

The Elimination of Waivers from the NCAA's Sickle Cell Trait Mandate

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Abstract

Background

Sickle cell trait (SCT) is an inherited blood condition that is more prevalent among certain ethnic groups who play college sports, including African Americans athletes. While it is typically benign, having SCT has been associated with greater risk for mortality during moments of high exertion and extreme exercise conditions. After the exercise-related deaths of several college athletes were purportedly linked to having SCT, the NCAA implemented a screening mandate that was meant to identify those with SCT. This unique policy initially required athletes to a) provide results from a previous SCT screening, b) receive a new genetic screening for the trait, or c) sign a waiver of liability. After a decade of implementation across all 3 NCAA Divisions, there has been evidence suggesting that fewer athletes have died from potential SCT-related complications.

In the initial policy, the NCAA permitted individual schools to decide whether to allow their athletes to have the option to sign liability waivers. Although some have viewed waivers as an attempt to balance concerns about athletes' privacy and schools' liability, NCAA member schools voted in August 2022 to eliminate the waiver option. Given the potential legal and ethical implications associated with discontinuing the use of waivers, this national study used data collected prior to the fall of 2022 to investigate where SCT waivers were offered and the degree to which athletes supported the waiver option, as well as what types of athletes were more likely to sign SCT waivers and their rationale behind this potentially impactful health decision.

Methods

Head athletic trainers (HATs) at all NCAA schools were invited to enroll their respective school/athletes in this study. HATs who consented to participation distributed survey links to NCAA athletes from up to two randomly selected sports (i.e., track & field, football, basketball, soccer, and lacrosse). The surveys asked athletes if they were aware of the screening policy, if they supported SCT screening waivers, and whether they supported universal waivers (i.e., should it be extended to all or only some sports/races). The questionnaire also asked whether athletes had received the option to sign a liability waiver, if they signed the waiver, and to identify

their rationale. Descriptive statistics and logistic regression analyses highlighted prevalence and group differences.

Findings

The final analytic sample included a total of 1,425 athletes from 75 schools across all three NCAA Divisions. Data from the current study suggested that 66% of schools provided the waiver option, but this differed significantly between divisions (DI = 37% vs. DIII = 81%). While 92% of athletes supported screening for SCT, close to 65% believed athletes should have the option to sign a liability waiver. Nearly 40% of athletes believed that waivers should not be permitted for certain sports, while 28% said that Black athletes should not be allowed to sign waivers. Division III athletes were less likely to support targeted waivers based on sport or race and they were also more likely to have signed a waiver. Approximately 78% of athletes who signed waivers said they did so because they did not think they would carry the trait. While those who signed waivers were more likely to identify as White, 66% of Black athletes who signed waivers also believed they probably did not carry the trait.

Conclusions

This study provided evidence that the waiver option was eliminated from the SCT screening policy in 2022, despite it being widely supported by NCAA athletes. Sport policymakers should consider the ethical and legal implications of making this policy change from the perspectives of athletes, as well as administrators and schools. Division I athletes were rarely given the option to sign waivers compared to DIII schools, which may be related to factors such as resources or school demographics. If DI and DIII schools can no longer allow waivers, schools that previously relied heavily on them may require implementation support or financial assistance to aid with policy compliance. Finally, those who signed waivers often were confident they did not have SCT, with many claiming their race (i.e., being White) exempted them from risk. Since all athletes are now required to receive SCT screening, schools might benefit from improving their education about the potential risks of playing sports with SCT and strategies for supporting SCT-positive athletes/teammates during training and competition.