



**CSURMA ATHLETIC INJURY MEDICAL EXPENSE COMMITTEE
MEETING AGENDA**

“This is an Open Public Meeting”

In accordance with the requirements of the Bagley-Keene Open Meeting Act, notice of this meeting must be posted in publicly accessible places, including the Internet, at least ten (10) days in advance of the meeting.

Per Government Code section 54954.2, persons requesting disability-related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact Alliant at (415) 403-1400 twenty-four hours in advance of the meeting. Entrance to the meeting location requires routine provision of identification to building security. However, CSURMA does not require any member of the public to register his or her name, or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

1. Teleconference Location - CSU Chancellor’s Office, 401 Golden Shore, Long Beach, CA
2. CSU, Chico, 400 West First Street, Chico, CA 95929-0130
3. CSU Fresno, 1620 E Bulldog Lane, Fresno, CA 93740
4. CSU Long Beach, 1250 Bellflower Blvd., Long Beach, CA 90840
5. Sonoma State, 1801 E Cotati, Rohnert Park, CA 94928
6. CPSU, San Luis Obispo, 1 Grand Ave, San Luis Obispo, CA 93407

Meeting Date: October 16, 2017
Time: 10:30 AM

Primary Location: Alliant Insurance Services
100 Pine St., 11th Flr
San Francisco, CA 94111

Legend: **A** = Action
I = Information
V = Verbal

A. CALL TO ORDER

1. **Approval of the Agenda** **A** p. 1

B. PUBLIC COMMENTS

C. GENERAL ADMINISTRATION

1. **Approval of Minutes – May 01, 2017** **A** p. 2
The Committee will be asked to approve the minutes from their last meeting.
2. **AIME Financial Statements at June 30, 2017** **I** p. 10
The Committee will receive a financial report of the AIME program at June 30, 2017.
3. **AIME Loss Reports and Claim Trends – HSR** **I** p. 13
The Committee will receive a summary report of the program’s claims experience and trends.
4. **CSURMA Executive Committee Report** **I** p. 23
The Committee will receive a verbal report from the Executive Committee Liaison.
5. **AIME Actuarial Report as of June 30, 2017** **I** p. 24
The Committee will review and hear a summary of the Actuarial Report dated September 12, 2017.

- | | |
|---|---------------------------------|
| <p>6. Fiscal Year 2018/2019 AIME Program Deposits
 <i>The Committee will review and is asked to approve the draft FY 2018/2019 AIME Program Deposits.</i></p> | <p>A <i>p. 25</i></p> |
| <p>7. Estimated Target Reserve Funding Analysis at June 30, 2017
 <i>The Committee will review the funding level of the AIME risk pool for adequacy of funds to meet claim obligation and other expenditures.</i></p> | <p>A <i>p. 29</i></p> |
| <p>8. AIME Vendor Master Agreements
 <i>The Committee will be asked to discuss and make recommendations as respects the AIME Vendor Agreement, as discussed at its May 02, 2016 meeting, taking action as necessary.</i></p> | <p>A <i>p. 31</i></p> |
| <p>9. Review of the AIME Committee Nominations and Elections
 <i>The Committee will be asked to discuss potential nominations for adding new Committee members as discussed at its May 2017 meeting, taking action as necessary.</i></p> | <p>A <i>p. 32</i></p> |
| <p>10. CSURMA AIME Newsletter
 <i>The Committee will review the AIME September 2017 newsletter.</i></p> | <p>I <i>p. 34</i></p> |
| <p>11. CSURMA Concussion Management Report
 <i>The Committee will receive and be asked to discuss the CSU Concussion Management report from the CSU Concussion Initiative, taking action as necessary.</i></p> | <p>I <i>p. 38</i></p> |
| <p>12. CSURMA Drones Insurance Bulletin
 <i>The Committee will receive the CSURMA Drone Insurance Program (DRIP).</i></p> | <p>I <i>p. 69</i></p> |
| <p>13. Review of CSURMA AIME 2018 Calendar
 <i>The Committee will be asked to review the proposed CSURMA meeting calendar and schedule AIME meetings for 2018.</i></p> | <p>A <i>p. 72</i></p> |
| <p>14. 2017/2018 Risk Management Training
 <i>The Committee will receive a report from the task group as respects training recommendations for FY 2017/2018.</i></p> | <p>I <i>p. 74</i></p> |
| <p>15. CSURMA AIME Other Business
 <i>The Committee will be asked to discuss any additional business matters, taking action as necessary.</i></p> | <p>A <i>p. 75</i></p> |



California State University Risk Management Authority

- D. CLOSED SESSION Pursuant to Cal. Gov. Code Sec. 11126(e)(1) & 11126(f)(1) –**
Action may be taken per Government Code Section 11126(e)(1) & 11126(f)(1). The matters below may be discussed. The Committee may take action or provide direction to Staff regarding the matters.

No items are scheduled for closed session at today's meeting.

E. INFORMATION ITEMS

- 1. CSURMA AIME Committee Members Roster**

I p. 76

F. ADJOURNMENT

The next CSURMA AIME Committee meeting is scheduled to meet in January 2018. If you have questions regarding the agenda package, please contact Stacey Weeks at sweeks@alliant.com / (415) 403-1448.

APPROVAL OF THE AGENDA

ISSUE: The Committee will be asked to approve the agenda for today's meeting.

RECOMMENDATION: Staff recommends that the Committee approve the agenda as presented.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S): None.

APPROVAL OF MINUTES – MAY 01, 2017

ISSUE: The Committee will be asked to review and approve the draft minutes from its May 01, 2017 meeting.

RECOMMENDATION: It is recommended that the Committee approve the minutes from its May 01, 2017 meeting, including corrections as necessary.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S):

- a. CSURMA AIME Committee Meeting Minutes – May 01, 2017

**MINUTES OF THE CSURMA
AIME COMMITTEE MEETING
MAY 01, 2017
SAN FRANCISCO, CALIFORNIA**

MEMBERS PRESENT

Anita Barker, CSU Chico (Teleconference)
Kelli Eberlein, CSU Fresno (Teleconference)
Cindy Masner, CSU Long Beach (Teleconference – arrived at 10:40 a.m.)
Brandon Padilla, CSU Sacramento (arrived at 10:40 a.m.)
Summer Rivera, CSU Fullerton
Julie Rudy, Sonoma State University
Scott Shaw, San Jose State University
Kristal Slover, CPSU, San Luis Obispo (Teleconference)
Judy Van Leuven, CSU San Bernardino – Executive Committee Liaison

MEMBERS ABSENT

None

STAFF, GUESTS & CONSULTANTS

Zachary Gifford, Chancellor's Office (Teleconference)
Ashlie Kite, CSU Long Beach (Teleconference)
Tom Lenihan, Health Special Risks
Rob Leong, Alliant Insurance Services
James Shipp, A-G Administrator (Teleconference)
Stacey Weeks, Alliant Insurance Services

A. CALL TO ORDER

The meeting was called to order at 10:35 a.m. by the Chair, Scott Shaw. Introductions were made. Scott explained the teleconference procedure, per Bagley-Keene where roll call voting is required and introductions were made.

1. Approval of the Agenda

A motion was made to approve the agenda with the revision to item 10 – vendor percentage.

MOTION: Summer Rivera **SECOND:** Brandon Padilla **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner (10:38 am)				X
Brandon Padilla (10:40 am)				X
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

B. PUBLIC COMMENTS

There were no public comments.

C. GENERAL ADMINISTRATION

C1. Approval of Meeting Minutes – January 11, 2016

The following corrections made to the minutes:

- Correct Jody Van Leuven from “Judy”
- C1. Approval of *October* Meeting Minutes
- Correct Julie Rudy’s name from “Judy Rudy”
- C2. AIME Financial Statement at *September 30, 2016*

A motion was made to approve the meeting minutes of January 11, 2016 with the corrections as provided at today’s meeting.

MOTION: Cindy Masner **SECOND:** Kristal Slover **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner	X			
Brandon Padilla (10:40 am)				X
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

C2. AIME Financial Statement at March 31, 2017

The financial statement at March 31, 2017 was discussed with the Committee. The program is funded at a 70% confidence level. Claim Paid/Legal is approximately

\$684,000 and includes funding for A-G Administrators and HSR. Total contributions at \$3.1 million. All in-line with budget.

C3. AIME Loss Reports and Claims Trend – Run Off

James Schipp reviewed the loss data and summary of claims where claims are broken out by med pay/discounts/CSU payment by plan year for 12 months. The Plan provides for a two year benefit period. The number of paid claims continues on a steady increase. The primary insurance payments have seen a decline. The success of the discount percentage is a combination of the athletic trainer and the adjusters. Discussion regarding A-G discount verses Provider Network discounts (PPO).

C4. AIME Loss Reports and Claims Trend – HSR

Tom Lenihan discussed the loss data and claims trend. Total paid for the 2015-2016 at 21.3% paid. California Care is working and seeing an increase in deductibles and co-pays. Tom discussed the detailed claims graphs with the Committee. HSR is seeing a higher discount percentage than A-G. Tom discussed the “discounting” procedure with the Committee, including the difference between A-G and HSR. HSR is not taking a fee when discounting (adjudicating) claims. Scott discussed the Program Agreement Discount agreement process and requested additional information from the Committee. Tom discussed the change with forwarding EOBs, where HSR’s IT is working to provide a copy of the EOB on-line rather than mailing EOBs in bulk. Scott thanked HSR for the on-line enhancement (EOB procedure) and the ability to report, download reports, etc. on-line 24/7.

C5. CSURMA Executive Committee Report

Jody Van Leuven reported on the Executive Committee meetings in March 2017. The following was discussed and/or approved by the Executive Committee:

- EHS professional conference coming up
- New EHS employee Joe Shetler at the Chancellor’s Office
- Interrogated and approved policy and procedures
- Presidium proposal – approved for renewal
- Developing method of closing Workers’ Compensation claims
- Long Range Planning – Special Events procedure
- Long Range Planning – Captive Insurance
- Long Range Planning – Review Member Loan policy – develop new process
- Long Range Planning – Looking at earthquake program by region – coverage has changed
- Long Range Planning – develop a Marine Program

C6. Fiscal Year 2017/2018 Operating Budget

Rob reported the 2017/2018 AIME operating budget. The budget was revised according due to an actuary calculation error (double counting). Total Operating Revenues at \$4.5 million. Claims reserve surplus at \$724,179 with a forecast of over \$1 million at this time.

A motion was made to approve the Budget as discussed at today’s meeting.

MOTION: Brandon Padilla **SECOND:** Cindy Masner **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner	X			
Brandon Padilla	X			
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

C7. Fiscal Year 2017/2018 AIME Program Deposits

Rob discussed the revised AIME program deposits utilizing the revised budget calculations. Program deposits were calculated using the draft actuarial report dated August 19, 2016 and financial statements prepared by the CSURMA Accountant for fiscal year ending 2016. The final calculations (per “Draft 2” column) at \$4,506,330. There are significant premium increases for five members (Dominguez Hills; Monterey Bay; Northridge; Sacramento; and Sonoma).

A motion was made to approve the revised 2017/2018 AIME Program Deposits as discussed at today’s meeting.

MOTION: Cindy Masner **SECOND:** Summer Rivera **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner	X			
Brandon Padilla	X			
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

The Committee took a lunch break at 12:07 p.m. and will reconvene at 12:45 p.m.

C8. Renewal of Travel Accident Insurance

Stacey discussed the renewal of the AIME Travel Accident insurance. The Committee discussed the AIME Travel Accident coverage and the benefits offered within the policy terms. The proposal provided for a “flat” renewal (no premium increase).

A motion was made to approve the 2017/2018 AIME Travel Accident Insurance as discussed at today’s meeting.

MOTION: Brandon Padilla **SECOND:** Summer Rivera **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker				X
Kelli Eberlein	X			
Cindy Masner				X
Brandon Padilla	X			
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

C9. AIME Vendor Agreements

Scott discussed the goal to standardize discounts. Scott highlighted the benefits with standardized discounts. Scott confirmed the agreement with DJO has been finalized. Scott will be discussing the billing process with DJO. The Committee discussed potential future agreements and procedures for getting agreements in place.

C10. Review of the AIME Committee Nominations and Elections

Effective July 1, 2017, three seats are up for election to serve two-year terms. The current Chair’s term ends June 30, 2017. In addition to filling the seats up for election, the Committee agreed to continue discussing potential members for the AIME Committee.

A motion was made to re-elect the following members to serve two-year terms, effective July 1, 2017 – June 30, 2019:

- Scott Shaw
- Kelli Eberlein
- Anita Barker
- Summer Rivers

MOTION: Brandon Padilla **SECOND:** Summer Rivera **MOTION CARRIED**

DRAFT

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner				X
Brandon Padilla	X			
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

A motion was made to re-elect Scott Shaw as Chair, effective July 1, 2017 – June 30, 2018.

MOTION: Brandon Padilla **SECOND:** Summer Rivera **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Anita Barker	X			
Kelli Eberlein	X			
Cindy Masner				X
Brandon Padilla	X			
Summer Rivera	X			
Julie Rudy	X			
Scott Shaw	X			
Kristal Slover	X			

C11. CSURMA AIME 2017 Meeting Calendar

The Committee next Committee meeting will be held at CSU Fullerton on October 16, 2017 at 10:30 a.m.

C12. Risk Management Training

The Committee discussed the following Risk Management training items:

- Presidium – May 8, 2017
- Managing minors on campus
- Summer camps
- Club Sports – include in distribution of materials

Cindy Masner joined at 1:14 p.m.

C13. Other Business

The Committee discussed the following items:

- Webinars – Presidium
- Legislation – AB1510 (tabled until January) and AB1435 (requires revised language)
- Athletic Trainer Certification (CAT) licensing issue and legislation - support needed - state laws violation
- Mental Health – Staff continuing to discuss a standalone program with underwriters
- Domestic Health Insurance – Staff meeting with underwriters
- Proof of student athlete status
- Foreign Travel Coverage – conduct an orientation
- CCAA Conference – May 22 – 23, 2017 – Ontario – Scott Shaw and Stacey Weeks to attend
- Cheerleading – AIME vs. Club Sports

The Committee discussed the new “best practice” procedures that were approved at the NCAA conference. Brandon discussed the athletics conference in Las Vegas with the Committee.

D. CLOSED SESSION

No items scheduled for closed session at today’s meeting.

E. INFORMATION ITEMS

E1. AIME Committee and Staff Directory

Please provide revisions and updates to Stacey Weeks.

F. Adjournment

The meeting was adjourned at 1:45 p.m.

AIME FINANCIAL STATEMENT AT JUNE 30, 2017

ISSUE: The Financial Statements at June 30, 2017 (unaudited) is attached for information purposes.

RECOMMENDATION: No action required; this item is presented as information only.

FISCAL IMPACT: None.

BACKGROUND: Accounting records are managed by the CSU Office of the Chancellor. Periodic statements are prepared by the Accountants to express the financial status of CSURMA's coverage programs.

PUBLICATION: None.

ATTACHMENT(S):

- a. AIME Financial Statements at June 30, 2017

California State University Risk Management Authority

Balance Sheet - Campus Programs as of 6/30/2017

(Unaudited)

	<u>Liability</u>	<u>Workers' Compensation</u>	<u>IDL/NDI/UI</u>	<u>Property</u>	<u>AIME</u>	<u>Auto Liability</u>	<u>Total Campus Programs as of 6/30/2017</u>
Assets:							
Cash and Investments	3,392,136	6,499,209	124,616	715,711	219,949	(141,041)	10,810,580
Other long-term investments	34,191,432	65,508,497	1,254,006	7,213,616	2,216,420	0	110,383,970
Accounts receivable	375,965	1,040,821	0	17,473	0	0	1,434,259
Loan receivable	0	0	0	0	0	0	0
Reinsurance receivable	0	172,447	0	0	0	0	172,447
Accrued interest receivable	(0)	0	0	0	0	0	(0)
Prepaid insurance	15,034	91	33	18,136	2,514	0	35,808
Prepaid expense	44,479	1,023,439	10,495	6,414	647,213	0	1,732,039
Total assets:	<u>38,019,046</u>	<u>74,244,503</u>	<u>1,389,150</u>	<u>7,971,349</u>	<u>3,086,096</u>	<u>(141,041)</u>	<u>124,569,103</u>
Liabilities:							
Accounts payable	292,682	4,188,451	2,112,840	68,531	253,621	0	6,916,125
Unearned revenue	13,536	0	0	0	0	0	13,536
SELF assessment liability	0	8,181,789	0	0	0	0	8,181,789
Reported claims	12,475,774	26,647,833	0	0	110,893	0	39,234,500
Claims incurred but not reported	10,985,689	13,056,845	0	0	2,217,851	0	26,260,385
Total liabilities:	<u>23,767,681</u>	<u>52,074,918</u>	<u>2,112,840</u>	<u>68,531</u>	<u>2,582,365</u>	<u>0</u>	<u>80,606,335</u>
Fund balance	14,251,365	22,169,586	(723,690)	7,902,818	503,731	(141,041)	43,962,769
Total liabilities and fund balance	<u>38,019,046</u>	<u>74,244,503</u>	<u>1,389,150</u>	<u>7,971,349</u>	<u>3,086,096</u>	<u>(141,041)</u>	<u>124,569,103</u>

California State University Risk Management Authority
Income Statement - Campus Programs as of 6/30/2017
(Unaudited)

	Liability	Workers' Compensation	IDL/NDI/UI	Property	AIME	Auto Liability	Total Campus Programs
OPERATING REVENUES:							
Contributions	15,566,383	37,823,215	13,500,000	8,876,391	4,158,323	845,824	80,770,136
Reinsurance premiums	(1,779,231)	0	0	(4,974,028)	0	0	(6,753,259)
Total operating revenues:	13,787,152	37,823,215	13,500,000	3,902,363	4,158,323	845,824	74,016,876
OPERATING EXPENSES:							
DIRECT PROGRAM EXPENSES:							
Claims payment & legal expenses	16,376,915	18,933,568	14,366,451	3,130,850	3,671,148	0	56,478,932
Deductible recoveries	(7,585,565)	0	0	0	0	0	(7,585,565)
Claims administrators	0	3,593,322	72,495	0	205,000	0	3,870,817
Claims management information system	65,615	112,989	26,960	14,924	8,131	0	228,617
Program administrator	265,094	707,608	170,408	213,307	10,430	0	1,366,847
Brokerage commissions	343,587	304,800	252	514,620	2,494	0	1,165,754
Insurance premiums	2,469,110	35,011,262	0	1,178,783	19,278	829,510	39,507,943
Taxes, assessments & fees	235,790	0	0	0	0	0	235,790
Actuarial services	10,163	5,486	798	488	2,996	0	19,930
Claims Audit	5,000	0	0	0	0	0	5,000
Miscellaneous program services	1,876	0	0	0	0	0	1,876
Workshops/training	29,397	56,355	17,699	10,696	0	0	114,146
Loss control	450,521	46,244	0	55,844	0	0	552,609
Reinsurance/excess recovery	(4,500,000)	(12,779,054)	0	0	0	0	(17,279,054)
Program committee	0	0	0	0	557	0	557
Dividend distributions	5,576,910	8,111,485	0	0	0	0	13,688,395
Change in claims losses and loss adjustment expenses	2,680,131	(8,790,005)	0	0	114,802	0	(5,995,072)
Total direct program expenses:	16,424,544	45,314,060	14,655,064	5,119,511	4,034,836	829,510	86,377,523
GENERAL & ADMINISTRATIVE EXPENSES:							
Financial audit	4,382	11,637	4,154	2,538	1,280	0	23,990
Executive committee & board expenses	670	1,780	635	388	196	0	3,670
JPA insurance	2,158	6,026	2,155	1,277	623	0	12,240
Memberships, associations & dues	1,255	30,978	1,225	736	364	0	34,558
Chancellor's office accounting services	51,038	135,553	48,381	29,566	14,904	0	279,443
Risk management expenses	135,095	358,743	128,044	78,246	39,443	0	739,571
JPA legal	15,288	40,604	14,493	8,856	4,465	0	83,706
Miscellaneous indirect services	5,106	11,783	4,161	2,532	1,255	0	24,838
Total general & administrative expenses:	214,992	597,105	203,249	124,140	62,529	0	1,202,015
Total operating expenses:	16,639,536	45,911,165	14,858,312	5,243,651	4,097,365	829,510	87,579,539
NON-OPERATING REVENUES:							
Investment income	(243,271)	(512,956)	(76,302)	(70,975)	(39,075)	0	(942,579)
Total non-operating revenues:	(243,271)	(512,956)	(76,302)	(70,975)	(39,075)	0	(942,579)
BEGINNING RETAINED EARNINGS	17,464,030	30,770,492	710,923	9,315,081	481,847	(157,355)	58,585,019
ADJUSTMENTS TO RETAINED EARNINGS	(117,010)	0	0	0	0	0	(117,010)
TOTAL ADJUSTED RETAINED EARNINGS	17,347,020	30,770,492	710,923	9,315,081	481,847	(157,355)	58,468,009
NET SURPLUS/(DEFICIT)	(3,095,655)	(8,600,906)	(1,434,614)	(1,412,263)	21,883	16,314	(14,505,241)
ENDING RETAINED EARNINGS	14,251,365	22,169,586	(723,690)	7,902,818	503,731	(141,041)	43,962,769

AIME LOSS REPORTS AND CLAIM TRENDS - HSR

ISSUE: The Committee will hear a report from Health Special Risks (HSR), the Claims Administrator on loss experience and claim trends for the period beginning July 1, 2015.

RECOMMENDATION: No action is requested.

FISCAL IMPACT: Information Item only.

BACKGROUND: HSR provides third party claims administration. Effective July 1, 2015

PUBLICATION: None

ATTACHMENT(S):

- a. Monthly Claims Payment Summaries by Campus/Paid at June 30, 2017.



CSURMA CLAIMS PAID ANALYSIS

Year # 1: 2015-2016 as of 6/30/2017



CSU Campus	# of Injuries	# of Claims	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	31	40	\$77,283	\$10,530	\$0	\$14,660	\$10,986
CSPU, POMONA	50	84	\$106,889	\$25,547	\$0	\$14,365	\$24,626
CSPU, SAN LUIS OBISPO	648	1,066	\$1,318,183	\$243,095	\$2,384	\$111,817	\$223,926
CSU, BAKERSFIELD	214	378	\$458,074	\$82,601	\$0	\$32,229	\$84,843
CSU, CHICO	45	75	\$377,755	\$123,085	\$0	\$2,475	\$31,618
CSU, DOMINGUEZ HILLS	110	245	\$697,265	\$34,875	\$49,049	\$264,877	\$242,834
CSU, EAST BAY	13	16	\$7,020	\$893	\$0	\$0	\$2,738
CSU, FRESNO	294	456	\$2,032,911	\$187,972	\$560,750	\$322,617	\$364,095
CSU, FULLERTON	257	360	\$388,976	\$43,996	\$19,765	\$48,734	\$116,836
CSU, LONG BEACH	382	585	\$820,990	\$121,224	\$95,343	\$122,338	\$234,810
CSU, LOS ANGELES	36	74	\$207,636	\$3,158	\$0	\$124,354	\$77,517
CSU, MONTEREY BAY	265	378	\$425,731	\$97,939	\$17,450	\$61,721	\$87,092
CSU, NORTHRIDGE	216	329	\$1,010,097	\$25,631	\$238,550	\$270,379	\$303,945
CSU, SACRAMENTO	687	1,174	\$2,520,540	\$444,865	\$14,983	\$532,666	\$670,584
CSU, SAN BERNARDINO	54	82	\$152,998	\$7,909	\$0	\$4,119	\$17,648
CSU, SAN MARCOS	69	121	\$177,996	\$27,325	\$13,365	\$29,993	\$54,417
CSU, STANISLAUS	45	87	\$390,595	\$100,315	\$0	\$8,571	\$28,491
HUMBOLDT STATE UNIVERSITY	43	61	\$322,434	\$71,027	\$0	\$0	\$23,074
SAN DIEGO STATE UNIVERSITY	871	1,166	\$1,966,630	\$258,069	\$202,523	\$198,887	\$368,356
SAN FRANCISCO STATE UNIVERSITY	71	100	\$339,795	\$40,725	\$18,929	\$50,412	\$80,728
SAN JOSE STATE UNIVERSITY	446	647	\$1,895,031	\$242,402	\$433,039	\$44,809	\$267,388
SONOMA STATE UNIVERSITY	72	131	\$430,384	\$137,663	\$0	\$29,943	\$66,187
Totals:	4,919	7,655	\$16,125,214	\$2,330,847	\$1,666,130	\$2,289,967	\$3,382,737



CSURMA CLAIMS PAID ANALYSIS

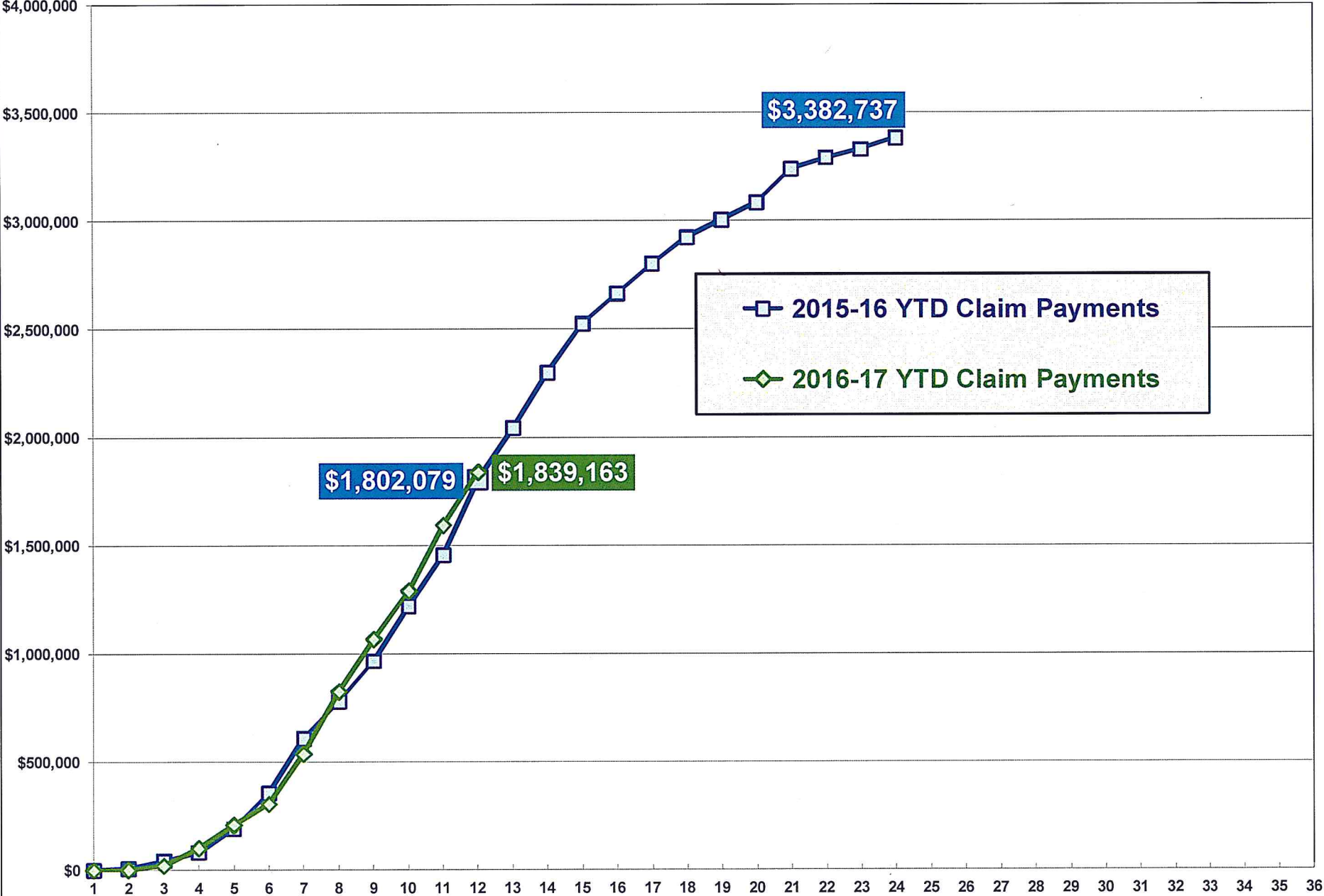
Year # 2: 2016-2017 as of 6/30/2017



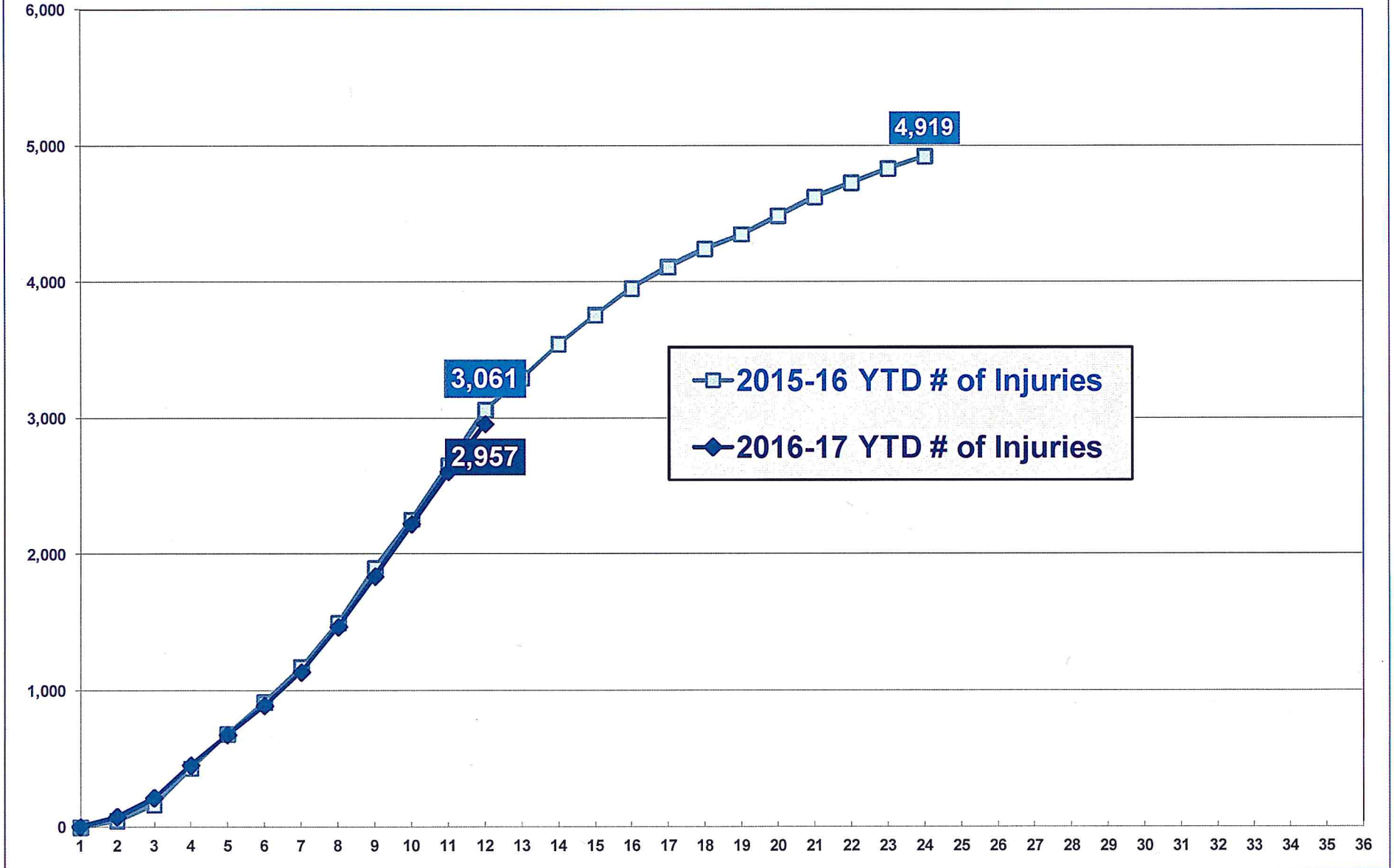
CSU Campus	# of Injuries	# of Claims	Total Amount Claimed	Primary Insurance Payment	CSU Campus Discount	HSR PPO Discounts	HSR Payments
CALIFORNIA MARITIME ACADEMY	11	20	\$70,418	\$15,994	\$0	\$0	\$7,147
CSPU, POMONA	52	140	\$193,845	\$9,726	\$11,412	\$39,522	\$47,181
CSPU, SAN LUIS OBISPO	493	798	\$975,703	\$132,400	\$2,030	\$162,776	\$227,157
CSU, BAKERSFIELD	199	321	\$557,312	\$72,504	\$0	\$122,067	\$114,654
CSU, CHICO	36	64	\$335,289	\$43,066	\$0	\$1,690	\$12,085
CSU, DOMINGUEZ HILLS	117	216	\$471,490	\$24,924	\$26,352	\$133,890	\$196,916
CSU, EAST BAY	30	33	\$9,812	\$1,439	\$0	\$321	\$4,537
CSU, FRESNO	142	226	\$1,374,130	\$212,615	\$371,318	\$160,118	\$218,119
CSU, FULLERTON	175	230	\$240,624	\$22,485	\$143	\$46,773	\$54,294
CSU, LONG BEACH	201	293	\$265,122	\$43,092	\$21,282	\$35,000	\$61,027
CSU, LOS ANGELES	20	46	\$64,874	\$11,399	\$0	\$6,635	\$8,342
CSU, MONTEREY BAY	135	151	\$128,170	\$56,741	\$0	\$2,453	\$17,745
CSU, NORTHRIDGE	84	130	\$354,641	\$26,822	\$11,249	\$77,770	\$84,151
CSU, SACRAMENTO	475	804	\$1,038,134	\$73,809	\$67,869	\$287,753	\$411,204
CSU, SAN BERNARDINO	45	63	\$96,925	\$8,101	\$0	\$31,707	\$18,586
CSU, SAN MARCOS	29	56	\$150,387	\$22,124	\$495	\$127	\$13,548
CSU, STANISLAUS	22	26	\$61,657	\$23,638	\$0	\$1,565	\$12,091
HUMBOLDT STATE UNIVERSITY	20	25	\$48,405	\$22,662	\$0	\$340	\$13,572
SAN DIEGO STATE UNIVERSITY	378	509	\$915,659	\$53,968	\$310,321	\$69,110	\$188,722
SAN FRANCISCO STATE UNIVERSITY	37	47	\$109,591	\$22,849	\$0	\$2,318	\$8,170
SAN JOSE STATE UNIVERSITY	199	290	\$454,805	\$96,412	\$92,069	\$39,095	\$100,072
SONOMA STATE UNIVERSITY	57	92	\$104,098	\$60,362	\$0	\$1,105	\$19,841
Totals:	2,957	4,580	\$8,021,091	\$1,057,131	\$914,539	\$1,222,134	\$1,839,163

CSURMA Year-to-Date HSR Claim Payments by Policy Year

as of June 30, 2017

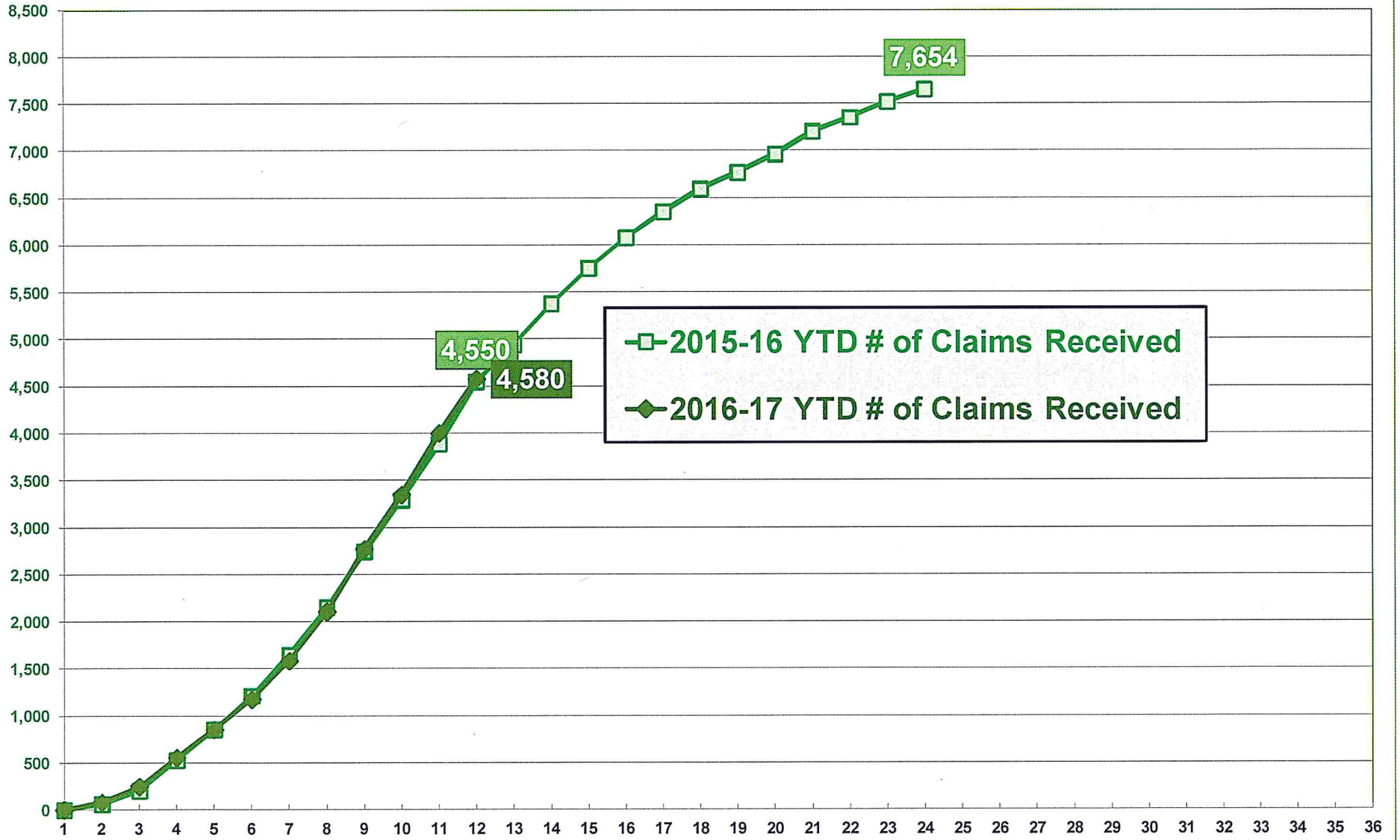


CSURMA Year-to-Date Injuries Reported to HSR as of June 30, 2017

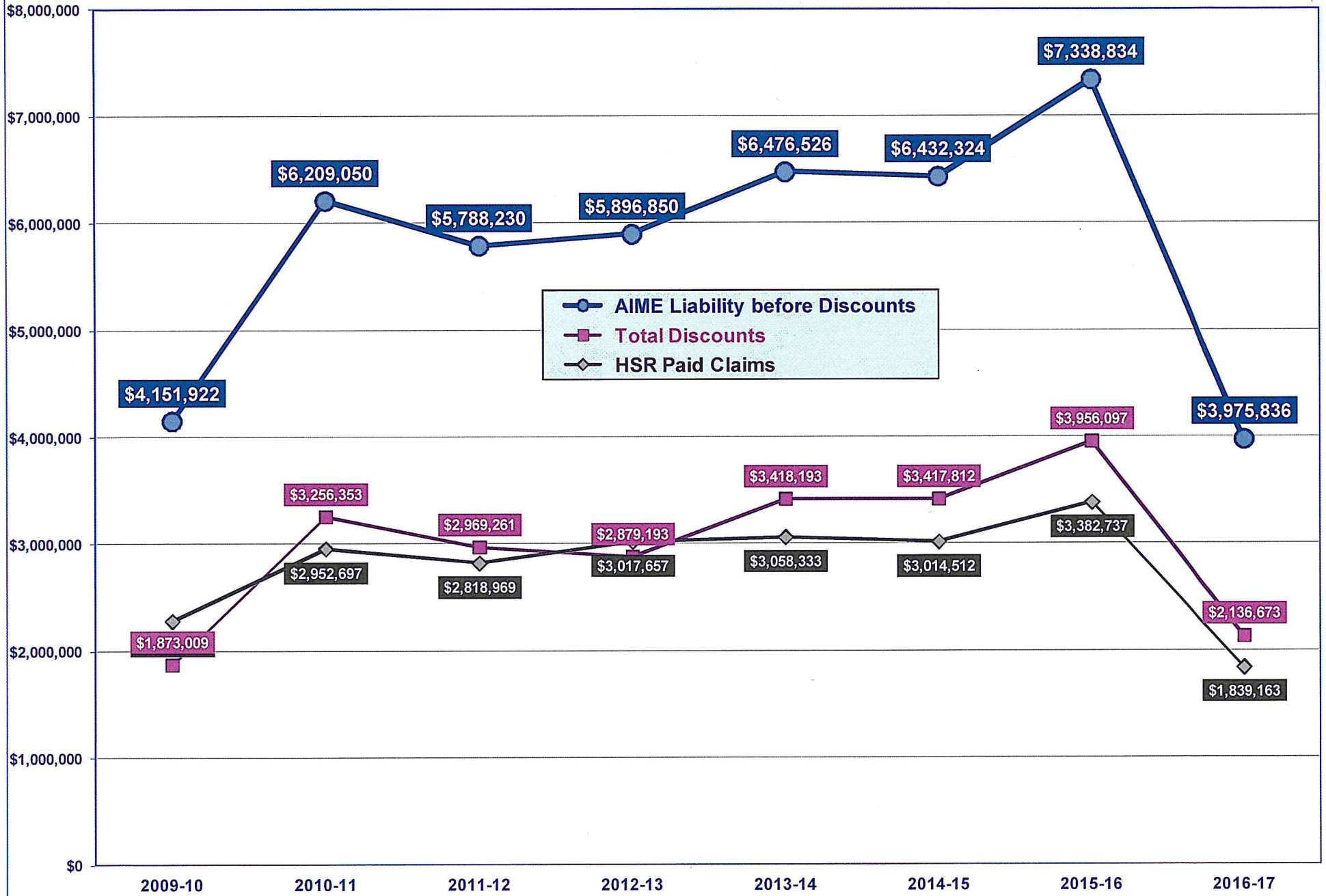


CSURMA - Year-to-Date Claims Received by HSR

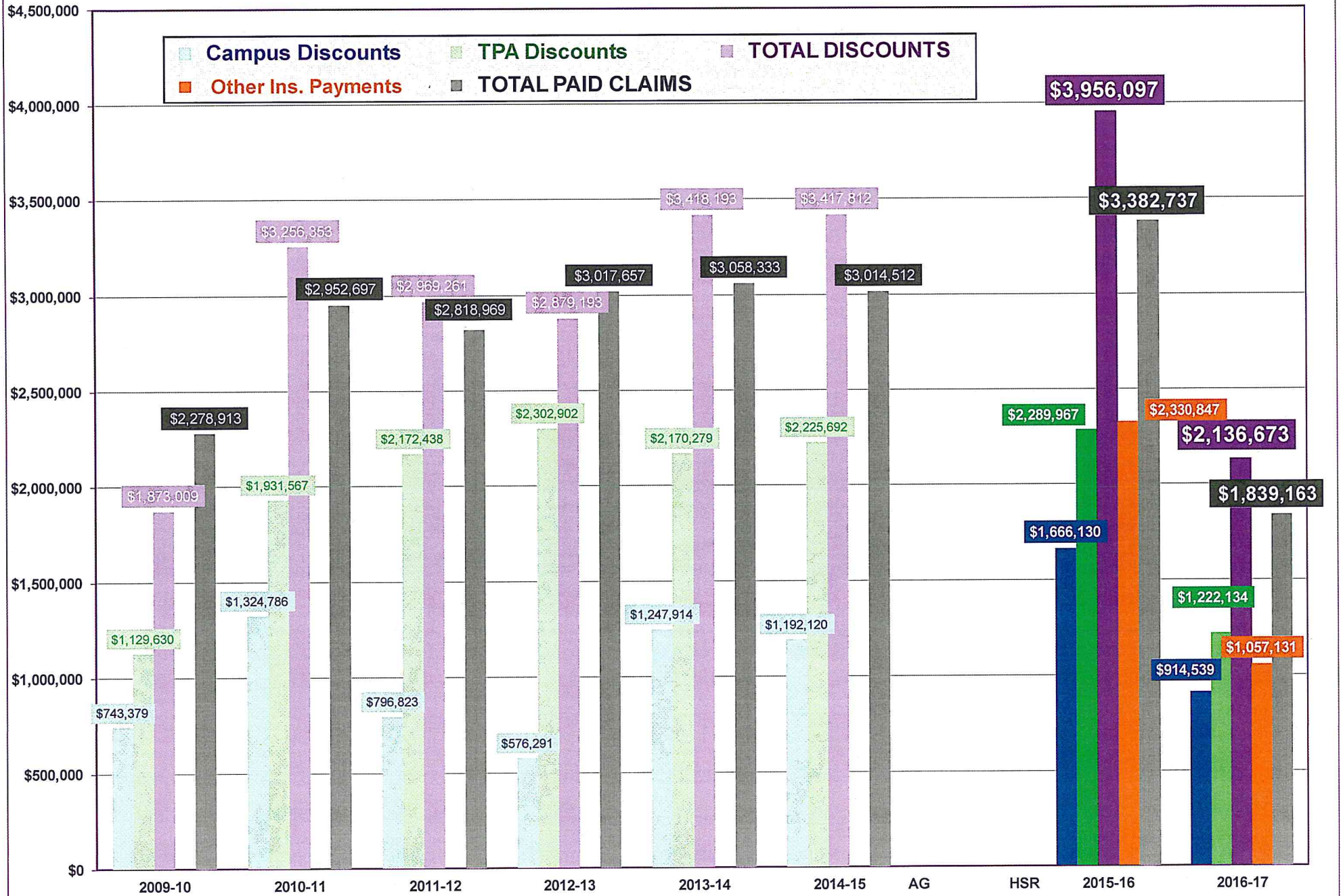
as of June 30, 2017



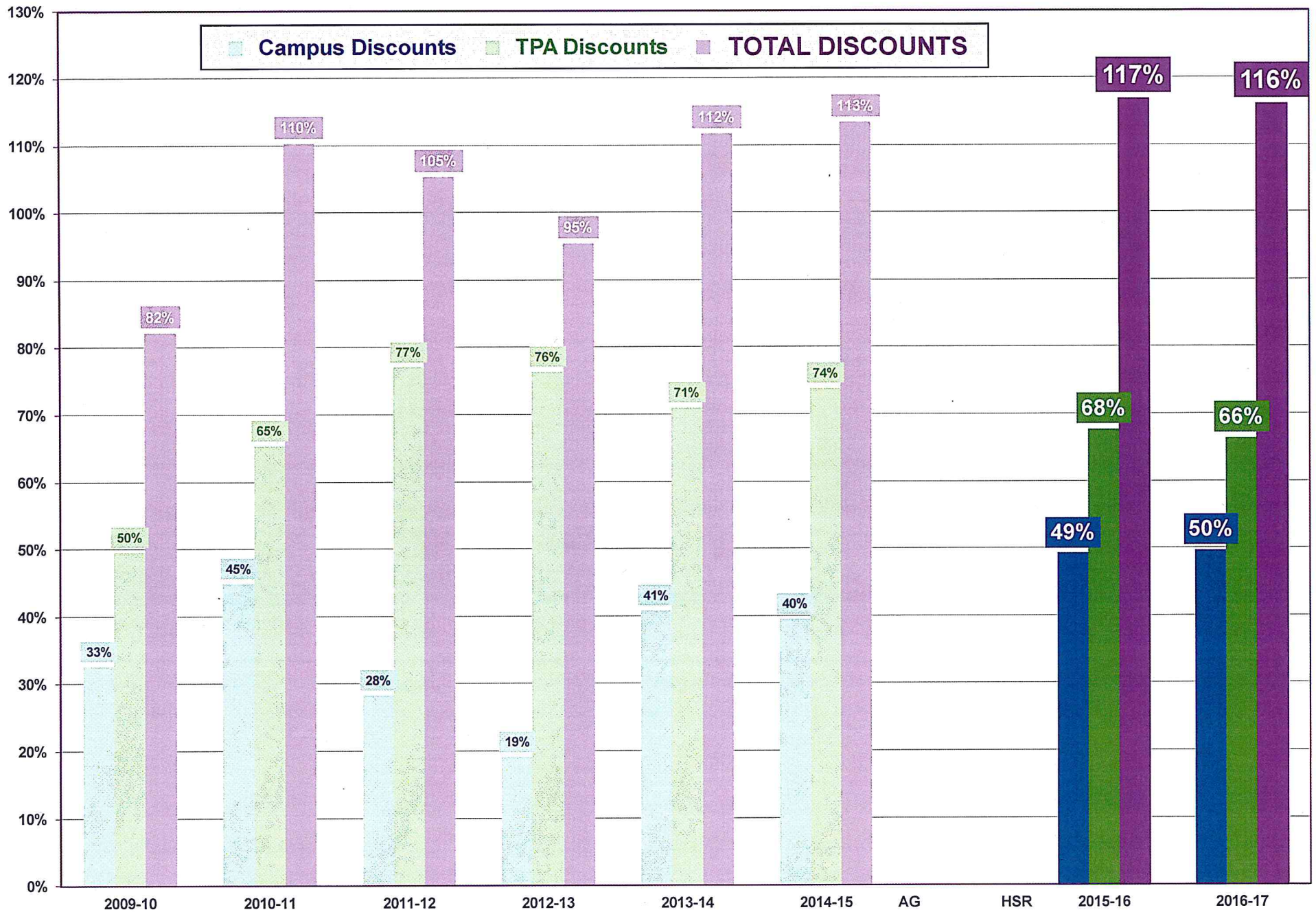
Health Special Risk, Inc. - AIME Overall Claims Liability before Discounts
as of June 30, 2017



Health Special Risk - CSURMA Discounts Achieved vs. Paid Claims Amounts as of June 30, 2017



**Health Special Risk, Inc. - CSURMA Discount % vs. Total Paid Claims
as of June 30, 2017**



CSURMA Claims Runoff Activity

Runoff began: 7/1/15

Report date: 3/31/17

21 Months

Policy Year	Months since expiration	Claims reported at			Claims Paid at		
		9/30/15	3/31/17	Growth since 9/30/15	9/30/15	3/31/17	Growth since 9/30/15
2009-10	82	1,030	1,029	(1)	\$2,278,733	\$2,278,913	\$180
2010-11	70	1,151	1,150	(1)	\$2,951,811	\$2,952,969	\$1,158
2011-12	58	1,255	1,254	(1)	\$2,815,904	\$2,818,969	\$3,065
2012-13	46	1,333	1,311	(22)	\$3,108,544	\$3,017,657	(\$90,887)
2013-14	34	1,338	1,332	(6)	\$2,960,567	\$3,058,333	\$97,766
2014-15	22	1,126	1,280	154	\$2,056,142	\$3,014,512	\$958,370
Totals		7,233	7,356	123	\$16,171,701	\$17,141,353	\$969,652

CSURMA EXECUTIVE COMMITTEE REPORT

ISSUE: The AIME Committee will receive a report from the CSURMA Executive Committee Liaison, Jody Van Leuven, regarding the Executive Committee's September 2017 meeting.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: Jody Van Leuven, CSU San Bernardino, is the Executive Committee Liaison for AIME.

PUBLICATION: None.

ATTACHMENT(S): None.

AIME ACTUARIAL REPORT AS OF JUNE 30, 2017
DATED SEPTEMBER 12, 2017

ISSUE: CSURMA retains the services of an independent actuary to perform an actuarial study each year. The actuary's findings and recommendations are used to evaluate AIME's outstanding claim liabilities as of June 30, 2017 and to develop funding recommendations for FY 2018/19.

RECOMMENDATION: Staff will highlight the actuary's findings and recommendations for FY 2018/19 funding.

FISCAL IMPACT: There is no impact on the current year's budget as FY 2017/18 funding have been set. The actuary's findings and recommendations provided in the September 12, 2017 report will be used to set gross funding for the upcoming fiscal year.

BACKGROUND: The complete actuarial report includes a discussion on the methodology used by the actuary to establish the financial projections for each program.

PUBLICATION: None.

ATTACHMENT(S):

- a. AIME actuarial report at June 30, 2017 (*the complete report dated September 12, 2017 is provided as a separate electronic attachment*).

FISCAL YEAR 2018/2019 AIME PROGRAM DEPOSITS

ISSUE: The Executive Committee delegated authority to the AIME Committee to develop and approve FY 2018/19 program deposits for the AIME risk pool. The Program Administrator has calculated FY 2018/19 AIME program deposits for the Committee's review at today's meeting. Program deposits were calculated using the actuarial report dated September 12, 2017 and the financial statements prepared by the CSURMA Accountant for fiscal year ending 2017.

RECOMMENDATION: The AIME Committee is asked to review the FY 2018/19 Program Deposits and make a recommendation to the Board of Directors for adoption.

FISCAL IMPACT: Program Deposits determine total program contribution for FY 2018/19.

BACKGROUND: Program deposits have been calculated per the rating plan adopted by the AIME Committee. The current rating plan has been in effect since the beginning of FY 2015/16.

PUBLICATION: None.

ATTACHMENT(S):

- a. Draft FY 2018/19 AIME Program Funding Cost Summary

CSURMA

AIME Paid Claims Experience (updated for FY 16/17 as of 6/30/17)

Source: HSR

Campus	\$ Paid Claims at 6/30/17						5 Year Total	Percent of Total of Total	2018-19 (5 Year Trended Average)
	2011-12 \$ Paid	2012-13 \$ Paid	2013-14 \$ Paid	2014-15 \$ Paid	2015-16 \$ Paid	2016-17 \$ Paid			
Bakersfield	198,539	163,726	122,558	45,423	51,155	114,286	497,149	4.73%	152,062
Chico	42,922	41,776	8,958	14,531	15,788	12,085	93,138	0.89%	29,069
Dominguez Hills	34,762	75,078	154,081	46,072	170,387	196,916	642,534	6.12%	182,732
East Bay	45,000	78,506	20,410	76,321	192	4,537	179,966	1.71%	57,887
Fresno	204,923	304,009	225,269	180,254	212,534	218,119	1,140,185	10.86%	342,417
Fullerton	133,944	96,015	93,586	30,952	30,401	54,294	305,249	2.91%	94,459
Humboldt	55,124	120,703	66,886	8,057	12,748	13,572	221,967	2.11%	73,348
Long Beach	167,854	246,895	114,857	44,308	71,916	60,961	538,937	5.13%	171,345
Los Angeles	75,003	62,460	44,317	8,811	65,558	8,342	189,487	1.80%	58,455
Maritime Academy	10,627	16,276	8,241	1,804	10,396	7,147	43,864	0.42%	13,446
Monterey Bay	141,648	161,351	136,833	32,371	55,186	17,745	403,486	3.84%	129,706
Northridge	230,563	224,402	129,405	134,079	93,397	84,151	665,435	6.34%	205,678
Pomona	6,800	58,744	9,371	3,601	17,463	47,406	136,584	1.30%	41,007
Sacramento	209,064	286,259	161,618	105,966	325,415	411,194	1,290,452	12.29%	370,646
San Bernardino	30,610	16,058	33,776	8,292	7,182	18,586	83,894	0.80%	25,407
San Diego	402,150	337,838	393,302	105,124	230,307	188,707	1,255,278	11.95%	384,141
San Francisco	21,807	89,203	53,172	11,751	53,277	8,170	215,573	2.05%	68,333
San Jose	334,974	245,146	145,546	381,438	105,975	100,072	978,177	9.31%	297,860
San Luis Obispo	326,370	252,828	305,430	113,204	141,098	226,817	1,039,377	9.90%	313,558
San Marcos	30,446	57,327	95,473	50,992	18,840	13,548	236,180	2.25%	74,289
Sonoma	6,138	20,735	63,936	7,562	50,599	19,841	162,673	1.55%	48,426
Stanislaus	32,925	32,646	113,390	5,342	19,557	12,091	183,027	1.74%	57,787
TOTAL	2,742,192	2,987,982	2,500,415	1,416,254	1,759,373	1,838,587	10,502,611	100.00%	3,192,058

East Bay: joined 8/1/12. EB's prior years data from A-G, who was CSUEB's TPA during that period.

	9/12/17 Actuary (final)	AY 17/18	AY 18/19
Projected Ultimate @ Exp		3,687,000	3,798,000
PV (2%)		3,605,000	3,713,000
Projected Ultimate @ 70%		3,908,220	4,025,880
PV (2%)		3,821,300	3,935,780

2018/19 AIME Gross Funding

	FY 17-18	FY 18-19	\$ Chg	% Chg
Loss Funding (incurred)	4,205,381	4,338,692	133,311	3.2%
Claims Adjusting	201,400	205,000	3,600	1.8%
Travel Acc Ins	19,000	22,000	3,000	15.8%
Program Administration	10,500	10,639	139	1.3%
Actuarial	2,750	3,000	250	9.1%
Workshop/Training	10,000	10,000	0	0.0%
Misc Prog Expenses	3,300	8,688	5,388	163.3%
Other Admin (Gen Fund)	54,000	62,529	8,529	15.8%
Total	\$4,506,331	\$4,660,547	\$154,216	3.4%

CSURMA

Athletic Injury Medical Expense (AIME)

FY 2018/19

0% Actuary Based

100% Claims Based

50% Min Variance

200% Max Variance

Campus	5 Years Actual Claims	Annual Trended Claims	2018-19 Premium Proposed	2017-18 Premium Final	Subsidy	\$ Chg Premium	% Chg Premium
Bakersfield	497,149	152,062	219,827	228,686	0	-8,859	-3.9%
Chico	93,138	29,069	44,463	51,455	0	-6,992	-13.6%
Dominguez Hills	642,534	182,732	281,001	188,177	0	92,824	49.3%
East Bay	179,966	57,887	82,257	88,925	0	-6,668	-7.5%
Fresno	1,140,185	342,417	501,076	442,035	0	59,041	13.4%
Fullerton	305,249	94,459	137,733	153,549	0	-15,816	-10.3%
Humboldt	221,967	73,348	101,927	106,802	0	-4,875	-4.6%
Long Beach	538,937	171,345	238,746	254,291	0	-15,545	-6.1%
Los Angeles	189,487	58,455	85,525	101,993	0	-16,468	-16.1%
Maritime Academy	43,864	13,446	22,543	21,326	0	1,217	5.7%
Monterey Bay	403,486	129,706	178,416	207,050	0	-28,634	-13.8%
Northridge	665,435	205,678	293,465	318,425	0	-24,960	-7.8%
Pomona	136,584	41,007	62,561	40,044	0	22,517	56.2%
Sacramento	1,290,452	370,646	565,342	426,461	0	138,881	32.6%
San Bernardino	83,894	25,407	40,325	40,499	0	-174	-0.4%
San Diego	1,255,278	384,141	555,623	578,126	0	-22,503	-3.9%
San Francisco	215,573	68,333	96,716	91,504	0	5,212	5.7%
San Jose	978,177	297,860	430,645	475,001	0	-44,356	-9.3%
San Luis Obispo	1,039,377	313,558	457,875	447,000	0	10,875	2.4%
San Marcos	236,180	74,289	106,900	101,810	0	5,090	5.0%
Sonoma	162,673	48,426	74,418	61,011	0	13,407	22.0%
Stanislaus	183,027	57,787	83,163	82,160	0	1,003	1.2%
TOTAL	10,502,611	3,192,058	4,660,547	4,506,330	0	154,217	3.4%

1. Paid claims at 6/30/17 per HSR
2. Trended at 10% annual cost inflation

1. Actuary Report, dated 9/12/17
2. Five Years Loss History as of 6/30/17
3. 70% Actuarial Confidence
4. Projected claims discounted to present value 2%
5. Minimum **50%**
6. Maximum **200%**
7. 100% claims based
8. Fall/Spring Football combined
9. Excess Ins allocated per actuary's projected losses
10. Adm & Gen Exp allocated per # participants

ESTIMATED TARGET RESERVE FUNDING ANALYSIS
AT JUNE 30, 2017

ISSUE: The AIME Committee adopted Target Reserve Funding goals to assure the long-term financial strength of the AIME risk pool which includes an element of self-insurance. Target Reserve Funding aids the Committee in its review of funding goals, assess possible impacts on future rates, and determine whether a dividend may be payable from reserve funds or if an assessment to fund deficits may be necessary. Staff has calculated the Target Reserve Funding position as of June 30, 2017 for the Committee's review at today's meeting.

RECOMMENDATION: The Committee is asked to review and discuss the Target Reserve Funding calculation, taking action as necessary.

FISCAL IMPACT: None.

BACKGROUND: To assure the long term financial strength of the Campus Risk Pool Programs, and in recognition of the high degree of uncertainty in actuarial estimates due to the possibility of occasional catastrophic claims, or inconsistent or inaccurate case reserving, a Target Reserve Funding Goal was established to guide the AIME Committee in making annual funding decisions for the program.

Under the authority delegated by the Executive Committee, the AIME Committee may declare dividends or assessments in accordance with CSURMA's policies and procedures.

PUBLICATION: None.

ATTACHMENT(S):

- a. Target Reserve Funding Analysis at June 30, 2017

Athletic Injury Medical Expense Coverage Fund

Target Surplus Funding Analysis at \$90,000 SIR

as of 6/30/17 (unaudited)

Gross Premium (FY 17/18):	\$4,506,330
Maximum Retention:	\$90,000 <i>each Occurrence</i>
Est. Outstanding Liabilities @ 6/30/17	\$2,328,744 <i>Expected, ULAE, Undiscounted</i>
Est. Outstanding Liabilities @ 6/30/17	\$2,468,469 <i>at 70% Confidence</i>
Est. Fund Balance @ 6/30/17	\$2,182,748
Est. Funded Loss & ULAE @ 6/30/17	\$2,468,469 <i>at 70% Confidence</i>
Est. Funding above 70% Conf Level:	-\$285,721

Ratio	Target	Indicated Minimum Surplus	Projected Ratio
Premium to Surplus	< 6:1	\$751,055	2.06
Surplus to Retention	> 5:1	\$450,000	24.25
O/S Reserve to Surplus	≤ 5:1	\$465,749	1.07

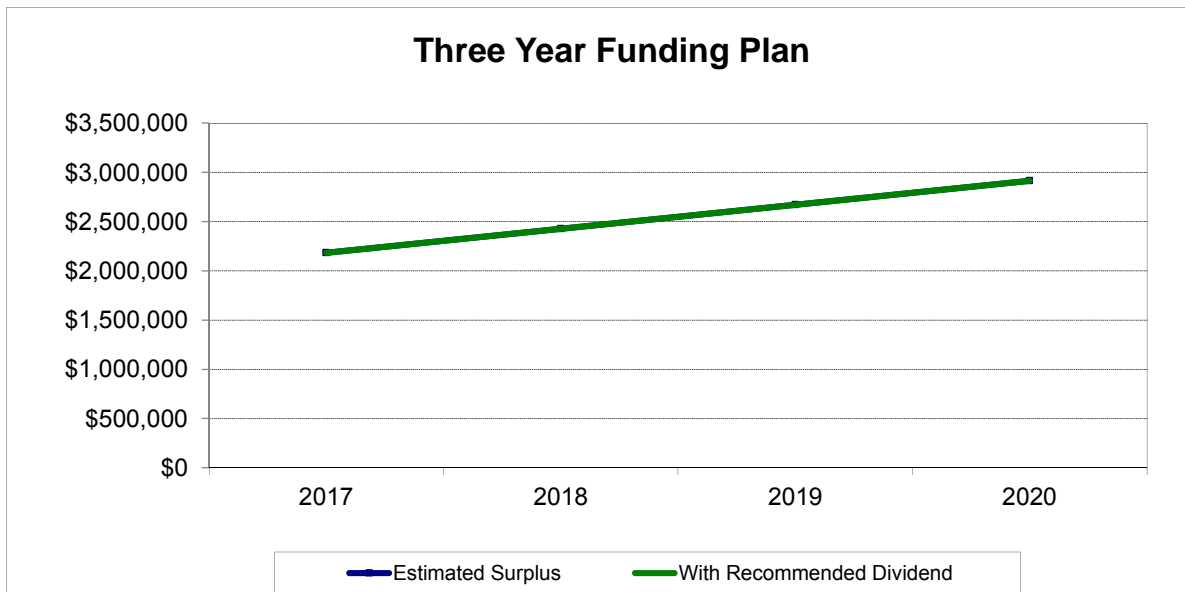
Maximum Dividend Available:	\$0
Recommended Dividend 50%:	\$0

2017/18 Pool Funding

Confidence Levels	Factor	Pool Premium	Surplus
Expected Losses & ULAE Liability	1.000	\$4,055,700	-
at 70% Actuarial Confidence	1.060	\$4,299,042	\$243,342

Three Year Funding Plan

	Amount Added to Reserves	Estimated Reserve Balance	Est Reserve Balance Net of Rec'd Dividend
Estimated Balance at 6/30/17	N/A	\$2,182,748	\$2,182,748
2017/18 - Collection @ 70% CL	\$243,342	\$2,426,090	\$2,426,090
2018/19 - Collection @ 70% CL	\$243,342	\$2,669,432	\$2,669,432
2019/20 - Collection @ 70% CL	\$243,342	\$2,912,774	\$2,912,774



AIME VENDOR MASTER AGREEMENTS

ISSUE: The Committee Chair, Scott Shaw has been working on behalf of the Committee in obtaining a standard discount for all of the CSU schools with vendors. The goal would be to standardize discounts. By standardizing discounts, it would ease billing challenges. The Committee will be asked to discuss and make recommendations to potentially obtain standard discounts for all of the CSU schools with vendors.

RECOMMENDATION: It is recommended that the Committee discuss and make recommendations for future agreements, and take action as necessary.

FISCAL IMPACT: None.

BACKGROUND: The Committee Chair, Scott Shaw has been working on behalf of the Committee in obtaining a standard discount for all AIME members with vendors. The standard discount would be available for all AIME members to use at their discretion. The third party administrators and some AIME members have had discounts in place and the goal would be to standardize the discounts.

PUBLICATION: None.

ATTACHMENT(S): None.

**REVIEW OF THE AIME COMMITTEE
NOMINATIONS AND ELECTIONS**

ISSUE: Effective July 1, 2017, three seats were up for election to serve two-year terms. The Chair's term ended June 30, 2017. The Committee discussed at its October 2015 to discuss adding an additional Committee member. The Committee will be asked to review the Terms of Office and discuss nominations for additional Committee members.

RECOMMENDATION: The Committee is asked to discuss nominations for additional Committee members.

FISCAL IMPACT: None

BACKGROUND: AIME Committee members serve two-year terms. The goal of staggering the seat elections is to maintain continuity, so that AIME benefits from the expertise Committee members develop during their terms. The AIME Committee Chair serves a two-year term.

PUBLICATION: None

ATTACHMENT(S):

- a. AIME Committee Terms of Office

CSURMA

AIME TERMS OF OFFICE at July 2017

Position	7/1/08 - 6/30/09	7/1/09 - 6/30/10	7/1/10 - 6/30/11	7/1/11 - 6/30/12	7/1/12 - 6/30/13	7/1/13 - 6/30/14	7/1/14 - 6/30/15	7/1/15 - 6/30/16	7/1/16 - 6/30/17	7/1/17 - 6/30/18
Member - Chair	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006
Member	Kelli Eberlein (Fresno) 6/2008	Kelli Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 06/2008	Eberlein (Fresno) 06/2008	Eberlein (Fresno) 06/2008	Eberlein (Fresno) 06/2008	Eberlein (Fresno) 06/2008
Member	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006
Member	Cuarenta (Dominguez Hills)	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	Steigerwald (San Diego) 01/2014	TBD	Rivera (Fullerton) 10/2015	Rivera (Fullerton) 10/2015	Rivera (Fullerton) 10/2015
Member	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	TBD	Rudy (Sonoma) 01/2017	Rudy (Sonoma) 01/2017
Member	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Bridges (Los Angeles) 01/2014	Bridges (Los Angeles) 01/2014	Barker (Chico) 10/2015	Barker (Chico) 10/2015	Barker (Chico) 10/2015
Member	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Kite (Northridge) 07/2011	Kite (Northridge) 07/2013	Kite (Northridge) 07/2013	Kite (Northridge) 07/2013	Kite (Northridge) 07/2013	Kite (Northridge) 07/2013	TBD
Member	N/A	N/A	N/A	N/A	Malasarn (Pomona) 7/2012	Malasarn (Pomona) 7/2012	Malasarn (Pomona) 7/2012	Padilla (Sacramento) 10/15	Padilla (Sacramento) 10/2015	Padilla (Sacramento) 10/2015
Member	N/A	N/A	N/A	N/A	Slover (SLO) 7/2012	Slover (SLO) 7/2012	Slover (SLO) 7/2012	Slover (SLO) 7/2012	Slover (SLO) 7/2012	Slover (SLO) 7/2012
EC Liason	Risser (SLO)	Wight (Monterey Bay)	Wight (Monterey Bay)	Wight (Monterey Bay)	Thorpe (Chico)	Thorpe (Chico)	Thorpe (Chico)	Van Leuven (San Bernardino)	Van Leuven (San Bernardino)	Van Leuven (San Bernardino)

**CSURMA ATHLETIC INJURY MEDICAL EXPENSE (AIME)
NEWSLETTER**

ISSUE: The CSURMA Athletic Injury Medical Expense (AIME) Committee has developed a Newsletter in an effort to communicate the AIME program policy and procedures and athletic news with the AIME members.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: The CSURMA AIME Committee at its January 2017 meeting approved the development of the AIME Newsletter. The purpose of the Newsletter is to communicate the best policy and procedures, provide athletic news, reports and events to the CSURMA AIME members.

PUBLICATION: None.

ATTACHMENT(S):

- a. CSURMA AIME Bulletin – Athletics News

COVERAGE SUMMARY

Newsletter Topics

1. *AIME Plan of Benefits*
2. *AIME Student Travel Accident Ins*
3. *AIME Participant Accident Ins*
4. *Foreign Travel Ins*
5. *Health Special Risks (HSR) Third Party Administrator*
6. *How to File a Claim*
7. *FAQ*



QUESTIONS:

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(415) 403-1448
sweeks@alliant.com

HIGHLIGHT OF PLAN OF BENEFITS ENHANCEMENTS:

The Plan of Benefits is self-funded by participating campuses of the California State University System (CSURMA/AIME) in **excess** of other valid and collectible insurance. Benefits are limited to injuries sustained during participation in regularly scheduled intercollegiate sports events of the covered member, including during the regular season for such sport and the supervised or customary activities within the scope of such sport. Coverage includes the sports listed on the sports census from each covered member. Highlighting a few of the enhancements as follows:

- Expanded definition of Covered Activities
- Expanded Medical Benefits
- Expanded Excess Accident provision
- HMO/PPO provision – outside geographic area
- Pre-injuries and Aggravations of prior injury
- Expanded diagnostic expenses

The NCAA Catastrophic Injury Insurance program is provided by the NCAA and covers student-athletes, student coaches, student managers, student trainers, and student cheerleaders who are catastrophically injured while participating in a Covered Event. The policy provides benefits in excess of other valid and collectible insurance (Plan of Benefits).

AIME STUDENT TRAVEL ACCIDENT INSURANCE:

The coverage benefits provided to the athlete while participating in the supervised and sponsored participation, practice or off season conditioning of a participating intercollegiate sport. Coverage does not include travel. The covered loss must take place a) on the premises of the member campus during normal hours of operation or during scheduled functions; b) on the premises of the member campus during other periods if attending or participating in a Covered Activity; or c) away from the premises of the member campus while attending or participating in a Covered Activity at its scheduled site.

Class 2: Provides coverage benefits while participating in the supervised and sponsored group travel only for activities covered under Class 1. This coverage includes, travel without delay, deviation or interruption, between home and the site of the Covered Activity.

PARTICIPANT ACCIDENT INSURANCE (Prospective Athlete):

This policy provides Accident Medical Expense coverage benefits to all prospective student athletes' ages 14-25 participating in Basketball tryouts sponsored and supervised by the CSURMA/AIME member campuses. Coverage does not include travel to and from home.

COVERAGE SUMMARY

QUESTIONS:

Stacey L. Weeks
(415) 403-1448
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FOREIGN TRAVEL INSURANCE PROGRAM:

Highlights of the CSURMA Foreign Travel Insurance Program (FTIP) for the student athlete, coaches, and managers traveling to foreign territory anywhere in the World excluding the United State of America, Puerto Rico and any country or jurisdiction which is the subject of trade or economic sanctions imposed by the laws regulations of the United States of America are as follows:

- Primary General Liability
- Contingent Auto Liability
- Primary Accident or Sickness Expense Benefit
- Emergency Medical Benefits
- Emergency Medical Evacuation
- Repatriation of Remains Benefit
- Emergency Reunion
- Security Evacuation Expense / Emergency Political Evacuation Benefit
- Accidental Death & Dismemberment Benefit
- Trip Cancellation Benefit
- Trip Interruption Benefit

HEALTH SPECIAL RISKS (HSR) THIRD PARTY ADMINISTRATOR:

Effective July 1, 2015, HSR is the third party claims administrator for the AIME program. HSR as the Claims Administrator, is responsible to adjudicate (processes) all AIME program claims within the terms of the Plan of Benefits. HSR provides for on-line reporting of claims. Claims reports are available to members via HSR's on-line claims program.

HOW TO FILE A CLAIM WITH HSR:

- Complete the claim form on-line
- Attach all itemized bills and explanation of benefits (EOB) from the Primary Insurance provider
- HSR confirms receipt of the claim and requests additional documents/information required to process the claim
- Members have the ability to track the claim process on-line 24/7

FREQUENTLY ASKED QUESTIONS -- FAQ:

- When do I file claims with A-G Administrators?
 - NO claims are filed with A-G Administrators. Effective July 1, 2017 ALL claims are filed with HSR.
- Our Cheerleaders are currently covered by the AIME program. Can we drop AIME coverage and get covered by the Club Sports insurance program instead?
 - Coverage is not duplicative. AIME covers cheer activities for NCAA-sanctioned events, and that should remain in place because the NCAA \$20 million Catastrophic Injury Insurance program is provided free of charge to NCAA members. Cheer activities unrelated to NCAA events are not covered in AIME, thus the Club Sports coverage is needed.



AIME NEWSLETTER SEPTEMBER 2017

COVERAGE SUMMARY

- Who should the Member contact when they have a claim denied?
The HSR Client Relations Representative should be contacted
- Please explain the discounting process utilized by HSR – Primary Insurance, school discounts, re-pricing, etc.
 - The claimant's Primary insurance will reprice the expense paid under the Primary insurance. HSR will process the claim and pay only the balance due after the Primary provider has paid the Primary expenses
 - If no Primary insurance, HSR will process the claim in accordance with any Campus agreement in place and on file with HSR. If no Campus agreement on file, HSR will utilize the OccuNet, First Health, or iSight agreement in place for repricing

CSURMA CONCUSSION MANAGEMENT REPORT

ISSUE: The CSURMA conducted a survey of concussion injuries and concussion management practices across all twenty-three CSU campuses during the academic year of 2016-2017. The report (survey) documents the incidences of concussion injuries and concussion management practices across all twenty-three CSU campuses during the academic year of 2016-2017. The results indicate nearly all CSU campuses with intercollegiate athletics programs meet or exceed current NCAA guidelines. The level of record keeping of student and coach education varies within campuses and across the CSU system.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: The report (survey) was designed to understand the state of concussion management across the CSU system and to determine the specific needs of each campus in order to meet current standards and guidelines on concussion management.

PUBLICATION: None.

ATTACHMENT(S):

- a. 2016-2017 CSU Concussion Management: A report by the CSU Concussion Initiative

2016-2017

CSU Concussion Management:
A report by the CSU Concussion Initiative



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North Coast Concussion Program
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8/15/2017

TABLE OF CONTENTS

SECTION	PAGE
1 Summary of Findings	2
2 Glossary of Key Terms	4
3 Introduction	7
4 Methods	9
5 Results	10
Part I: Incidence of Concussion	10
Part II: Preparation and Education	12
Concussion Management Plan	12
Campus-wide.....	12
Intercollegiate Athletics.....	13
Club and Intramural Sports.....	14
Education for Coaches	15
Intercollegiate Athletics.....	15
Club and Intramural Sports.....	15
Education for Contact Sport Athletes.....	16
Intercollegiate Athletics.....	16
Club and Intramural Sports.....	17
Part III: Baseline and Post-Injury Assessments	18
Intercollegiate Athletics.....	19
Club and Intramural Sports.....	21
Part IV: Return-to-Play and Return-to-Learn Protocols	22
Return-to-Play: Intercollegiate and club sport	23
Return-to-Learn	23
Role of Student health center	24
6 Summary	25
7 References	27
8 About the Authors	29

SUMMARY OF FINDINGS

Traumatic brain injury (TBI) and more specifically, mild traumatic brain injury (mTBI/concussion) related lawsuits are an emerging risk that carries significant liability concerns for the educational institutions of the California State University (CSU) system. The ability of each campus to effectively document concussions and manage these injuries carries potential implications for campus risk management and the health of CSU students. This report documents the incidences of concussion injuries and concussion management practices across all twenty-three CSU campuses during the academic year of 2016-2017.

Incidence of Concussion. A total of 566 intercollegiate and club sport related concussion injuries were reported across all campuses. Concussions occurring during intercollegiate sport play accounted for 447 of the total injuries reported. The highest incidence of intercollegiate sport concussion occurred in women's and men's soccer (24%), football (21%) and women's and men's basketball (18%), softball (7%) and volleyball (6%). During the AY 2016-2017, 119 concussion injuries were reported as occurring through club sport participation, with rugby accounting for nearly half of all reported club sport concussions. However, club sport concussions are likely heavily underestimated as only fourteen of the campuses reported club sport concussions (further, expert consensus indicates upwards of half of all concussions go unreported, irrespective of level of play).

Concussion Management. One of the key elements in effective risk management related to concussion is a proper Concussion Management Plan (CMP). Survey results suggest that all campuses with intercollegiate athletics have either a fully developed (20 campuses) or partially developed (2 campuses) CMP in place for intercollegiate athletes. However, only 12 CSU campuses reported that they have some sort of CMP in place for club sport athletes. There is strong rationale for campus-wide concussion management plans.

A key element of any concussion management plan is concussion education for coaches, athletics staff and athletes. While the CSU Concussion Initiative has made tremendous progress in developing online “Concussion Education” training for both coaches/staff and for student athletes, concussion education is inconsistent across the CSU system especially among club sport programs.

Another important element of concussion management is baseline and post-injury testing. While all intercollegiate programs report administering baseline concussion testing to contact sport athletes, only 22% of campuses with club sports programs report using baseline testing procedures for their contact sport athletes. Moreover, based on survey results, it is unclear how concussions among club sport athletes are being managed (i.e. testing and record keeping) following a suspected injury. As part of any post-concussion injury management process, athletes should undergo a gradual “return-to-play” (RTP) protocol. Currently, all intercollegiate CSU programs have well developed RTP protocol, whereas only seven club sports programs indicated they have a RTP protocol established. The lack of testing and RTP protocols among club sport programs appears to be related to a lack of funding and resources needed to implement these critical elements of concussion management.

Since AY 2014-2015, concussion management across the CSU system has improved greatly. This year, every CSU intercollegiate program reported having concussion management policies and protocols in place. Although CSU club sport concussion management has certainly improved, the lack of funding and personnel with concussion management skills and knowledge has limited the ability of these programs to fully develop comprehensive concussion management policies and protocols. With newly designed concussion management resources, such as club sport concussion management boilerplate templates, SkillPort coach/staff education training modules, and student athlete education training modules, the CSU Concussion Initiative will work with individual CSU campuses to further improve concussion management across the CSU system.

GLOSSARY OF KEY TERMS

Traumatic Brain Injury (TBI)

A sudden trauma from external forces that causes damage to the brain.

Concussion/mild traumatic brain injury (mTBI)

A concussion/mTBI is a traumatic brain injury that occurs when mechanical forces exerted on the head or body cause the brain to move abruptly inside the skull, resulting in disruption of normal functional and physiological brain processes. The injury is often called “mild” because concussion is not typically life-threatening, but the effects can be serious and lasting.

ImPACT Test

Computerized neurocognitive test used to assess the effects of concussion on cognitive function including verbal memory, visual memory, information processing speed and reaction time, and also including a symptom inventory and related demographic information.

SCAT3 (sideline test)

Oral and observational evaluation of athletes that includes assessment of symptoms, cognitive function and motor control. Designed for rapid concussion screening on the sideline and not meant to replace comprehensive neuropsychological testing.

Balance Tests

Tests such as the Balance Error Scoring System (BESS) or modified Clinical Test for Sensory Integration in Balance (mCTSIB) used to assess motor control function in individuals suspected of having a concussion. Sometimes used at baseline but mostly during post-injury recovery period.

Return-to-Learn

Multi-step process of returning injured student to the classroom whereby the student performs increasingly difficult (in terms of brain function) academic activities at each step. Process requires accommodating the individual’s personal symptoms and changing abilities based on those symptoms.

Return-to-Play

Multi-step process of returning injured student to sport whereby the student performs increasingly difficult physical activities at each step. Process requires accommodating the individual’s personal symptoms and changing abilities based on those symptoms.

Contact Sport

Any sport or activity that emphasizes or requires physical contact between participants (directly or indirectly) and may result in an increased incidence of concussion.

- A **(full) contact sport** is any sport for which significant physical impact between players, either intentional or unintentional, is allowed for within the rules of the game. Examples of contact sports are lacrosse, rugby, American football, water polo, wrestling, team handball, and ice hockey. Full-contact martial arts include boxing, mixed martial arts, Brazilian jiu-jitsu, Muay Thai, judo, and various forms of full-contact karate.
- A **semi-contact sport** is typically a combat sport involving striking and physical contact between the combatants. Examples of semi-contact sports include karate, kickboxing, and various Chinese martial arts that incorporate contact rules, sparring, and kendo.
- A **limited-contact sport** is any sport for which the rules are often specifically designed to prevent contact between players whether intentional or unintentional. Contact can still occur **. Examples include baseball, softball, football (soccer), basketball, field hockey, netball, korfbal, squash, ultimate, and underwater hockey.

** Increased exposure to subconcussive blows resulting from head and or body impacts has been associated with increased risk for future concussions and long-term brain deficits. Examples include, but are not limited to, heading in soccer and routine hits in American football.

Concussion Management Plan

A series of policies, procedures, and actions that aim to 1) assist in identifying a student with a potential concussion, and 2) ensure that a student who has been diagnosed with a concussion receives the appropriate care and attention at school to aid in his/her recovery.

California Legislative Bill AB 1451, Section 1 (Ed. code 35179.1...Effective 1/1/13)

Mandates concussion training for all high school coaches, paid or unpaid, every two years that reviews how to recognize the signs and symptoms of concussion.

California Legislative Bill AB 25 (Ed. Code 49475...Effective 1/1/12)

Requires a student-athlete who is suspected of sustaining a concussion during an athletic event to be removed from the activity for the “remainder of the day.” Any student removed for this reason must receive written clearance from a licensed health care provider trained in the management of concussion before returning to the activity. Further, before a student-athlete may initiate practice or competition each year, a “concussion and head injury information sheet shall be signed and returned by the athlete and the athlete’s parent or guardian.”

California Legislative Bill AB 2127 (CIF Bylaw 503.H)

A law that amends Section 49475 of, and to add Section 35179.5 to, the Education Code, relating to interscholastic sports. Requires an athlete suspected of sustaining a concussion or head injury is prohibited from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, as defined to mean a licensed health care provider trained in the management of concussions and acting within the scope of his or her practice, and the athlete receives written clearance from a licensed health care provider. Also, if a licensed health care provider determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider.

California Health and Safety Code 124235 (HSC 124235) requires 1) an athlete who is suspected of sustaining a concussion or other head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until he or she is evaluated by a licensed health care provider; 2) an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion, the sports organization shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury; 3) on a yearly basis, the sports organization shall give a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition; 4) concussion training for coach be offered yearly and that each coach and administrator be required to successfully complete a concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the sports organization.

INTRODUCTION

Traumatic brain injury (TBI) and more specifically, mild traumatic brain injury (mTBI/concussion) related lawsuits are an emerging risk that carries significant liability concerns for the educational institutions of the California State University (CSU) system. Recent awareness of the deleterious effects of mTBI has increased at the youth, high school and collegiate levels. In response to this increased awareness, all 50 states have developed concussion laws to better protect young athletes, and the Centers for Disease Control (CDC) launched an educational initiative aimed at preventing, recognizing, and responding to concussions. In California, state law requires training for public elementary and secondary school coaches and athletes on concussion awareness, and requires athletes to “sit out” for at least 24 hours after a suspected concussion. Most recently, the National Collegiate Athletic Association (NCAA) published revised safety guidelines^{1,2} addressing the diagnosis and management of sport-related concussion. However, many believe that the NCAA guidelines are too vague and insufficient to protect universities from concussion lawsuits and it is worth noting that there are currently 43 lawsuits accusing the NCAA of improper oversight and management of the concussion policies they already have in place.

While concussion management recommendations can help reduce the potential for tragedies, risks will always remain. As a result, many law firms now have practice areas specializing in sport related concussion. It is vitally important for our CSU institutions to stay on top of this emerging issue. It is increasing the risks that campuses will find themselves embroiled in concussion related litigation in the not-too-distant future.

As recently described in an Advisen Insurance Intelligence white paper¹², “Unlike professional sports leagues, which have an abundance of financial resources for defense and indemnity payments for TBI-related lawsuits, educational institutions often have no financial margin for error”. At the college level, at least 65 former student-athletes are suing the NCAA, alleging the

association failed to protect athletes with proper protocol and failed to provide education about the short- and long-term effects of concussions. In July 2014, the NCAA reached a proposed settlement that included putting \$70 million toward testing former athletes over the next 50 years to monitor the lingering effects of head injuries, as well as an additional \$5 million toward concussion-related research. Individual institutions have also been the subject of concussion related suits. For example, several Forsberg State University employees, including coaches and athletic trainers, are being sued for the wrongful death of Derek Sheely who sustained a concussion during practice. Cases such as these illustrate why CSU institutions need to ensure concussion management policies and procedures are in place for all student-athletes (intercollegiate, club, intramural) ... for the health and well-being of our students as well as for institutional risk management.

The purpose of the 2nd CSU Concussion Management Survey (CSU-CMS) was to 1) determine the incidence of concussion at each of the 23 CSU campuses, 2) determine the depth and scope of concussion management policies and procedures at each of the 23 CSU campuses, and 3) to determine how concussion management within these CSU campuses has changed since 2014 (the time of the 1st CSU Concussion Management Survey). Information from this survey should help the CSU Chancellor's Office and individual campuses in identifying areas of concussion management that need to be established or further developed.

This document is the 2nd report of this ongoing effort to track, monitor and account the concussion management policies and procedures implemented within the CSU system. It raises several issues of urgent concern for all members of the CSU community, particularly for club sports and campus recreational programs. We expect that the findings presented here will contribute toward many fruitful conversations and ongoing dialogues among and between students, faculty, staff and administrators across the CSU system.

METHODS

All 23 CSU campuses participated in this study. Of these campuses, 22 currently have intercollegiate athletics programs (19 NCAA division II and 3 NCAA division I). CSU Channel Islands is developing an intercollegiate athletics program at the time of this report. Twenty of the 23 campuses have club sports and intramural sports programs with some contact sports (CSU LA, Maritime, and Stanislaus reported not having any club sports available on campus).

The concussion management survey was comprised of 40+ questions that address the incidence of concussions on each campus and key campus resources for implementing concussion management policies and procedures including 1) whole campus administration, 2) student disability services, 3) health center, 4) intercollegiate athletics, 5) club sports, and 6) intramural sports. Within each section, questions address the role of that resource in concussion management. Specifically, the first half of survey addresses three key components of concussion management including 1) campus preparation and education, 2) baseline and post-injury diagnostic testing, and 3) return-to-learn and return-to-play protocols. The second half of the survey addresses specific information regarding the incidence of concussion on each campus and how each resource assessed and/or treated those concussions.

In the first half of the survey, a Likert-type scale was used according to the key below:

0 = campus does not have element in place

1 = campus has started to develop element or has something similar in practice

2 = campus has element/something similar in practice, but wants to review details

3 = campus has element in practice

N/A = element is not applicable to campus (e.g. no intercollegiate or club sports)

RESULTS

Part I: Incidence of Concussion in the CSU

Across all campuses, 566 concussion injuries were reported as occurring during intercollegiate and club sport participation. However, this number is heavily underestimated in that only 14 campuses provided data on the incidence of club sports related concussions. Moreover, expert consensus indicates upwards of half of all concussions go unreported, irrespective of level of play.

Across all campuses during the AY 2016-2017, 447 reported concussions occurred during intercollegiate sport participation (Table 1). The highest incidence of intercollegiate sport concussion occurred in women's and men's soccer (24%), football (21%) and women's and men's basketball (18%), softball (7%) and volleyball (6%).

Table 1. Concussion injuries among NCAA intercollegiate athletes. (n = 22 campuses)

Sport	Number of Concussion	Percentage of Total
Football	94	21%
Women's soccer	60	13%
Men's Soccer	51	11%
Women's Basketball	40	9%
Men's Basketball	39	9%
Softball	30	7%
Volleyball	29	6%
Baseball	20	4%
Track and Field	10	2%
Water Polo (M/W)	8	2%
Gymnastics	3	1%
Rowing	2	0%
Other sports	61	14%
Total	447	100%

In the AY 2016-2017, 119 concussion injuries (across 14 reporting campuses) occurred during club sport participation. Although there are significant differences in the type of club sports offered at each campus, it is worth noting that men's and women's rugby accounted for 46% of all reported club sport concussions while men's and women's lacrosse accounted for an additional 14% of club sport concussions. Based on the fact that only 14 campuses reported club sport concussions, we **conservatively** project as many as 170-200 club sport concussions occur within the CSU system each year. Moreover, the occurrence of intramural sport related concussion injuries remains unknown, as this was not assessed with the current survey.

Part II: Preparation and Education

Concussion Management Plans

A concussion management plan (CMP) is a written document that details the policies, protocols and procedures related to the management of concussions. The CMP names and establishes roles for pertinent parties and campus resources utilized in concussion management, outlines policies and procedures for the education of coaches and athletes, details the process of post-injury care and contains specific language about return-to-play and return-to-learn procedures.

Although current California state law does not require institutions of higher education to have campus-wide or club sports concussion management plans, the NCAA does require all intercollegiate athletic programs to have a written concussion management plan. Moreover, it is highly recommended that each campus develops a CMP for their club sports program, and consider implementing a more comprehensive campus-wide CMP to ensure a coordinated campus effort toward reducing risks associated with concussions and providing support for students during their recovery. A solid CMP foundation seems also to be the most prudent course of action from a risk management standpoint.

Campus-wide

Of the 23 CSU campuses, only five currently have a fully developed campus-wide written concussion management plan in place (Figure 1). However, progress continues as another five campuses have a partially developed or are currently developing a campus-wide CMP. Yet, half of all CSU campuses do not have any campus-wide concussion management plan in place. Despite many campuses not having a campus-wide plan, many have specific concussion management plans in place for intercollegiate (NCAA) and club sport athletes.

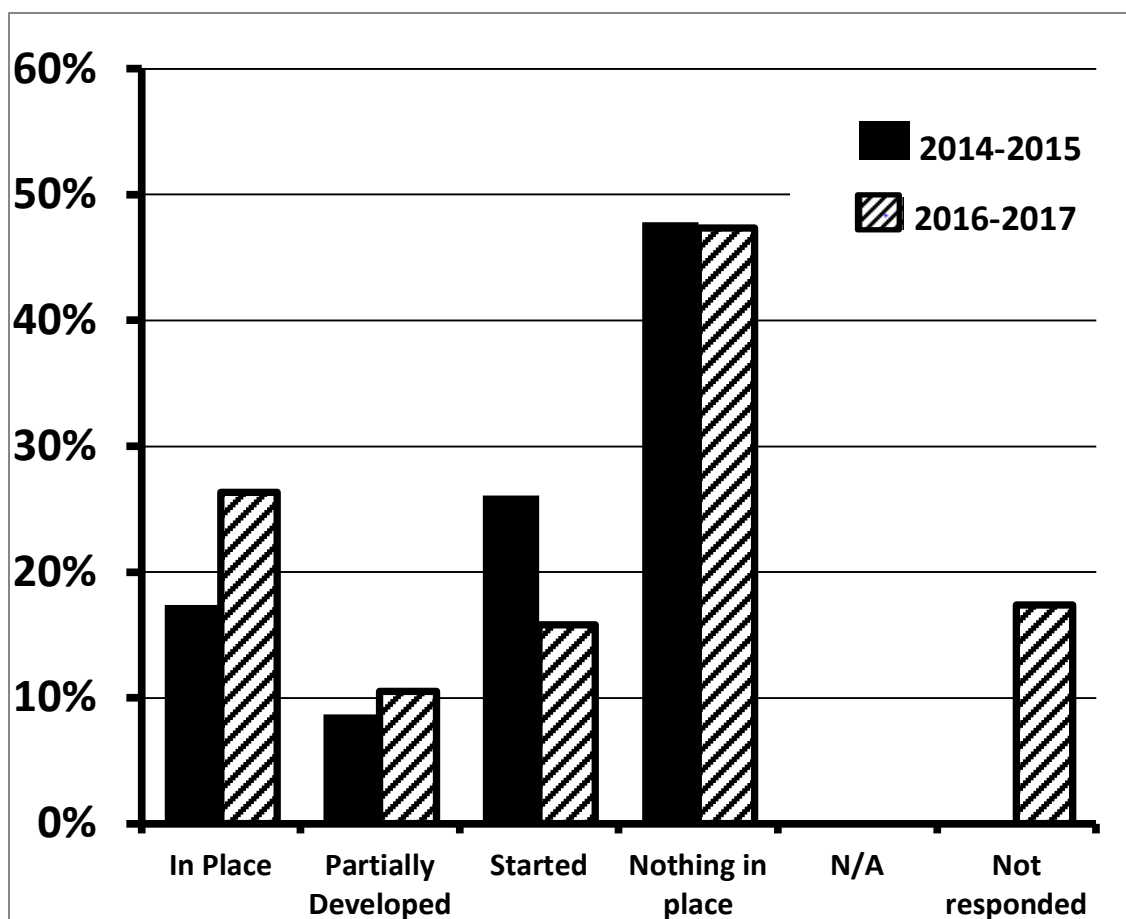


Figure 1. Written Campus-Wide CMP plan by level of implementation.

Intercollegiate athletics

Of the campuses with intercollegiate athletics programs (22), all but two are certain they have a written concussion management plan in place. According to the survey, CSU San Marcos and CSU Chico have only a partially developed concussion management plan for intercollegiate athletics. The survey results suggest that lack of a consistent plan for annual concussion training for coaches is a primary hurdle when transitioning a CMP from “partially developed” to “in place”. However, the CSU Concussion Initiative has recently developed a SkillPort™ Concussion Training Module for Coaches that can be used by these institutions. All campuses including CSU San Marcos and Chico State update their written concussion protocol annually.

Club and Intramural Sports

Of the 23 campuses that have club and/or intramural sports programs, only 14 responded to the survey. Of the 14 campuses that responded, 85% (12 campuses) have some sort of written concussion management plan for club sports athletes (Figure 1). This means, compared to the 2014-2015 academic year, nearly twice as many campuses now have CMPs in place specifically for club sports. Seven of these campuses have a fully developed CMP in place and another five have a CMP for club sports partially developed. Moreover, only 2 campuses that responded (CSU Fullerton and Eastbay) currently do not have any written concussion management plan for club sports athletes in place. In comparison, the previous survey for AY 2014-2015 revealed that 14 of the 23 CSU campuses had no CMP in place for club sport athletes. It remains unclear why so many campuses did not respond to the club sports section of the current survey.

Only seven of the campuses surveyed indicated that they had a CMP in place or in development for intramural sports and activities.

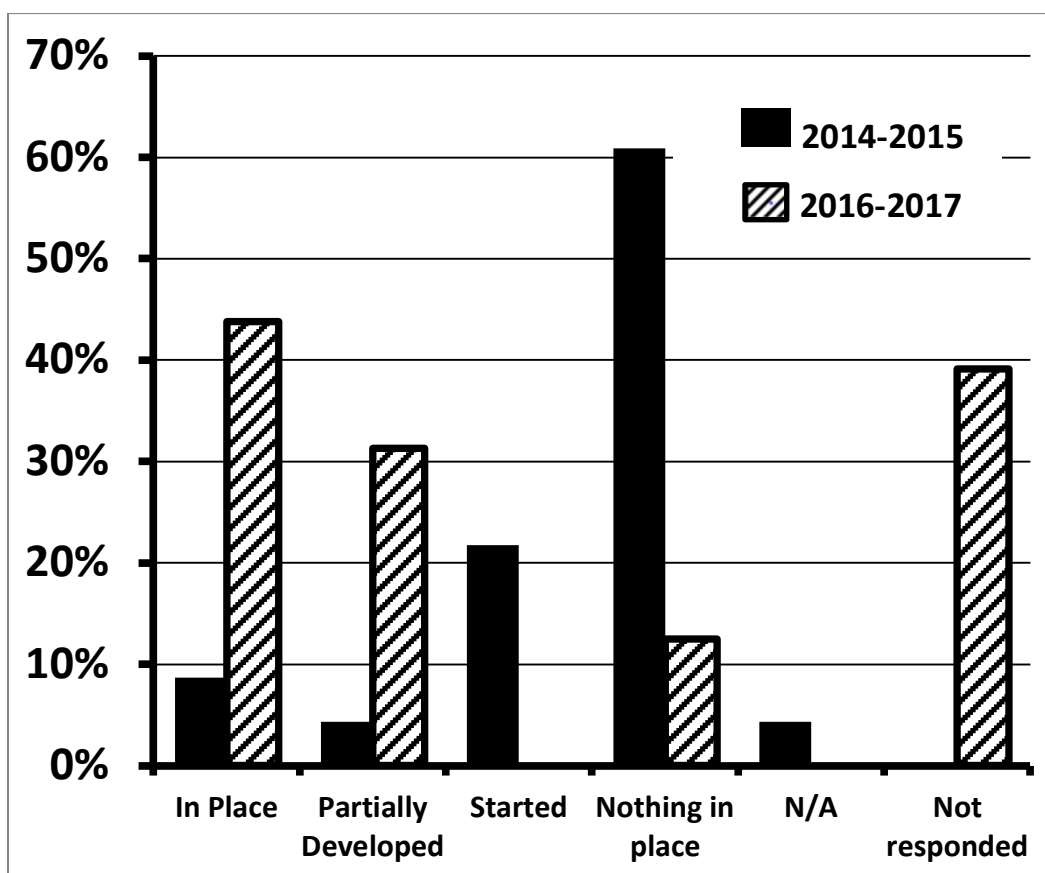


Figure 2. Written Club Sports CMP by level of implementation.

Education for Coaches

Based on recent changes in California state law (EDC 49475 and HSC 124235), NCAA guidelines^{1,2}, various consensus and position statements^{3,4}, and current trends in concussion litigation, it is recommended that educational institutions establish regular concussion education/training for coaches and student-athletes. Although many educational institutions develop and provide their own concussion education for coaches, the CSU Concussion Initiative has developed a CSU SkillPort *Concussion Education-Coaches Edition* training module specifically for CSU coaches and associated staff. It is recommended that all coaches, paid and unpaid, receive concussion training biannually. It should be noted that recent CA state legislation (HSC 124235) requires 1) concussion training for coach be offered yearly and 2) that each coach and administrator be required to successfully complete a concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the sports organization.

Intercollegiate athletics

Of the campuses that have intercollegiate athletics, 100% of these campuses have some type of concussion education/training for coaches of contact sports. Moreover, 16 (73%) have fully established regular (at least biannual) concussion education/training for coaches, and keep records of that training. Although this is a significant improvement since the AY 2014-2015 survey results when only 60% had a fully developed coaches training, many CSU campuses still do not have a system established for maintaining records of such training. This problem could be easily solved if these campuses choose to use the CSU SkillPort *Concussion Education-Coaches Edition* training module.

Club and Intramural Sports

Of the 21 CSU campuses that have club “contact” sports, only five campuses have started a concussion education/training program for coaches of club contact sports. The current survey did not elucidate how often concussion trainings take place at the five schools or how records of the trainings are maintained. Implementation of the newly developed CSU SkillPort

Concussion Education-Coaches Edition training module could greatly aid in the improvement of both the ease of delivery and record keeping of concussion education for club sport coaches.

Education for Contact Sport Athletes

A key component of any concussion management plan is to ensure that student athletes (especially contact sport athletes) receive education regarding the signs and symptoms of concussion, the potential long-term consequences of concussion, and how a concussion is cared for during recovery (i.e. return-to-play and return-to-learn). As part of their CMP, many institutions require contact sport athletes to receive concussion education prior to each season and keep a signed “record of understanding” for each athlete. Most importantly from a risk management perspective, many of the cases pending against the NCAA and universities around the nation stem from allegations of negligence related to lack of student athlete concussion education. Because CA state law requires yearly signed acknowledgement from youth athletes and parents a precedent has been set, and thus it recommended that higher educational institutions follow suit.

Intercollegiate Athletics

Nineteen of the 22 campuses (86%) with intercollegiate athletics have established concussion education/training for student-athletes with a signed letter of understanding. An additional three campuses have started an education/training program for student-athletes. Of the institutions with established concussion education/training for student-athletes, some provide a comprehensive education program (lecture/discussion) for incoming freshmen (and first year transfer student-athletes), and then biannually after that point. All of the campuses have student-athletes read information concerning concussion signs/symptoms and sign a document of understanding prior to every season of play. Recently, the CSU Concussion Initiative developed the *CSU Concussion Education-Student Edition* training module. This training module is available to all CSU campuses. We hope that as campuses become aware of this free training module that we will see a further improvement in the number of campuses that provide comprehensive concussion education for their athletes.

In the 2014-2015 AY survey, we found that only a few of the athletic programs required their student-athletes to read the concussion management plan for intercollegiate athletes as part of their education. Although we did not assess this “best practice” in the current survey, we believe many more CSU athletic programs likely require student-athletes to read the intercollegiate athletics CMP as part of their concussion education as this is now required by NCAA policy.

Club and Intramural Sports

Currently, 10 campuses (43%) reported having established some sort of concussion education/training for student club sport athletes (Figure 3). Of these, four have recently started a concussion education program for club sports athletes and are looking to further develop these programs. Based on the results of this survey, seven campuses within the CSU have developed concussion education/training for student-athletes participating in intramural sports, five of which are in the development stage. However, these values may be underestimated as nine campuses (39% of all campuses) did not provide a response regarding their club and intramural sports programs.

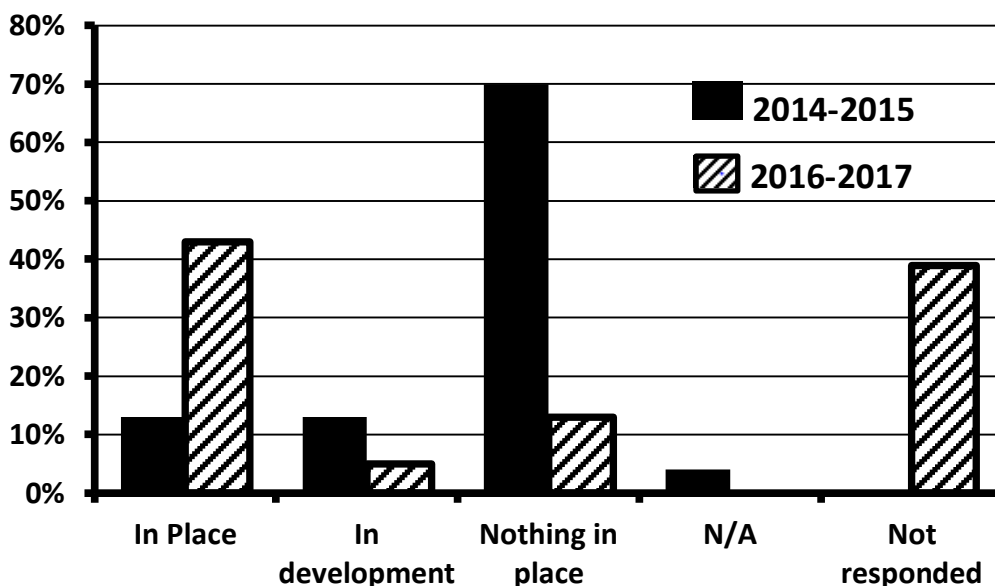


Figure 3. Club Sports contact sport athlete education by level of implementation.

At the time of this report, it is not known whether any of the CSU campuses maintain records of the concussion education provided to club and intramural sport athletes. Moreover, the results of this survey do not clearly indicate how often that education/training occurs or how the records of student-athletes' (intercollegiate, club or intramural) concussion education/training are stored. Similar to training records for coaches, it is recommended that each campus establish regular concussion education/training for all contact sport student-athletes and that each campus, in coordination with the CSU RMA, develop a system for maintaining records of that training. Again, our newly developed CSU *Concussion Education-Student Edition* training module might be an easy and free way to document and ensure all club and intramural athletes receive the concussion training that each campus should have in place as part of their concussion risk management.

Part III: Baseline and Post-Injury Assessments

According to NCAA guidelines^{1,2}, NATA recommendations⁴, and international consensus³, it is recommended that baseline testing of cognitive function and motor control occur prior to participation in contact sports and activities. Baseline tests may include but are not limited to the SCAT5 sideline test, computerized neurocognitive tests (e.g. ImPACT), and/or balance and motor control tests such as the Balance Error Score System (BESS) or the modified Clinical Test for Sensory Integration in Balance (mCTSIB).

Similarly, post-injury cognitive and/or motor control tests including but not limited to the SCAT5 sideline test⁶, ImPACT computerized neurocognitive test⁷, and/or balance (motor control) tests⁸ are recommended immediately following injury and throughout the recovery period until the injured individual returns to baseline levels.

Intercollegiate Athletics

Twenty-one of the 22 CSU campuses with intercollegiate athletics utilize some sort of baseline and post-injury SCAT5 (or similar) sideline concussion test for contact sport athletes. Of these campuses, one campus (Stanislaus) is still developing their protocols. One other campus, CSU LA did not indicate whether or not they are using SCAT5 (or similar) sideline concussion test, although it is assumed they are in accordance with NCAA recommendations.

Baseline Testing: Twenty-one of the 22 CSU campuses with intercollegiate athletics perform baseline testing on all intercollegiate sport athletes, including those participating in the sports of football, baseball, basketball, soccer, gymnastics, softball, rowing, rugby, water polo, volleyball, and even golf. For all the campuses, this baseline testing occurs prior to the first game and, at all but one campus, baseline testing occurs prior to the first practice of the season. Across the campuses surveyed, the number of annual baseline tests conducted at each campus ranged from 70 to 443 tests (average = 183 tests). These tests took on average 45 minutes to complete. From the survey, all campuses perform baseline tests on incoming freshmen and transfer student athletes. Moreover, 50% of these campuses (11 campuses) baseline test all athletes annually while an additional four campuses baseline their athletes every other year (biannually). The remaining seven campuses with intercollegiate sports (32%) only conduct baseline testing on incoming freshman and transfer students or if a returning student athlete sustains a concussion during the prior season.

Of the 22 CSU campuses with intercollegiate athletics, 18 (82%) reported that they provide some sort of baseline neurocognitive test such as the ImPACT. However, at this time it is not clear which specific computerized neurocognitive tests are being utilized at each campus, who is administering those tests or how the test results are being used to help determine recovery after concussion.

Fifteen (70%) of the 22 CSU campuses with intercollegiate athletics also administer some form of balance (motor control) testing as part of their baseline and/or post-injury testing. However,

this survey does not inform us as to which specific balance tests (BESS, Romberg, mCTSIB, etc.) campuses are utilizing.

Post-Injury Testing: When an athlete is suspected of having a concussion, post-injury testing and care protocols are initiated. At most campuses, these protocols are initiated by a certified athletic trainer or team physician. Post-injury tests often occur at different time points during the recovery process, beginning immediately after the injury (sideline tests) and usually repeating until the athlete returns to full activity.

For the immediate post-injury assessment, all 22 campuses assess common signs and symptoms of concussion (e.g. headache, dizziness, etc.), 15 (68%) assess balance/motor control and eight (37%) assess cognitive function using the *Standardized Assessment of Concussion* (SAC) test. Only three schools conduct computerized neurocognitive testing (ImPACT) in the first six hours of the suspected injury. However, it should be noted that because testing procedures may aggravate symptoms, international consensus recommends that computerized test such as ImPACT not be conducted within the first six hours following a suspected concussion injury.

Of the 22 campuses, 21 perform follow-up testing in the 24-48 hours post-injury window. Moreover, nineteen (86%) of the campuses assess the injured athlete's symptoms on a daily basis until they have returned to normal. Once identified as being asymptomatic, all 22 campuses perform neurocognitive, SAC and/or balance testing on the injured athletes. While all campuses continue to monitor symptoms during the athletes Return-to-Play (RTP) protocol, only seven campuses perform neurocognitive, SAC and/or balance testing at the time that athlete is allowed to return to full activity. However, it should be noted that although beneficial for medical records, comprehensive cognitive and/or motor control testing at the time of return to full activity is not considered standard. At three of the CSU campuses, a follow-up post-injury assessment of cognitive and or motor control function is performed anywhere from 30-180 days following the initial injury date.

Once an athlete completes the RTP protocol, they must be cleared to return to full activity. At the 21 campuses with intercollegiate sports, either the team physician or their designee (ATC) provides the written clearance to return to full activity. At Chico State University, the clearance to return to full activity appears to be provided by a campus health center medical doctor.

Record Keeping: An important part of concussion management is record keeping. Our survey results suggest that all campuses with intercollegiate sports keep some form of electronic or paper record of the injury and recovery. Most campuses (20) utilize a computerized athlete medical record (AMR) system for storing the medical records associated with the concussion injury. Nine of those campuses also keep hard copy (paper) records of the injury. One school, CSU Stanislaus, keeps the record of the injury at the campus health center

Club and Intramural Sports

During the 2014-2015 AY, only 5 (22%) campuses provided some sort of baseline and post-injury concussion testing for club sport athletes. Although only 14 campuses responded to related items on our current survey, 50% of those campuses indicated that they provide some sort of baseline and post-injury concussion testing for club sport athletes (Figure 4). Of the campuses that provide concussion testing for club sport athletes, only four utilize some sort of computerized neurocognitive test such as ImPACT for their baseline and post-injury testing. Several campuses identified a lack of resources and funding for athletic trainers and/or the computer software as their primary reason for not being able to provide baseline and/or post-injury concussion testing.

Due to the limited nature of the survey, it remains unclear which tests are being administered during the recovery period and when those tests are administered. Similarly, it is unknown who is responsible for the storage of concussion management records (documentation of testing, RTP implementation and clearance to play) for club sport athletes.

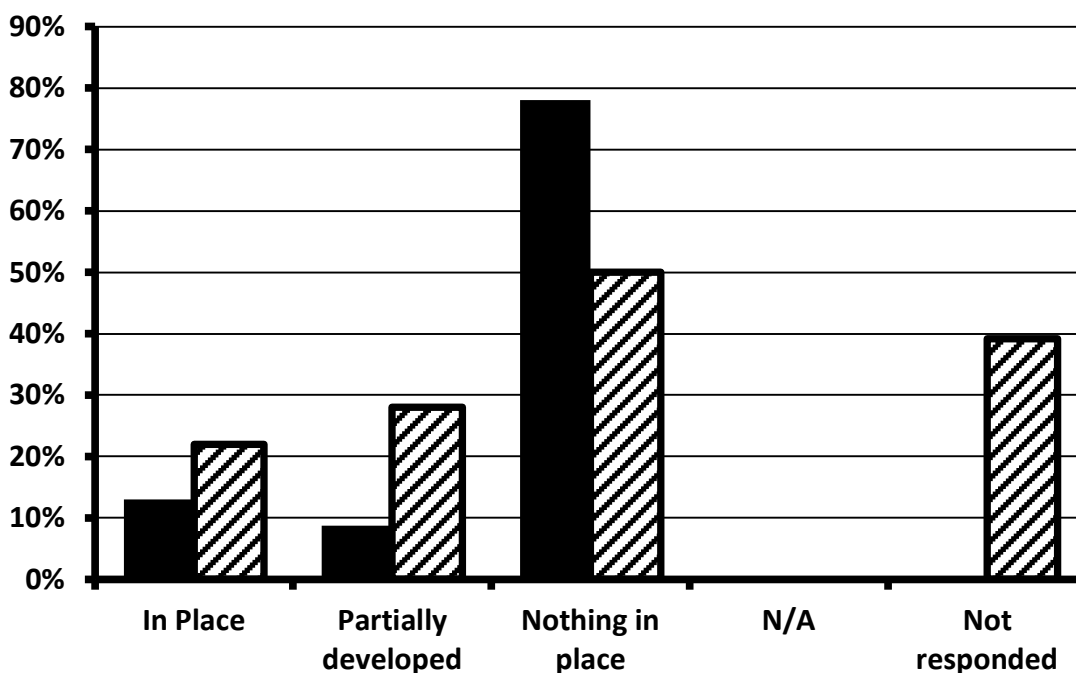


Figure 5. Club Sports baseline and post-injury concussion testing (SCAT3, IMPACT, balance, etc.) by level of implementation.

Part IV: Return-to-Play and Return-to-Learn protocols

Return-to-Play

Sport-related concussion is a challenging injury for student-athletes and, unlike other injuries, the timeline for return to full activity (including return-to-play and return-to-learn) is often difficult to project. Return to activity/play is usually initiated after the concussed individual is symptom-free and his/her cognitive and/or balance (motor control) test scores have returned to baseline.

In accordance with NCAA¹, international consensus³ guidelines, and CA state law¹³⁻¹⁶, once a student-athlete has returned to his/her baseline (symptoms/tests), the graded return-to-play process may begin. This stepwise protocol stipulates incremental increases in physical activity (based on physical demand) and risk of contact and must be supervised by a physician or physician-designee. Most return-to-play protocols are similar to those in the *Consensus*

*Statement on Concussion in Sport*³ guidelines, outlining a progressive increase in physical activity if the individual is at baseline before starting the protocol and remains at baseline throughout each step of the protocol, i.e. athlete only progresses to the next step if they remain symptom-free.

Intercollegiate Athletics

All CSU campuses with intercollegiate athletics have a well-developed return-to-play protocol in place including assessments of symptoms during the RTP process (see post-injury testing section above).

Club Sports

Based on the results of this study, only seven CSU campuses (50% of those that responded) have developed return-to-play protocols for club sport athletes. Based on survey results, this is mostly due to not having a club sports athletic trainer to guide the RTP process and make necessary assessments.

Return-to-Learn

Return to academics (return-to-learn) is a parallel concept to return-to-play. Return-to-learn guidelines assume that both physical and cognitive activities require brain energy utilization and that, after a concussion, functional and physiological changes in the brain often affect physical, emotional and cognitive health, causing deficits in one's normal capabilities.

Furthermore, ignoring symptoms and requiring too much of the injured brain while it heals can prolong recovery and potentially lead to serious negative long-term effects. According to NCAA¹ and international consensus guidelines, return-to-learn should consist of a stepwise program than fits the needs of the individual^{3,9-11} and is managed by a multi-disciplinary team that includes physicians, athletic trainers, coaches, psychologists/counselors, neuropsychologists, administrators as well as academics (e.g. professors, deans, academic advisors), and student disability services representatives.

Based solely on the responses from Student Disability Resources representatives, twelve campuses (52%) have established some sort of return-to-learn protocols for students diagnosed

with a concussion. Based on our results, it is still not clear how return-to-learn protocols are coordinated between campus resources (student disability services, faculty, athletics, club sports, health center, etc.). However, the CSU Concussion Initiative has worked with the Humboldt State Student Disability Resource Center and Student Health Center to develop protocols and communication procedures and associated documentation that may be easily implemented at other CSU campuses.

Role of Student Health Center in Concussion Management

For many CSU campuses, the physicians of the student health center play a critical role in concussion management. In many cases, the health center may be the first place a student reports his or her concussion. For example, because most club sport programs do not have a team physician or even athletic trainers, club sport athletes who suspect they have a concussion often go to the health center for diagnosis and treatment. Moreover, many health centers see concussion patients (even well after the initial injury) because most disability services offices require a physician's note before recommending academic accommodations for the return-to-learn process. Thus, it is critical that the physicians and staff of student health centers on our CSU campuses have the skills, knowledge and procedures in place for addressing concussion injuries on campus.

Of the 23 campuses, 15 (65%) have procedures in place that clearly address concussion management as related to the return-to-play and return-to-learn processes. An additional five campuses are currently developing these concussion management procedures in coordination with other campus resources. Only one campus, CSU Stanislaus, does not currently have any specific concussion management procedures in place. Two campuses did not respond to the survey.

Summary

This survey was designed to understand the state of concussion management across the CSU system and to determine the specific needs of each campus in order to meet current standards and guidelines on concussion management.

The results of our survey indicate the nearly all CSU campuses with intercollegiate athletics programs meet or exceed current NCAA guidelines. However, the level of record keeping of student and coach education varies within campuses and across the CSU system. While most CSU intercollegiate athletic programs utilize sideline and computerized cognitive and motor control tests for diagnosis and recovery monitoring, it appears that different tests are used at the various campuses and according to different protocols. While there may be some benefits to having standard tests across the CSU system, such a solution would likely prove to be too expensive and unrealistic for implementation at all 23 campuses, especially the smaller schools with limited athletics funding. More than half of the CSU campuses we surveyed indicated that implementing many of the concussion management best practices would require additional funding for personnel (athletic trainers) and testing equipment (computers, etc.).

Very few CSU campuses have implemented a concussion management plan for club sports or recreational programs (e.g. intramural sports), despite recent recommendations in the CSU Club Sports Handbook. Components of concussion management that are most lacking among CSU club and intramural sports programs include:

- Written concussion management plan that is publicly available
 - Boilerplate templates are available through the CSU Concussion Initiative
- Concussion education for coaches and students (including record keeping)
 - The CSU Concussion Initiative *Concussion Education- Coaches Edition* is available Online via the Skillport learning platform
- Policies and protocols for baseline testing of contact sport athletes, post-injury testing for all suspected concussed athletes and return-to-play protocols for concussed athletes

- This is perhaps the greatest challenge for club sports due the lack of athletic training personnel to administer tests and RTP protocols. Many campuses indicated that conducting such “best practices” is nearly impossible with the given resources and personnel. They suggest that if baseline and post-injury assessments are to be required with monitored return-to-play protocols, then additional funding is needed to support the resources/personnel necessary to conduct these tests.
- Information about campus resources for concussion management (e.g. SDS for return-to-learn)

Implementing an academic return-to-learn process is a key component of a student’s recovery from concussion. However, less than half of CSU campuses have established return-to-learn policies and protocols within their Student Disability Services, with the majority of those just beginning to develop and implement return-to-learn protocols. Feedback from the survey suggests that, in efforts to improve or develop return-to-learn protocols, several campuses would like improved communication between athletics staff (intercollegiate or club sports), student health center and student disability services. Recently, the CSU Concussion Initiative, in coordination with the Humboldt State Student Disability Resource Center and Health Center, developed boilerplate communication procedures and documentation materials for a fully integrated return-to-Learn protocol.

Across the CSU system, the importance of having concussion management policies and procedures is well understood. Through coordinated efforts at each individual campus and sharing of information via multi-campus regional meetings, and along with much needed funding support, it is possible to greatly improve concussion management across the CSU system. By improving concussion management policies and procedures across the California State University system, we can effectively implement best practices to protect the health of our students and minimize costly exposure to litigation.

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About the Authors

Justus Ortega, PhD, joined the North Coast Concussion Program (NCCP) at Humboldt State University in 2010 as Director of its concussion testing and research programs. At HSU, Dr. Ortega has worked with campus administration, athletic training office, health center and student resource centers to develop campus-wide concussion management policies and testing procedures serving all students including intercollegiate and club sport athletes. Under his direction, the NCCP has expanded its concussion testing services to the high schools, youth soccer and football leagues and civil service workers of Humboldt and Del Norte counties, providing baseline and post-injury testing for over 2000 individuals each year. Dr. Ortega and the NCCP research team conduct NCAA and DoD sponsored research on the effects of concussion on neurocognitive, metabolic and neuro-motor function, and on how those effects are influenced by factors such as age, gender, sport, and prior history of concussion. While at HSU, Dr. Ortega has also been a NIH Research Fellow at University of Washington School of Medicine and a visiting Research Professor in the department of Integrative Physiology at the University of Colorado Boulder.

Lisa Martinez, ATC, MS is a certified athletic trainer at College of the Redwoods and a concussion testing specialist with the NCCP. Lisa joined the NCCP in 2015 and worked as a certified athletic trainer for Humboldt State intercollegiate athletics programs since 2014. In addition to her experience in managing concussions as an athletic trainer, Lisa has conducted a study of the long-term effect of contact sport participation on neurocognitive function among high school and collegiate contact sport athletes.

Beth Larson, MS, has worked as the Concussion Services Coordinator since 2008. She completed her Master's thesis on soccer heading and subconcussive blows in collegiate athletes. Beth has provided education and baseline testing services for over 1,500 athletes and post-injury care for over 100 athletes each year. She has helped with the implementation of policies and procedures at the district level and is currently working with middle schools and youth sport leagues on their policies and procedures. Beth provides continuing education for Humboldt and Del Norte county health practitioners and has presented at numerous scholarly research conferences. She works closely with schools, clubs, athletic trainers, physicians and related health care professionals to help ensure the best multi-pronged approach to concussion care.

Contact Information:

North Coast Concussion Program

Humboldt State University

1 Harpst Street – Arcata, CA 95521

(707) 826-4274 (Justus Ortega) – (707) 273-3035 (Beth Larson) – (707) 826-4535 (fax)

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CSURMA DRONE INSURANCE BULLETIN

ISSUE: The CSURMA has rolled out a new program, effective July 1, 2017, covers Aviation Liability for small drones that are owned, non-owned or hired and operated for non-commercial purposes by the University and/or its Auxiliary Organizations.

RECOMMENDATION: This is an information item only; no action is required.

FISCAL IMPACT: None.

BACKGROUND: The CSURMA established a new Drone Insurance Program (DRIP) effective July 1, 2017. The new program covers Aviation Liability for small drones and operated for non-commercial purposes by a campus or an auxiliary organization. Other drones, including larger drones or any drone used for commercial purposes can be included after special underwriting attention.

PUBLICATION: None.

ATTACHMENT(S):

- a. Bulletin – Drone Insurance Program (DRIP)

DRONE INSURANCE PROGRAM (DRIP) - NEW

July 12, 2017

This Bulletin updates and replaces the Bulletin dated July 11, 2014 - CSURMA Launches New Coverage Program for Unmanned Aerial Vehicles (UAVs aka: "Drones")

What's New?

DRONE INSURANCE PROGRAM (DRIP)
- **for small, non-commercial drones only***



* Automatic coverage for *small Unmanned Aircraft Systems (sUAS aka: drones)*, as defined by Title 14 of the Code of Federal Regulations (14 CFR) Part 107; *i.e., 55lbs maximum total weight at takeoff including all onboard equipment, fuel, etc., and used for non-commercial (non-compensated) purposes only.* For other drones, please contact Alliant.

What's the coverage?

1. This new program, effective July 1, 2017, covers Aviation Liability for small drones that are owned, non-owned or hired by the University and/or its Auxiliary Organizations, and
2. Operated for non-commercial purposes by a campus or an auxiliary organization of the CSU. Other drones, including larger drones or any drone used for commercial purposes, will need special underwriting attention. Please contact Alliant.
3. Coverage includes:
 - Small drones owned by the University and any CSU Auxiliary Organization which are used for non-commercial purposes.
 - Non-owned small drones leased to, hired by, or lent to the University or any CSU Auxiliary Organization, which are used with the permission of the owner for non-commercial purposes.
4. Coverage is "automatic" for Aviation Liability insurance – *non-commercial use of small drones only*. As such, there is no need to report your qualified drone(s) at this time, however, CSURMA is required to conduct a survey on drone usage annually. We ask for your fullest cooperation during the survey for the benefit of all CSU campuses and auxiliary organizations.

What's my cost?

There is no additional premium to your campus or auxiliary organization to cover your qualified drones. The insurance is 100% prepaid by CSURMA. However, other drones may result in an additional premium that is chargeable to you.

How has coverage changed and improved?

Previously, CSURMA covered drones up to one hundred pounds maximum take-off weight (100lbs MTOW), providing \$20,000,000 in liability coverage.

For Campus members, because coverage was afforded under the Campus Liability risk pool, the coverage was subject to your campus deductible. This new plan is provided by Chubb Aviation, a specialty insurer, who covers 100% of the drone liability, thus removing CSURMA from risk. The Chubb policy provides \$50,000,000 aviation liability coverage with zero deductible (\$0).

For Auxiliary Organizations, With the exception of Employment Practices Liability, AORMA Liability program currently has no deductible. Similar to the Campus Liability program, aviation liability coverage limits are increased to \$50,000,000 with no deductible.

What about loss or damage to my drone?

1. Hull Insurance to cover loss or physical damage to the drone itself, including all on-board equipment, is not included, but may be purchased separately.
2. If purchased, campus or auxiliary organization will be responsible for the total cost of the optional Hull Insurance as applicable.
3. Please contact Alliant for quotes. We will need a description and usage of the drone, including year, make, model, and value for each drone to be quoted for Hull Insurance.

I have questions about FAA certification. Where can I find answers?

Please refer to the August 19, 2016 memo from Willy Hsu, University Counsel (copy attached). This memo recaps FAA rules, Part 107, that became effective on August 29, 2016 regarding permitted operation of small Unmanned Aircraft Systems (sUAS or small UAS) without the need to obtain formal FAA authorization; i.e., Certificate of Authorization or "COA".

Caveat: The memo is accurate as of August 19, 2016. You are advised to review the FAA website for any updates to ensure compliance, particularly as respects commercial vs. non-commercial uses, and educational usage.

- *Check the FAA website for the latest information: www.faa.gov/uas/*
- *Refer to your University Counsel for questions regarding FAA rules.*

Who do I contact for insurance questions or assistance?

For coverage questions, or to obtain a quote for Hull Insurance, please contact:

- Rob Leong (rleong@alliant.com 415-403-1441) or
- Mimi Long (mlong@alliant.com 415-403-1423)

REVIEW OF CSURMA AIME 2018 CALENDAR

ISSUE: Proposed meetings of the AIME Committee have been scheduled for the calendar year 2018. The Committee will be asked to set meeting dates and adopt a schedule for 2018 AIME meetings.

Description	Month	Day	Time	Location
AIME Committee	January	15	10:30 a.m.	TBD
AIME Committee	May	07	10:30 a.m.	TBD
AIME Committee	October	15	10:30 a.m.	TBD

RECOMMENDATION: It is recommended that the Committee discuss the scheduling of its 2018 meetings and provide direction to Staff as appropriate.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: The approved calendar will be posted on the CSURMA website and will be included in all of the agenda packets.

ATTACHMENT:

- a. 2018 CSURMA AIME Meeting Calendar



California State University Risk Management Authority

2018 CSURMA MEETING CALENDAR

JANUARY				FEBRUARY				MARCH			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
8 - 11	3:00 PM	EC (AOA Conference)	San Diego	23	1:00 PM	PC	Teleconference	9	10:00 AM	AORMA	TBD
		AOA Annual Conference	San Diego					9	2:00 PM	EC	TBD
15		AIME	TBD					10	8:30 AM	EC LRP	TBD
APRIL				MAY				JUNE			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
				4	10:00 AM	AORMA	Long Beach	TBD		AOA EC	TBD
				4	2:00 PM	BOD Orientation	Teleconference	22	1:00 PM	PC	Teleconference
				5	8:30 AM	EC	Long Beach				
				5	10:30 AM	BOD	Long Beach				
				7		AIME	TBD				
JULY				AUGUST				SEPTEMBER			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
TBD	11:00 AM	AORMA Officers Retreat	TBD	TBD		AOA EC	TBD	6	9:00 AM	AORMA New Member	TBD
								6	10:00 AM	AORMA LRP	TBD
								7	9:00 AM	AORMA	TBD
								7	4:00 PM	EC Orientation	TBD
								8	8:30 AM	EC	TBD
								28	1:00 PM	PC	Teleconference
OCTOBER				NOVEMBER				DECEMBER			
Date	Time	Committee	Location	Date	Time	Committee	Location	Date	Time	Committee	Location
19	10:00 AM	AORMA	Long Beach	TBD		AOA EC	TBD	7	10:00 AM	AORMA	TBD
20	8:30 AM	EC	Long Beach					8	8:30 AM	EC	TBD
20	10:30 AM	BOD	Long Beach					7	8:00 AM	PC	San Francisco
15		AIME	TBD								

AORMA = Auxiliary Organizations Risk Management Alliance Committee
 AIME = Athletic Injury Medical Expense Committee
 MSLCTC = AORMA Member Services, Loss Control & Training Committee

PC = AORMA Programs Committee
 AORMA LRP = AORMA Long Range Planning Meeting
 AOA = CSU Auxiliary Organizations Association

EC = CSURMA Executive Committee
 EC LRP = EC Long Range Planning Meeting
 BOD = CSURMA Board of Directors

2017/2018 RISK MANAGEMENT TRAINING

ISSUE: The Committee appointed a Risk Management Training Task Group, appointing Kelli Eberlein as the Chair and Kristal Slover as Co-Chair. The Committee will receive a report at today's meeting from the Task Group. Potential training items were discussed as follows:

Mental Health
Concussions

RECOMMENDATION: No action is requested on this item at today's meeting. This item is provided as information only.

FISCAL IMPACT: AIME budgeted \$20,000 for training.

BACKGROUND: At its January 23, 2012 meeting, the Committee elected to include a budget to provide loss control training relating to sport injuries. Topics of interest include Treatment of Mental Health Conditions/Liabilities, Sickle Cell Trait, and others. At its May 7, 2012 the Committee appointed a Task Group to research possible risk management training topics, training providers, and the delivery of said training.

PUBLICATION: None.

ATTACHMENT(S): None.

CSURMA AIME OTHER BUSINESS

ISSUE: The AIME Committee has discussed possible athletic programs that would enhance the existing CSURMA Athletic program. The following were a few of those programs discussed in May:

1. Webinars – Praesidium
2. Legislation – Athletic Trainers Certificate
3. Mental Health – request a proposal for a mental health program for athletes
4. Domestic Athlete medical coverage – discuss options to cover athletes as a “primary” provider
5. Proof of student athlete status
6. Foreign Travel Coverage – conduct an “orientation” of the CSURMA Foreign Travel Insurance program due to the increase in foreign travel by athletic programs

RECOMMENDATION: It is recommended that the Committee discuss the proposed programs and provide direction to Staff as appropriate.

FISCAL IMPACT: None.

BACKGROUND: None.

PUBLICATION: None.

ATTACHMENT(S): None.

CSURMA AIME COMMITTEE MEMBERS ROSTER

ISSUE: Attached for the Committee's review is the CSURMA AIME Committee Membership Roster Contact List.

RECOMMENDATION: It is recommended that the Committee Members review the contact information for accuracy and report any changes or corrections to Staff.

FISCAL IMPACT: None.

BACKGROUND: An accurate and current list facilitates better communication among the Committee and with Staff.

PUBLICATION: None.

ATTACHMENT(S):

- a. AIME Committee and Staff Directory

CSURMA AIME COMMITTEE MEMBERS

As of OCTOBER 2017

First Name	Last Name	Title	Organization	Street Address	Email	Phone/Cell	Term of Office Expires
Scott	Shaw	Director of Sports Medicine	San Jose State (Chair)	One Washington Square San Jose, CA 95192-0062	scott.shaw@sjsu.edu	Tel: 408-924-1297 Cell: 408-506-3858	07/01/17
Cindy	Masner	Interim Athletic Director	CSU Long Beach (Vice Chair)	1250 Bellflower Blvd. Long Beach, CA 90840	cindy.masner@csulb.edu	Tel: 562-985-8527 Cell: 562-843-0080	07/01/16
Ashlie	Kite	Sr. Associate AD/SWA	CSU Long Beach (Alternate)	1250 Bellflower Blvd. Long Beach, CA 90840	ashlie.kite@csulb.edu	Tel: 559-985-8527 Cell: 540-908-9088	N/A
Anita	Barker	Athletic Director	CSU Chico	400 West First St Chico, CA 95929-0130	abarker@csuchico.edu	Tel: 530-898-6470 Cell: 530-570-5612	07/01/17
Kelli	Eberlein	Head Athletic Trainer	CSU Fresno	1620 E Bulldog Lane Fresno, CA 93740	keberlein@csufresno.edu	Tel: 559-278-4170 Cell: 559-709-2534	07/01/17
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As of OCTOBER 2017

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