member of the Division I Council.

   (2) **Effective date.** Immediate.

   (3) **Rationale.** The recommendation provides more uniformity in the committee composition by designating committee positions for a representative from the
governance bodies in each of the three divisions. This recommendation involves a common provision and must be adopted in all three divisions to become effective.

(4) **Estimated budget impact.** None.

(5) **Student-athlete impact.** This legislation will provide an opportunity for more direct input on Division I governance issues and more informed decision-making about health and safety issues in the committee meeting.

2. **Non-Legislative Items.**


   (1) **Recommendation.** The committee identified the concussion safety protocol review process as an issue that rises to the level of Association-wide concern for student-athlete health and safety and that requires a uniform standard of care. The committee referred the issue to the NCAA Board of Governors for further consideration and Association-wide action to ensure student-athlete well-being.

   (2) **Effective date.** Immediate.

   (3) **Rationale.** The committee notes an inconsistency in the concussion protocol review legislation across divisions, and believes this inconsistency potentially poses a legal and reputational risk to the Association.

   (4) **Estimated budget impact.** None.

   (5) **Student-athlete impact.** The concussion safety protocol review process contributes to quality and consistency of concussion diagnosis and management practices for student athletes.

**INFORMATIONAL ITEMS.**

1. **Committee leadership transition.** LaGwyn Durden was named incoming chair of CSMAS. In addition, the committee voted to establish a committee vice-chair position. The vice-chair will provide operational and strategic support for committee operations, and will fulfill the duties of the chair when the chair is otherwise absent.
2. **NCAA Chief Medical Officer update.** The committee received an update and overview of the uniform standard of care process, which was endorsed by the NCAA Board of Governors in April. The committee also received information about updated processes to be used for future interassociation recommendation initiatives.

3. **Standing review committee.** The committee agreed to create a standing subcommittee to assist with review and endorsement of future interassociation recommendation documents. This subcommittee will be composed of current committee members, and will include a physician, an athletic trainer, a researcher, an athletics administrator, a governance representative and a student-athlete. The student-athlete position will be a one-year term that rotates through each divisional representative, while all other positions would be on staggered, two-year terms.

4. **Legal and litigation update.** The committee received a privileged and confidential update regarding several matters of ongoing litigation from the NCAA office of legal affairs.

5. **Government relations update.** The committee received a written report from the NCAA office of government relations.

6. **NCAA governance update.** The committee received an update from three divisional governance representatives.

7. **Results of SSI communication and education membership survey.** The committee was provided an overview of the results from the SSI communication and education membership survey that was conducted in winter 2016-17. Key takeaways include continuing the use of email, consider enhancing messaging around the NCAA’s nine strategic priorities for student-athlete health and safety, enhancing engagement and messaging toward coaches, the use of mobile applications for the distribution of resources and continued membership outreach to improve the accuracy of the NCAA Membership Directory.

8. **National Federation of High School Associations report.** The committee received an update on NFHS health and safety activity from Bob Colgate, director of sports and sports medicine at the NFHS.

9. **Biannual Injury Epidemiology Report.** The committee received an update on the work of the Datalys Center from Dr. Erin Wasserman, director of the NCAA injury surveillance
program, and a review of injury and illness trends as provided by the NCAA injury surveillance program.

10. **Datalys leadership changes.** The committee was introduced to the incoming president of the Datalys Center, Dr. Christine Collins.

11. **Injury Surveillance Program participation.** The committee received an overview of program participation rates by division. It was noted that 58 percent of member institutions have compatible electronic medical record systems, but are not participating. The committee requested that Datalys create a strategic sampling plan that would be tested in Division II and maximize data collection efforts while minimizing the time and effort necessary for program participation. A communication plan to support increased participation also was shared with the committee.

12. **Playing rules issues.** The committee reviewed various playing rules issues.

   a. The committee received a presentation from Ty Halpin, staff liaison to the football playing rules committee, on the targeting rule in college football. He reported that more targeting calls are being called than in previous years.

   b. The committee reviewed eight wrestling rules proposals from the NCAA Wrestling Rules Committee. The committee supported proposals for changes to rules 1.8 (mat specifications), 3.17 (limits matches competed in one day), 3.17.7 (mandatory rest between matches), 9.1.3 (weight allowance on second day of competition), 8.1/8.3.2 (elimination of Feb. 15 weight deadline) and 8.3.1 (change of final weight assessment deadline). The committee did not support a proposal to modify rule 1.12.4, which would have removed a requirement to wear ear protection. The committee took no position on rule 1.13, which would allow a set length of facial hair, unless it interfered with a medical examination.

   c. The committee reviewed a proposal from the NCAA Men’s and Women’s Soccer Rules Committee in response to the committee’s December 2016 request to the Playing Rules Oversight Panel for a comprehensive review of the appropriateness of any sport rule that may act as a disincentive to reporting of injury or illness, and where appropriate, to modify existing playing rules to prevent this from happening. The committee supported a modified proposal to rule 3.6.3.3 (medical exception to soccer rule 3.6.1).

   A player who has a permanent medical condition with the potential to produce serious injury or death through sustained physical exertion (e.g., sickle cell trait) may be substituted at any time when medically necessary and re-enter the game without the limitations imposed by Rule 3.6.1, which limits re-entry.
To be eligible for this medical re-entry exception, the team physician must confirm the medical condition, its potential for producing serious injury or death, and the need for the player to be exempt from Rule 3.6.1. If the condition is established by a duly licensed physician other than the team physician, documentation must be provided to, and approved by, the institution’s team physician. Prior to the start of any game, the primary athletics healthcare provider or designee (e.g., coach) shall present documentation to the game officials and opposing coach which establishes that the player has been granted a medical exception to the re-entry rule.

When notified by the documented player, a coach, or the primary athletics healthcare provider that the player requires a substitute for medical reasons related to the identified condition, the referee shall stop the game and permit a substitution. Neither the player or the substitute shall be charged with a substitution. However, if the documented player replaces a player other than the original substitute, that player shall be charged with a substitution. The player may re-enter the game (after being beckoned by the referee) at any stoppage of play or at any of the allowable times for normal substitution, provided they have received clearance from the institutions’ primary athletics health care provider.

This exception may not be used more than one time by an individual student-athlete in a single competition.

13. Concussion initiatives. The committee received a progress update on the CARE Consortium. The study has 30 sites and 30,000 athletes and/or cadets participating. At the time of the presentation, more than 2,000 concussions were being studied, with one-third of those being suffered by females. The committee also received updates on the Mind Matters Education Project and the 2017 Concussion Safety Protocol Review process.

14. Drug Free Sport report. Mark Bockelman and Michelle Dorsey from Drug Free Sport gave a general update on drug-testing results. The committee asked the SSI staff to explore the possibility of partnering with a company or companies to provide safe and contaminant-free supplements approved for student-athlete use, and to provide preliminary findings at the December 2017 meeting. The committee also noted the dramatic increase in student-athletes testing positive for use of substances categorized as selective androgen receptor modulators, or SARMs, and selective estrogen receptor modulators, or SERMs, which have been identified as contaminants in supplement products. Ostarine, a common SARM, and clomiphene, a common SERM, have been implicated in recent positive drug tests. The committee recommends member institutions continue to emphasize caution to student-athletes about the use of dietary supplement products, which are poorly regulated and have been implicated in the majority of positive drug tests resulting in loss of eligibility.
15. **Drug education and testing.** The committee reviewed and discussed several items related to drug education and testing.

   a. The committee received an update on the Substance Abuse Prevention Tool Kit, which will be released in late summer 2017.

   b. The committee also approved a change to the drug-testing protocol. In the event of an analytic positive, when an appeal is granted, the student-athlete must test negative on an NCAA-administered drug test before returning to competition.

   c. The committee raised the NCAA’s THC threshold to 15 ng/ml, effective August 1, 2017. Recent research has identified that increases in the strength of THC in marijuana may contribute to a higher threshold for passive inhalation. By raising the threshold to 15 ng/mL, the committee rules out a positive test from passive inhalation.

   d. The committee was asked to provide comment on whether the application of NCAA Bylaws 31.2.2.3 (in Divisions I and III) and 13.2.2.4 (in Division II) should include vacation of points and place of finish when a student-athlete tests positive for a non-performance-enhancing substance in an individual championship performance. The committee recommended that the team place of finish should not be impacted in this case. In the case of a relay team, the committee did recommend that the student-athlete’s points should not count toward the relay finish. The committee emphasized that the NCAA distinguishes between performance-enhancing drugs and those that do not contribute to enhancing performance, and that the team outcome should not be impacted by the loss of individual performance points in this case.

16. **Mental Health Training Day agenda update.** The committee approved the Mental Health Training Day agenda that member schools and conferences can use to host their own training day on mental health best practices.

17. **Update on NCAA Commission to Combat Campus Sexual Violence.** The committee received an update on the work of the Commission to Combat Campus Sexual Violence, which has focused on common language, institutional considerations and educational initiatives.

18. **Presentation on transgender issues in sport.** Dr. Josh Safer, associate professor of medicine and molecular medicine at Boston University of School of Medicine, joined the meeting via
teleconference and gave a presentation on transgender issues and how they specifically relate to sport.

19. **Drug education and testing survey and THC project.** The committee reviewed the 2015 drug education and testing survey, which will be sent again in 2017. The committee recommended the gathering of additional THC data from year-round samples, contingent on available funding, to assist in further research.

20. **Education initiatives.** The committee received updates on multiple education initiatives.

   a. The myPlaybook: The Freshman Experience education modules will be available this fall and have two new modules on time management and mental health. Three additional modules will debut in Spring 2018.

   b. The SSI is tracking the page views related to the online mental health modules, which include an introductory module and specific modules for student-athletes, coaches and faculty athletics representatives. To date, the student-athlete module has been the most viewed at just over 2,500 unique page views. The introductory module was the second highest viewed, with close to 1,800 unique page views.

   c. The committee recommended that the NCAA continue to provide financial support to the APPLE Institute.

   d. The committee affirmed continued support of the NCAA CHOICES Grant Program and the current grant selection process.

   e. Information on how institutions can apply to attend and when registration opens for the Step UP! National Facilitator Training will be released in late fall 2017.

21. **SSI-supported research update.** The committee received an update on two SSI-supported research projects. The cardiac autopsy study began in early fall 2016 and aims to help understand genetic and structural causes underlying sudden cardiac death. The research team has successfully completed one individual case study. The soccer periodization study explores the relationship between injury and the Division I soccer practice and competition schedule. This study is an outcome of the 2015 Soccer Summit. The researchers have collected GPS data, recurring soreness scale data and health-related quality of life data in an effort to develop a comprehensive understanding of student-athlete well-being over the course of a soccer season. Plans to expand the study to 10 teams in the 2017 season are under way.
22. **Strength and conditioning profession.** The committee discussed the role of strength and conditioning coaches at member institutions and the key issues regarding the delivery of strength and conditioning. The committee agreed that it would be best if there was an established basic level of training with potential parallels to the mental health best practices. A potential task force also was suggested.

23. **Update on Independent Medical Care legislation and Athletics Health Care Administrator.** The committee received an update on the individuals on campuses being named as athletics health care administrators across all divisions. A communication plan on how athletics health care administrators will be educated about their role also was shared. The committee supported engaging conference commissioners getting schools to submit names ahead of the August 1 deadline for Divisions II and III. The committee also suggested that if the SSI were to conduct in-person education sessions, that there be multiple opportunities for AHCAs to attend and the sessions should be in conjunction with other major events to be cost conscious.

24. **Update on January 2017 NATA-NCAA Summit on Organization and Administrative Issues in College and Universities.** In January 2017, the NCAA and NATA hosted a summit on the organization and administration of athletics health care services in the college/university environment. The goal of the two-day summit was to develop a best practices document that addressed several core principles of athletics health care delivery. During this event, three breakout groups were established to draft specific sections of the best practices document. The document is tentatively scheduled to be released in the first quarter of 2018.

25. **NCAA Institutional Performance Program Health and Safety Tool.** Troy Arthur, NCAA director of academic and membership affairs, provided the committee with an overview of the Institutional Performance Program online system. Arthur informed the committee that results from data collection in the system would be shared in May 2018.

   a. The committee approved the current structure and content of the proposed health and safety tool, with two modifications. The committee recommended replacing the term primary athletics health care advisor to institutional personnel. The committee also recommended that the athletics health care administrator and primary athletics health care provider, who otherwise may not have access to the IPP system, be included in having access to the health and safety component to the degree existing technology allows.
b. The committee approved the proposed health and safety tool and authorized SSI staff to make reasonable changes. During the CSMAS September 2017 call, the committee will have an opportunity to suggest further edits before it goes live.

c. The committee supports NCAA staff in exploring and implementing similar tools for Divisions II and III.

26. **Report from the Interassociation Task Force on Sleep and Wellness.** The committee received a summary report from the Interassociation Task Force on Sleep and Wellness, which was conducted in May 2017. The next steps following this event include consensus building and a writing group creating a best practices guide and peer-review article. Materials are anticipated to be available in early 2018.

27. **Upcoming summits.** The committee received an overview of proposed upcoming summits hosted by the SSI.

   a. The committee approved via email in May the Task Force to Advance Mental Health Best Practice Strategies. The task force will be conducted in November 2017.

   b. The wearable technologies for health, safety and coaching, which the committee previously approved, is slated for the first quarter of 2018.

   c. The committee approved a football data task force, which will look at data from this past year’s football season and how it may point toward a need in adjustment of policy.

   d. The committee also approved a pain management in the college athlete task force, which will follow the release of a consensus statement in September 2017.

28. **Future Meetings.**


*Committee Chair:* Forrest Karr, Northern Michigan University, Great Lakes Intercollegiate Athletic Conference

*Staff Liaison(s):* John Parsons, NCAA

Mary Wilfert, NCAA
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<tr>
<td>Stevie Baker-Watson, DePauw University.</td>
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<td>Randy Bird, University of Virginia.</td>
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<td>Larry Bowman, Clemson University.</td>
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<td>Robert Casmus, Catawba College.</td>
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<td>John Chandler, DePauw University.</td>
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<td>Bob Colgate, National Federation of State High School Associations.</td>
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<td>LaGwyn Durden, University of Texas.</td>
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<td>Joshua Ellow, Swarthmore College.</td>
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<td>Gabe Feldman, Tulane University.</td>
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<td>Joseph Hannant, University of North Carolina, Pembroke.</td>
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<td>Kelly Helm, Valparaiso University.</td>
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<td>Forrest Karr, Northern Michigan University.</td>
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<td>Jessica Koch, California State University, San Bernardino.</td>
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<td>Roger Kruse, University of Toledo.</td>
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<td>Abbey Miklitsch, University of Rhode Island.</td>
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<td>Jessica Mohler, U.S. Naval Academy.</td>
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<td>Steve Murray, Pennsylvania State Athletic Conference.</td>
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<td>Douglas Ramos, Creighton University.</td>
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<td>Amy Schafer, Thiel College.</td>
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<td>Megan Warren, Defiance College.</td>
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<td>Maureen White, U.S. Merchant Marine Academy.</td>
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## Attendees:

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<th>Category</th>
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<tr>
<td><strong>Absentees:</strong></td>
<td>Kimberly Patterson Walpert, University of Georgia.</td>
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<td><strong>Guests in Attendance:</strong></td>
<td>Mark Bockleman, Drug Free Sport.</td>
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<td>Christy Collins, Datalys.</td>
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<td>Thomas Dompier, Datalys.</td>
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<td>Michelle Dorsey, Drug Free Sport.</td>
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<td>Josh Safer, Boston University.</td>
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<td>Erin Wasserman, Datalys.</td>
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<td><strong>NCAA Staff Support in Attendance:</strong></td>
<td>Dawn Buth, Jackie Campbell, Jessica Gonzalez, Brian Hainline, Cassie Langdon, Cindy McKinney, John Parsons and Mary Wilfert</td>
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<td><strong>Other NCAA Staff Members in Attendance:</strong></td>
<td>Troy Arthur, Scott Bearby, Brian Burnsed, Dan Calandro, Amanda Conklin, Diane Dickman, Dan Dutcher, Ashlee Follis, Ty Halpin, Naima Stevenson, Chris Termini and Jared Tidemann</td>
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