REVISED REPORT OF THE
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND MEDICAL
ASPECTS OF SPORTS
DECEMBER 12 - 14, 2016 MEETING

ACTION ITEMS.

1. Legislative items.

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

(1) Recommendation. Adopt noncontroversial legislation to amend NCAA Bylaw 21.2.2.1 (composition) to specify that one student-athlete from each division shall serve as a voting member of the committee.

(2) Effective date. August 1, 2017.

(3) Rationale. The recommendation supports the Association’s desire to increase student-athlete engagement and voice within the governance structure, and supports the NCAA principle of student-athlete involvement (Constitution 2.2.6).

(4) Estimated budget impact. None.

(5) Student-athlete impact. This legislation will provide an opportunity for the student-athlete representing his or her division’s SAAC to vote independently of other divisional SAAC representatives. It will increase the total votes on CSMAS for student-athletes from five percent to 14 percent, thus strengthening the influence of student athletes in matters of student-athlete health and safety.


(1) Recommendation. Adopt noncontroversial legislation to amend Bylaw 31.2.3 (ineligibility for use of banned drugs) to restructure the legislated banned drug class
“anti-estrogens” to create a new class titled “hormone and metabolic modulators,” which would include anti-estrogen drugs.

(2) Effective date. August 1, 2017.

(3) Rationale. The recommendation was made to expand the class so all the substances that are currently identified as anti-estrogens can be more accurately represented, and to allow for the inclusion of emerging related substances.

(4) Estimated budget impact. None.

(5) Student-athlete impact. By renaming the class and allowing for the inclusion of emerging related substances, student-athletes will be better advised about substances that may cause a positive drug test.

[NOTE: Subsequent to the December CSMAS meeting, a working group of the committee has reviewed the NCAA banned drug list, and is recommending a wholesale revision of NCAA legislated banned drug classes to more closely align with the World Anti-Doping Agency (WADA) Prohibited list. In so doing, CSMAS will withdraw this recommendation to change the name of the anti-estrogen class, and incorporate that change into a later legislative recommendation from the committee.]


(1) Recommendation. Adopt a modification of wording to amend Division I Bylaw 18.4.1.4.2 (penalty – “illicit drugs.”), Division II Bylaw 18.4.1.5.2 (penalty – “illicit drugs.”) and Division III Bylaw 18.4.1.5.2 (penalty – “street drugs.”), to clarify that a student-athlete who, as a result of a drug test administered by the NCAA, tests positive for use of a substance in the banned drug class “illicit drugs” or “street drugs” shall be immediately declared ineligible and be withheld from competition for the next 50 percent of a season in all sports.

(2) Effective date. August 1, 2017.
(3) **Rationale.** The language modification is intended to clarify the phrase “charged with the loss competition during 50 percent of the season.” The original recommendation from CSMAS was that for a positive test for street drugs, the student-athlete be withheld from 50 percent of competition in all sports in which they participate. The adjusted phrase would affirm the intent of the recommendation and allow for correct applications of the legislation.

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

(5) **Student-athlete impact.** Reaffirming the intent of the recommendation provides clarity and allows for consistent application of the penalty for a street drug as intended.

2. **Non-Legislative Items.**

   - **Referral to the NCAA Playing Rules Oversight Panel – Examination of playing rules that may influence student-athlete injury reporting.**

   (1) **Recommendation.** Refer the following issue to the NCAA Playing Rules Oversight Panel:

       To review 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.

   (2) **Effective date.** August 1, 2017.

   (3) **Rationale.** The committee considered an inquiry from a conference and a member institution regarding soccer’s substitution rules. The inquiry involved a student-athlete with sickle cell trait. The inquiry was prompted because current substitution rules do not allow re-entry in the first half of competition if the athlete is removed for medical evaluation and is substituted for at that time. Sickle cell trait is a condition in which prompt and proactive evaluation can prevent the development of a more severe problem. The committee discussed the implications of this and similar rules that can be perceived by student-athletes as barriers to timely medical evaluation. The committee then approved the following statement:
The committee considered existing substitution rules in soccer and their impact on the willingness of an injured or ill athlete to remove himself or herself from play. While the committee acknowledges that condition-specific exemptions are possible, it notes a more fundamental concern with the principles underlying this rule, especially in situations where student-athletes have preexisting and potentially life-threatening conditions such as asthma or sickle cell trait.

The recommendation to review existing rules that could be perceived as barriers to self-reporting by student-athletes reaffirms the importance of health and safety, especially when it comes to student-athletes with pre-existing and potentially life-threatening conditions.

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

(5) **Student-athlete impact.** This committee believes that any sport rule that may act as a disincentive to reporting of injury or illness does not benefit the student-athlete. By changing any existing rule that removes barriers of timely medical evaluation, all student-athletes are benefited.

**INFORMATIONAL ITEMS.**

1. **June 2016 CSMAS Report.** The report of the June 2016 CSMAS meeting was approved.

2. **Office of Legal Affairs Update.** The committee received a general update from the office of legal affairs.

3. **Government Relations Update.** The committee received a general update from the NCAA office of government relations.

4. **Update on Independent Medical Care Proposals in Divisions II and III and Status Update in Division I.** The committee received an update of the legislative proposals from Divisions II and III that will be voted on at the 2017 NCAA Convention on the topic of independent medical care. Additionally, all Division I institutions confirmed applying Constitution 3.2.4.17 (independent medical care), which was previously adopted by the Autonomy institutions.
5. **Unified Standards of Care.** The NCAA Division I Board of Directors requested CSMAS’ assistance to develop language to capture “unified standards of care” for student-athlete health and safety matters, for its report to the NCAA Board of Governors Ad Hoc Committee on Structure and Composition. The initial Division I focus has been on duties related to the roles and responsibilities of the BOG, with a core issue identified as “monitor and provide direction in student-athlete health and safety matters that require a unified standard of care and/or pose legal risk to the Association.” A working group was established to develop language to capture ‘unified standards of care.’ Steve Murray, Stevie Baker-Watson, Forrest Karr, Roger Kruse and Doug Ramos volunteered to draft language before March 2017, with work being done via teleconference.

6. **Update on NCAA Institutional Performance Program Health and Safety Tool and Division I Proposal.** The committee received an update on the legislative status of the creation of a health and safety tool to be included in the Institutional Performance Program. In October, the Division I Council voted to move the issue to a final vote in April 2017.

7. **Division II Legislative Committee Referral Regarding Preseason Volleyball Scrimmages.** In response to a request from the Division II Legislative Committee, CSMAS supports the sponsorship of noncontroversial legislation to establish an exception to the Division II women’s volleyball preseason hour limitations for exempted exhibition and scrimmage dates of competition occurring prior to the first day of classes or first scheduled date of competition. By recommending the adoption of an exception that would permit a student-athlete to engage in up to five hours of physical activity, but does not limit a physical activity session to three hours and does not require a student-athlete to take a three-hour break between sessions, the amendment provides flexibility and solution to issues arising during exhibitions and scrimmages, particularly tournaments.

8. **Medical Hardship Waiver Legislative Amendment on Submission Criteria.** The NCAA Student-Athlete Reinstatement Committee requested feedback on two issues from CSMAS.

   a. The first issue asked “should non-contemporaneous medical documentation submitted by the physician suffice if there are supplemental contemporaneous treatment notes from non-physicians or physician extenders (such as ATC)?” The committee supported the use of non-contemporaneous medical documentation, noting that in many cases athletic
trainers provide supporting contemporaneous treatment documentation to the physician’s medical treatment notes.

b. The second issue asked “should physician extenders be allowed to be the primary medical provider of medical documentation for a medical hardship waiver?” On this issue, the committee did not support the recommendation, reinforcing that material submitted to identify the medical condition for which the waiver is requested be documented by the physician evaluating that condition.

9. National Federation of State High School Associations Report. The committee received a general update on NFHS activity from John Parsons, who presented in place of Bob Colgate, Director of Sports and Sports Medicine at the NFHS, and who was absent from the meeting.

10. Biannual Injury Epidemiology Report from the Datalys Center. The committee received a general update on the work of the Datalys Center from Dr. Erin Wasserman, director of the NCAA injury surveillance program. Dr. Wasserman also provided a detailed review of current injury trends in all sports. Following the presentation, the committee discussed continued low ISP participation by NCAA member schools and how to address this issue. The committee tasked the “unified standards of care” working group to also consider solutions to this challenge.

11. Review of CSMAS Position on the Use of Soft Headgear for the Prevention and Management of Concussion. The committee reaffirmed its position to not provide medical waivers for the use of soft headgear for the prevention or management of concussion, or in order for a student-athlete to be medically cleared from concussion to participate in sport.

12. Referral to CSMAS from Division I Men’s and Women’s Basketball Oversight Committees on Wearable/Integrated Technology Initiatives. The committee considered a referral from the Division I Men’s and Women’s Basketball Oversight Committees on the use of integrated technology that tracks data related to the physiological status (e.g. heart rate, body temperature) of student-athletes during competition for coaching purposes. The committee reviewed issues related to the emerging field of integrated technologies, a topic that was address by the committee in its December 2014 meeting and that resulted in a public statement on the topic. The committee reviewed its 2014 statement, and supported the following updated statement and recommendation:
The committee acknowledges that the adoption of wearable technologies is increasing throughout our membership. However, the parameters for how wearable technology input and output are communicated with and utilized by the medical team, or as part of playing rules, are not well defined. Consequently, CSMAS recommends the following:

When used, such technologies and the data they generate should be considered and applied in a collaborative environment by the sports medicine team to ensure health and safety considerations are properly vetted. That team should include, but not be limited to, the primary athletics health care providers and strength and conditioning specialist(s).

The committee acknowledges that, at this time, adequate research does not exist to enable evidence-based recommendations for the use of these technologies for medical decision-making. Given this knowledge gap, these 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 decision making resulting from wearable technology should be established independently of a sport coach and in the sole interest of student-athlete health and welfare, and 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.

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, wearable technology should be addressed in general without any 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 warranties.

The committee also acknowledges that the use of these technologies raises questions about data ownership, privacy and confidentiality that are, to date, unanswered. Consequently, the committee believes that these and
other questions about the use of wearable technologies should be addressed in a multi-faceted, interdisciplinary manner and recommends that the SSI convene a meeting to address these issues, and to provide an interassociation pathway to better understand how these technologies can advance the health and safety of college student-athletes.

13. **Review of SSI Strategic Plans.** The committee received an update on the SSI’s strategic plan in support of its nine priority areas. The committee approved the following statement:

   *The CSMAS supports the intent of the Sport Science Institute to adopt a comprehensive strategic plan and timeline for their nine strategic priorities. This strategic plan results from a collaboration among CSMAS, SSI, the NCAA membership and key partners in the medical, scientific and higher education communities, and provides a transparent pathway for the Sport Science Institute to prioritize its work and measure its impact on the health and safety of college student-athletes.*

14. **Cardiac Initiatives Update.** The committee received an update on three cardiac initiatives, including four pilot regional referral centers, an autopsy study with the University of Washington and Mayo Clinic, and a CPR and AED training partnership with Division II SAAC.

15. **Concussion Initiatives Update.** The committee received an update on multiple concussion initiatives including an update on the NCAA-DoD Grand Alliance. Additionally, an overview of the 2016 Concussion Protocol Review process and preview of the 2017 process was given, as well as the distribution strategy for the interassociation documents arising from the 2016 Safety in College Football Summit.

16. **Mental Health Resources.** The committee was shown the introduction online mental health module video and learned more about the three educational modules for student-athletes, coaches and faculty athletics representatives.

17. **Sexual Assault Prevention.** SSI staff members reviewed the recently released Sexual Violence Prevention: An Athletics Tool Kit for a Healthy and Safe Culture with the committee. An update on the work being done by the Board of Governors’ Commission to Combat Campus Sexual Violence was shared with the committee, focusing on an overview of the commission’s work, the five athletics departments’ commitments addressed in the tool kit and the vehicles to promote culture change.
18. **Biannual Drug Free Sport Report.** Drug Free Sport Vice President Mark Bockelman gave an overview of NCAA drug testing and delivered the biannual Drug Free Sport report. In 2015-16, there were 770 testing events and 12,850 student-athletes were tested.

19. **Tetrahydrocannabinol (THC) Research Project.** An update on the research project that included analysis for THC in NCAA year-round drug test samples was shared with the committee, after it was introduced in June 2016. Noting that year-round testing is heavily focused on football, baseball and men’s lacrosse, data showed that more men than women tested positive and that juniors had the greatest percent of positive tests of student-athletes by academic standing. Additionally, football had the highest overall percent of positive tests, followed by men’s soccer and women’s lacrosse. The data also showed that 67 percent of student-athletes who were previously THC positive in NCAA drug testing were positive in this sample.

20. **Recreational Drug Use Tool Kit.** The committee supported the recreational drug use tool kit after reviewing its recommendations, checklists and implementation tools. The committee supports its use as a recommended approach for institutional substance abuse prevention and intervention, as well as assistance in institutional responsibility for recreational drug abuse deterrence.

21. **December 2014 CSMAS Recommendation to No Longer Ban Marijuana.** The committee declined at this time to reintroduce a recommendation to no longer ban marijuana at NCAA championships, and will convene in a working group prior to the next CSMAS meeting to review this issue.

22. **UCLA Lab Visit.** The committee visited the UCLA Olympic Sports Drug Testing lab, certified by the World Antidoping Agency, and was provided information about sample chain of custody, instrumentation and analytical processes by the director of the lab, Dr. Anthony Butch, and his staff.

23. **Banned Drugs Appeals and Medical Exceptions.** The committee reviewed several items related to banned drugs, assigned committee members to a working group to consider further alignment with WADA (Bird, Donovan, Ellow, Karr, Kruse, Thiel, Walpert, Warren), and determined the following:
a. The committee voted to no longer ban synthroid and insulin, which were previously listed as banned under the class “Peptide Hormones and Analogues.”

b. The committee voted to create two subcategories under the existing banned drug class “Anabolic Agents;” one for anabolic-androgenic steroids and another for other anabolic agents. This will align with the World Anti-Doping Agency prohibited list and better defines the substances that will fall under this class.

c. The committee considered whether to set a testing threshold for anti-estrogens, and reaffirmed the current testing criteria as “any detectable level,” following the WADA protocol.

d. The committee reset testing thresholds for amphetamines at 500 nanograms per milliliter and for cocaine at 150 nanograms per milliliter.

e. The committee considered the implications of including student-athletes who are currently under a drug test suspension in a subsequent testing event that occurs soon after the student-athlete tested positive. The committee affirmed that these student-athletes should continue to be included in the subsequent testing event irrespective of the timing of the subsequent event.

f. The committee established the criteria needed to reconsider a drug test appeal decision as follows: the committee may reconsider a drug test appeal decision when the institution or student-athlete obtains new information that is directly related to the case. New information shall be defined as: (1) Relevant material information that could not have reasonably been ascertained prior to the hearing or (2) Information obtained at the written request of the committee. The committee shall determine whether the information presented is sufficient to conduct a reconsideration hearing. The decision to grant a reconsideration hearing shall be at the full discretion of the committee.

g. The committee considered the current practice of direct drug-testing notification to student-athletes during summer off-campus drug testing, and affirmed the continuation of this practice, with notification of the institution after the testing event occurs.

24. **NCAA Transgender Policy Update.** The committee reviewed the revised guide on Transgender Student-Athlete Participation and requested that an expert on transgender issues speak with the committee at the June 2017 meeting.
25. **NATA/NCAA Summit on Organizational and Administrative issues.** The committee received a report from this January 25-26th meeting that engaged a broad range of athletics health care professionals and administrations, with recommendations to create organizational and administrative standards of care for effective health care delivery.

26. **Update on the NCAA Catastrophic Injury Reporting Mandate Reporting System.** Dr. Erin Wasserman from the Datalys Center demonstrated the online reporting portal where member schools will report catastrophic injuries as per the 2014 legislative mandate. The portal is expected to be live during the first quarter of 2017. Discussion around the system focused on the finalized list of variables.

27. **Review of Plans for a Revision of the NCAA Sports Medicine Handbook.** The committee received an update on revision plans for the Sports Medicine Handbook. The revision would involve a real-time web presence, as well as the potential for a mobile application, as opposed to an annual printed book. The committee supported the idea, noting the positive attributes of being able to access these guidelines anywhere, especially at the point of care with student-athletes.

28. **Future Meetings.**


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

*Staff Liaison(s):* Brian Hainline, NCAA
                      John Parsons, NCAA
                      Mary Wilfert, NCAA

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<td>Randy Bird, University of Virginia; Atlantic Coast Conference.</td>
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<td>Robert Casmus</td>
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<td>John Chandler</td>
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<td>Grace Donovan</td>
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<td>LaGwyn Durden</td>
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<td>Joshua Ellow</td>
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<td>Jimmy Gehrels</td>
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<td>Joseph Hannant</td>
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<td>Kelly Helm</td>
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<td>Forrest Karr</td>
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<td>Ashton McKeown</td>
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<td>Jessica Mohler</td>
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<td>Steve Murray</td>
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<td>Amy Schafer</td>
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<td>Kimberly Patterson Walpert</td>
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<td>Maureen White</td>
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**Absentees:**
- Larry Bowman, Clemson University; Atlantic Coast Conference.
- Bob Colgate, National Federation of State High School Associations.
- Abbey Mikltitsch, University of Rhode Island; Atlantic 10 Conference.

**Guests in Attendance:**
- Mark Bockleman, Drug Free Sport
- Anthony Butch, UCLA Drug Testing Lab
- Thomas Dompier, Datalys
- Michelle Dorsey, Drug Free Sport
- Erin Wasserman, Datalys

**NCAA Staff Support in Attendance:**
- Dawn Buth, Jessica Gonzalez, Brian Hainline, Cassie Langdon, Cindy McKinney, John Parsons, Mary Wilfert

**Other NCAA Staff Members in Attendance:**
- Jenn Fraser, Brian Hendrickson, Chris Termini, Jared Tidemann