

## RESOLUTION I-2024S

**Title:** **Increasing leadership opportunities at the CSNS by adjusting the length of the officer terms**

**Submitted by:** Luis M. Tumialán, John K. Ratliff, Kristin Huntoon, Brett Youngerman, Joseph Cheng, Deb Benzil, Michael Steinmetz, Joshua Rosenow and Clemens M. Schirmer

**WHEREAS**, leadership talent is abundant among the delegates and appointees within the Council of State Neurosurgery Societies (CSNS); and

**WHEREAS**, leadership talent is abundant among the members of the CSNS Executive Committee within CSNS; and

**WHEREAS**, inherent to the CSNS mission is leadership training, and intrinsic to the CSNS vision is to create a diverse organization,

**WHEREAS**, our parent bodies, AANS and CNS, as well as the majority of the Sections (DSPN, CV, Pain), have one-year terms for the Chair position; and

**WHEREAS** the 2-year terms for each leadership position (Chair, Vice Chair, Recording Secretary, Corresponding Secretary, and Treasurer are all 2-year terms, the current typical cumulative service in senior leadership positions within the existing framework of the CSNS may be up to 10 years with a net movement of 1 position every two years; and

**WHEREAS**, the Long Range Planning Committee has identified the inability to position individuals into senior leadership positions because of the current framework and has further identified the loss of leadership talent; therefore

**BE IT RESOLVED**, that the CSNS modify its Rules and Regulations to define the length of a Chair, Vice Chair, Recording and Corresponding Secretary term as one year. The term of the Treasurer will continue as a two year term.

Fiscal note: (zero).

**Committee(s) Assigned:** **All Committees and Representative Sections**

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## RESOLUTION II-2024S

**Title:** **Endorsing Neurosurgery-Related Electives in Medical School Curriculum**

**Submitted by:** Nikita Das, BA, Akshay Sharma, MD, Meena Vessell, MD, Prateek Agarwal, MD, MBA Raj Swaroop Lavadi, M.B.B.S., Stephen M. Pirris, MD, Chesney S. Oravec, MD, FAANS, Satish Krishnamurthy, MD, MCh, FAANS, Susan C. Pannullo, M.D., Jason E. Blatt, MD, FAANS, FAAP, Michael Karsy, MD, PhD, Jeremy T. Phelps, M.D., M.B.A., Nitin Agarwal, M.D., Ashkaun Razmara, MD, MPH, Arvin R. Wali, MD, MAS, Helen H. Shi, MD, Brandon Lucke-Wold, MD, PhD, Owoicho Adogwa, MD, MPH,

This resolution has been reviewed and approved by the Workforce Committee

**WHEREAS**, the American Association of Medical Colleges estimates a physician workforce shortage of more than 100,000 by 2034<sup>1</sup>; and

**WHEREAS**, a significant proportion of the current physician workforce is projected to reach retirement age within the next decade, underscoring the need to replace those leaving the field<sup>1</sup>; and

**WHEREAS**, the attrition rate of neurosurgery residents between 2007-2022 has been estimated at 2.5%, attributed in part to misconceptions regarding the lifestyle and demands of neurosurgery residency<sup>2</sup>; and

**WHEREAS**, the CSNS adopted Resolution III-2023F “A Call to Study the Neurosurgical Residency Application Arms Race” to examine the factors affecting applicant pools for neurosurgical residency; and

**WHEREAS**, there is limited exposure to neurosurgery clinical service in the LCME medical school curriculum, indicating a need for improved access to neurosurgical training for all medical students<sup>3-4</sup>; and

**WHEREAS**, a post-course survey of second year medical students enrolled in a preclinical neurosurgery elective course organized at a tertiary care institution demonstrated a significantly increased mean understanding of neurosurgery on the Likert scale<sup>5</sup>; and

**WHEREAS**, increased core understanding of neurosurgery is obtained through preclinical electives including neuroanatomy courses with cadaver brain dissections, clinical neurosurgery courses with integrated practice using surgical tools and virtual reality surgery simulations, AANS-sponsored neurosurgery journal clubs and neurosurgery lecture series by visiting specialists; and

**WHEREAS**, the CSNS has adopted several resolutions in the past decade aimed at increasing medical student representation in neurosurgery; and

**WHEREAS**, it is vital for medical students attracted to neurosurgery to establish early interest in the field in order to gain the experiences and mentors necessary for consideration as a competitive applicant for neurosurgical residency<sup>6</sup>; therefore

**BE IT RESOLVED**, that the CSNS work collaboratively with the parent bodies to advocate for all accredited neurosurgery residency programs to offer a preclinical neurosurgery elective to all LCME accredited medical schools in their state; and

**BE IT FURTHER RESOLVED**, that the CSNS asks its parent bodies to create standardized recommendations to help neurosurgery departments develop preclinical neurosurgery electives; and

**BE IT FURTHER RESOLVED**, that students from medical schools without neurosurgical residency programs be able to participate in preclinical neurosurgery elective at the nearest neurosurgical academic center.

**Fiscal note:** \$0

**Conflicts of Interest:** None

**Committee Assigned:** **Communication and Education**  
**Medical Practices**  
**Workforce**  
**Neurosurgeons as Medical Directors Representational Section**  
**Young Neurosurgeons Representational Section**

**References:**

<sup>1</sup>“The Complexities of Physician Supply and Demand: Projections from 2019 to 2034.” *AAMC*, 11 June 2021, [www.aamc.org/media/54681/download?attachment](http://www.aamc.org/media/54681/download?attachment).

<sup>2</sup> Kabangu, Jean-Luc K et al. “Neurosurgery Resident Attrition Rates Defy Trends and Decrease During COVID-19 Pandemic.” *World neurosurgery* vol. 179 (2023): e374-e379. doi:10.1016/j.wneu.2023.08.093

<sup>3</sup>Ekhatior, Chukwuyem, and Ramin Rak. “The Need for Improved Recruitment to Neurosurgery Training: A Systematic Review of Enrollment Strategies.” *Cureus* vol. 14,6 e26212. 22 Jun. 2022, doi:10.7759/cureus.26212

<sup>4</sup>Tiefenbach, Jakob et al. “Increasing Medical Student Exposure to Neurosurgery: The Educational Value of Special Study Modules, Student Selected Components, and Other Undergraduate Student Projects.” *Frontiers in surgery* vol. 9 840523. 8 Feb. 2022, doi:10.3389/fsurg.2022.840523

<sup>5</sup>Sansosti, Alexandra A et al. “Impact of a Hands-on Pre-Clinical Neurosurgery Elective Course on Second-Year Medical Student Interest and Attitudes.” *Journal of medical education and curricular development* vol. 7 2382120520964852. 19 Oct. 2020, doi:10.1177/2382120520964852

<sup>6</sup>Yang, Yahan et al. “Factors influencing subspecialty choice among medical students: a systematic review and meta-analysis.” *BMJ open* vol. 9,3 e022097. 7 Mar. 2019, doi:10.1136/bmjopen-2018-022097

**Previous Resolutions:**

**Resolution III-2023F**

BE IT RESOLVED, that the CSNS studies and creates a white paper on the nature and effects of extracurricular achievement pressures on applicants to neurosurgical residencies.

**Resolution XXI-2023F**

BE IT RESOLVED, that the CSNS collaborates with the CNS Foundation to develop a funded clinical observorship exclusive for medical students without a home program to prepare them for sub-internships.

**Resolution XI-2022F**

BE IT RESOLVED, that the CSNS circulate a national study, surveying interns in neurosurgery to understand the greatest learning curves faced within the transition to neurosurgery residency; and BE IT

FURTHER RESOLVED, that the CSNS ask the parent bodies to disseminate the identified factors to expand medical student training curriculum and opportunities.

**Resolution XIII/XIV-2020F**

BE IT RESOLVED that the CSNS develop a whitepaper on the barriers in neurosurgery for underrepresented students; and

BE IT FURTHER RESOLVED that the CSNS request the AANS via their Medical Student Mentorship program to actively recruit role model faculty for underrepresented students; and

BE IT FURTHER RESOLVED that the CSNS request the AANS and CNS to send out communications on a state and national level to promote underrepresented groups to join leadership positions.

**Resolution I-2010S**

BE IT RESOLVED, that the CSNS work with AANS and CNS to disseminate and promote resources and materials to medical schools to augment medical student education in neurosurgical disorders and their treatment; and

BE IT FURTHER RESOLVED, that the CSNS create a white paper outlining ways to improve neuroscience medical student education with the goal of enhancing neurological disease recognition and neurosurgical exposure.

BE IT FURTHER RESOLVED, that a report be given on the progress of the first two resolutions by spring 2011.

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## RESOLUTION III-2024S

**Title:** **Incorporating a DO Neurosurgeon Liaison on the Society of Neurological Surgeons (SNS) Medical Student Committee**

**Submitted by:** Jacob T Hanson BA, Allie Heineman BS, Reyna Escalante BS, Quinn Jackson MA, Dr. Anthony DiGiorgio, DO, MHA

**WHEREAS**, since the adoption of a single accreditation system for the National Residency Match Program (NRMP) in 2020, the overall match rate for DOs versus MDs in neurosurgery was 30.88% compared to 74.82%<sup>1</sup>; and

**WHEREAS**, there are currently only 2 DO Program Directors (PD) within neurosurgery<sup>1</sup>; and

**WHEREAS**, since 2020, the number of DO neurosurgery applicants has not exceeded 24 in any given year, with a maximum of 9 DOs successfully matching; in the 2023 Match only 3 DOs secured positions<sup>1</sup>; and

**WHEREAS**, within neurosurgery, DO students are at a disadvantage without home programs, leaving many students lacking structured and adequate mentorship and exposure to the field<sup>2,3</sup>; and

**WHEREAS**, in the 2022 NRMP Outcomes Data, DOs matching into neurosurgery demonstrated comparable or superior performance in abstracts, presentations, and publications, with an average of 32.6 compared to 25.5 for their MD counterparts, a USMLE Step 2 score of 253 compared to 252, and fewer contiguous ranks at 11.0 compared to 18.7<sup>4,5</sup>; and

**WHEREAS**, the 2022 NRMP PD survey revealed substantial biases with 50% of respondents indicating they would never interview a DO applicant and 56% of respondents indicating they would never rank a DO applicant<sup>6</sup>; coupled with the underrepresentation of fewer than 3,700 practicing DO neurosurgeons in the United States<sup>7</sup>; and

**WHEREAS**, with a lack of DO presence in SNS membership and leadership<sup>8</sup>, the persistence of MD-centric language in recruitment guidelines regarding acting internships and home program letter of evaluations,<sup>9</sup> and the preliminary 2024 ERAS application data showing 26 DO applicants in neurosurgery among 499 total (5% of total DO, MD, and IMG applications), similar to years past<sup>10</sup>; and

**WHEREAS**, one of the primary missions of the SNS is to coordinate with other key organizations in neurological surgery to help set the agenda for undergraduate education preparatory to neurosurgical residency and the specific purpose of the SNS medical student committee is to promote the integration of education into medical school curricula and stimulate interest in neurological surgery in medical students<sup>8</sup>; therefore

**BE IT RESOLVED**, that the CSNS asks its parent organizations (CNS/AANS) to request the SNS create a DO neurosurgeon liaison position on the medical student committee to provide guidance for DO neurosurgery applicants and improve the field of neurological surgery through the advancement of its mission in education, research, and patient care and thus leaving out DO voices would suppress the very advancement SNS strives for.

Fiscal Note: none

**Committee Assigned: Communication and Education  
Workforce  
Young Neurosurgeons Representational Section**

**REFERENCES:**

1. Brazdzionis, J., Savla, P., Oppenheim, R., Kim, G. J., Conrad-Schnet, K., Burns, B., Beier, A., Connett, D. A., Miulli, D. E., Jr., B. B., Beier, A. D., & Connett, D. (2023, June 17). *Comparison of osteopathic (DO) and allopathic (MD) candidates matching into selected surgical subspecialties*. Cureus. <https://www.cureus.com/articles/164410-comparison-of-osteopathic-do-and-allopathic-md-candidates-matching-into-selected-surgical-subspecialties#!/>
2. Carter, A., Findlay, M. C., Earl, E. R., Khan, M., Bauer, S., Farsi, K., ... Karsy, M. (2023). *Systematic review of research, mentorship, and career resources for medical students pursuing neurosurgical training*. *World Neurosurgery*, *179*, 28–36. <https://doi.org/10.1016/j.wneu.2023.07.133>
3. Kortz, M. W., Shlobin, N. A., Radwanski, R. E., Mureb, M., & DiGiorgio, A. M. (2022). *Virtual Neurosurgery Education for Medical Students without Home Residency Programs: A Survey of 2020 Virtual Neurosurgery Training Camp Attendees*. *World Neurosurgery*, *157*, e148–e155. <https://doi.org/10.1016/j.wneu.2021.09.117>
4. *Charting Outcomes in the Match - Senior Students of U.S. DO Medical Schools*. The Match: National Resident Matching Program. (n.d.). [https://www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-DO-Seniors-2022\\_Final.pdf](https://www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-DO-Seniors-2022_Final.pdf)
5. *Charting Outcomes in the Match - Senior Students of U.S. MD Medical Schools*. The Match: National Resident Matching Program. (n.d.). [https://www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-MD-Seniors-2022\\_Final.pdf](https://www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-MD-Seniors-2022_Final.pdf)
6. *Results of the 2022 NRMP program director survey*. The Match: National Resident Matching Program. (n.d.). [https://www.nrmp.org/wp-content/uploads/2022/09/PD-Survey-Report-2022\\_FINALrev.pdf](https://www.nrmp.org/wp-content/uploads/2022/09/PD-Survey-Report-2022_FINALrev.pdf)
7. Fiani, B. (2023, March 2). *How to specialize in neurosurgery*. The DO. <https://thedo.osteopathic.org/columns/how-to-specialize-in-neurosurgery/#:~:text=Estimates%20of%20active%20neurosurgeons%20in,offering%20240%20new%20residency%20slots>
8. *Membership rosters*. The Society of Neurological Surgeons. (n.d.). <https://www.societyns.org/membership/Membership-Roster>
9. *Recruitment guidelines*. The Society of Neurological Surgeons. (n.d.). <https://www.societyns.org/medical-students/external-medical-student-rotations>
10. *ERAS® statistics*. AAMC. (n.d.). <https://www.aamc.org/data-reports/data/eras-statistics-data>

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## RESOLUTION IV-2024S

**Title:** Investigating the Impact of Enfolded Fellowships on Neurosurgical Training

**Submitted by:** Nikita Das, BA, Akshay Sharma, MD, Meena Vessell, MD, Stephen M. Pirris, MD, Chesney S. Oravec, MD, Owoicho Adogwa, MD, MPH, FAANS, Satish Krishnamurthy, MD, MCh, FAANS, Jason E. Blatt, MD, FAANS, FAAP, Michael Karsy, MD, PhD, Prateek Agarwal, MD, MBA, Ashkaun Razmara, MD, MPH, Arvin R. Wali, MD, MAS, Helen H. Shi, MD, Brandon Lucke-Wold, MD, PhD

This resolution has been reviewed and approved by the Workforce Committee

**WHEREAS**, educating the next generation of neurosurgeons is integral to upholding the well-being of our patients; and

**WHEREAS**, the length of neurosurgical residency is amongst the longest of all post-graduate training programs; and

**WHEREAS**, the terrain of neurosurgical residency has evolved significantly since the turn of the century with the advent of the Residency Boot Camp in 2009, ACGME Milestones program in 2012, and ABNS mandate of 7-year residency duration in 2013<sup>1</sup>; and

**WHEREAS**, there is an increasing proportion of neurosurgical residents pursuing sub-specialization<sup>2</sup>; and

**WHEREAS**, several enfolded fellowships have emerged for Recognition of Focused Practice (RFP) certification including endovascular, critical care, functional, spine, skull base, and other subspecialties<sup>3</sup>; and

**WHEREAS**, many residency programs have opted to switch chief resident year to PGY-6 to accommodate enfolded fellowships during PGY-7 following a directive endorsed by the Society of Neurosurgical Surgeons<sup>5</sup>; and

**WHEREAS**, the CSNS has previously resolved to survey neurosurgical residency programs about the availability of non-service time activities including enfolded fellowships, and to survey residency graduates about their experiences with fellowship selection; and

**WHEREAS**, the CSNS has previously resolved to encourage its parent bodies to support Spinal Surgery RFP certification for neurosurgery resident graduates fulfilling prerequisite experience in spine procedures; therefore

**BE IT RESOLVED**, that the CSNS creates a white paper that reviews existing SNS-CAST data on the outcomes and success metrics associated with enfolded fellowships and traditional fellowships, including factors such as surgical outcomes, research productivity, academic achievements, leadership roles, and career satisfaction; and

**BE IT FURTHER RESOLVED**, that CSNS conducts a survey comparing experiences of graduating fellows and assessing outcomes of enfolded versus traditional fellowships for obtaining Recognition of Focused Practice Certification in respective subspecialty disciplines.

**Fiscal note:** \$0

**Conflicts of Interest:** None

**Committee Assigned: Medical Practices  
Neurotrauma and Emergency Neurosurgery  
Workforce**

**References:**

- <sup>1</sup>Mooney, James et al. “Postgraduate Year 6 Versus Postgraduate Year 7 Neurosurgical Chief Year: A Survey of Residents and Program Directors.” *World neurosurgery* vol. 171 (2023): e679-e685. doi:10.1016/j.wneu.2022.12.084
- <sup>2</sup>Ekhatior, Chukwuyem, and Ramin Rak. “The Need for Improved Recruitment to Neurosurgery Training: A Systematic Review of Enrollment Strategies.” *Cureus* vol. 14,6 e26212. 22 Jun. 2022, doi:10.7759/cureus.26212
- <sup>3</sup>Carlstrom, Lucas P et al. “Assessing the Impact of Shifting Enfolded Neurosurgery Fellowships to Follow the Chief Resident Experience: National Survey of Program and Fellowship Directors.” *World neurosurgery* vol. 179 (2023): e56-e62. doi:10.1016/j.wneu.2023.07.036
- <sup>4</sup>Yaeger, Kurt A., et al. “Trends in United States Neurosurgery Residency Education and Training over the Last Decade (2009–2019).” *Journal of Neurosurgery*, American Association of Neurological Surgeons, 1 Mar. 2020, doi.org/10.3171/2019.12.FOCUS19827.
- <sup>5</sup>“Statement of the American Association of Neurological Surgeons, American Board of Neurological Surgeons, Congress of Neurological Surgeons, Society of Neurological Surgeons before the Institute of Medicine on the Subject of Ensuring an Adequate Neurosurgical Workforce for the 21st Century.” 19 Dec. 2012, <https://www.aans.org/-/media/Files/AANS/Advocacy/2012-News/NeurosurgeryIOMGMEPaper121912.ashx>.

**Previous Resolutions:**

**Resolution IV-2022S**

BE IT RESOLVED, the CSNS periodically create a survey for recent board-eligible graduates of neurosurgery residency programs to assess perceptions of preparedness for practice; and  
BE IT FURTHER RESOLVED, that the CSNS requests AANS & CNS work with the ABNS and SNS to support and facilitate dissemination of this survey among recent board-eligible graduates at a minimum of every 5 years, as needed.

**Resolution V-2022F**

BE IT RESOLVED, that the CSNS create a survey of neurosurgical training programs to assess the opportunities available for residents during their non-service time, including timing, duration, funding sources, research time, opportunities for enfolded fellowships at the home institution, opportunities for enfolded fellowships at away institutions, option to undergo their chief year during PGY-6.

**Resolution X-2017F**

BE IT RESOLVED, that the CSNS survey residents and recent graduates about their experiences with the fellowship selection process, and  
BE IT FURTHER RESOLVED, that the CSNS survey neurosurgery fellowship directors about their experiences with fellow selection processes.  
BE IT FURTHER RESOLVED: The CSNS write a letter to the SNS asking to investigate potential concerns with the fellowship selection process, including timing of interviews and the contractual process.

**Resolution III-2016F**

BE IT RESOLVED, that the CSNS requests that its parent bodies recommend that the CAST Committee of the Society of Neurological Surgery offers Spinal Surgery certification to all surgeons graduating from neurosurgical residencies with the requisite experience in the



appropriate procedures.

**Resolution IV-2014F**

BE IT RESOLVED, that the CSNS, through its various committees, study the potential socioeconomic ramifications and challenges of the anticipated shift in residency training towards a model of acquisition of set minimum general neurosurgical procedural experience followed by enfolded subspecialty training; and

BE IT FURTHER RESOLVED, that a white paper is generated from this evaluation; and

BE IT FURTHER RESOLVED, that said study evaluates the potential effects on neurosurgical manpower requirements, neurosurgical acute care coverage, general neurosurgical coverage- particularly in smaller and more remote communities, projected shifts in subspecialty procedural volumes, projected changes in the cost of neurosurgical care, and more.

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## RESOLUTION V-2024S

**Title:** A system for emergent neurosurgical care of patients with high body mass index

**Submitted by:** Joseph Chen, MD; Chesney Oravec, MD, Ashkaun Razmara, MD and Sherry Taylor, MD and the Neurotrauma and Emergency Neurosurgery Committee

An email vote by the Neurotrauma and Emergency Neurosurgery Committee was held on 3/16/24 to support this resolution.

**WHEREAS**, the median body mass index (BMI) of the United States population has been steadily increasing over the last few decades<sup>1</sup> now with an estimated 6-9% of the US population living with class III obesity (BMI  $\geq 40$ )<sup>2,3</sup>; and

**WHEREAS**, the care of patients with high BMI in the emergent neurosurgical setting—which may include traumatic<sup>4</sup> and non-traumatic etiologies—poses unique challenges and risks; and

**WHEREAS**, patients with very high BMI may have special diagnostic, perioperative, and surgical care requirements that cannot be met in many community hospitals including many American College of Surgeons (ACS) level II and III trauma centers<sup>5</sup>; and

**WHEREAS**, there is limited data concerning the care of patients with very high BMI and there are no set neurotrauma or emergency neurosurgery pathways with tools to address the special needs of patients with very high BMI; therefore

**BE IT RESOLVED**, the CSNS will study of the care of patients with very high BMI to review best practices for pre-hospital, emergency department, and post-admission care requirements, including those related to diagnostic equipment, patient positioning, surgical and critical care assets, and specialized personnel training; and

**BE IT FURTHER RESOLVED**, that based on the findings of the above study, the CSNS will present its results and recommendations to the AANS/CNS membership in the form of a white paper.

**Fiscal Note:** None

**Committee Assigned:** Medical Practices  
Neurotrauma & Emergency Neurosurgery  
Safety

### References:

1. Fryar CD, Kruszon-Moran D, Gu Q, Ogden CL. Mean Body Weight, Height, Waist Circumference, and Body Mass Index Among Adults: United States, 1999-2000 Through 2015-2016. Natl Health Stat Report. 2018 Dec;(122):1-16.  
<https://www.cdc.gov/nchs/data/nhsr/nhsr122-508.pdf>
2. Sun JY, Huang WJ, Hua Y, Qu Q, Cheng C, Liu HL, Kong XQ, Ma YX, Sun W. Trends in general and abdominal obesity in US adults: Evidence from the National Health and Nutrition Examination Survey (2001-2018). Front Public Health. 2022 Oct 6;10:925293.

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## RESOLUTION VI- 2024S

**Title:** Neurosurgery Inhibits Post-Partum Lactation Experiences

**Submitted by:** Rida Mitha, M.B.B.S., Nitin Agarwal, M.D., Peter C. Gerszten, M.D., M.P.H., D. Kojo Hamilton, M.D., Roberta Sefcik, M.D., M.S.C.R.

**WHEREAS**, women comprise over 50% of matriculating medical students and 20.5% of current neurosurgery residents<sup>1,2</sup>; and

**WHEREAS**, the American Board of Medical Specialties (ABMS) has established guidelines for candidates requesting parental leave<sup>3</sup>; and

**WHEREAS**, there is insufficient data and lack of recommendations regarding best practices to address lactation needs in neurosurgery residents and attendings

**BE IT RESOLVED**, that the CSNS conduct a national survey to elucidate the current state of support for lactation in neurosurgery residents, attendings, and their spouses and to identify neurosurgery programs' lactation protocols; and

**BE IT FURTHER RESOLVED**, that the CSNS publish a white paper based on the survey results and identify steps programs should take to support lactating neurosurgeons.

**Fiscal Note:** None

**Conflict of Interest:** Dr. Nitin Agarwal receives royalties from Thieme Medical Publishers and Springer Publishing Company.

**Prior Resolutions:** None

**Committee Assigned:** Workforce  
Neurosurgeons as Medical Directors Representational Section  
Young Neurosurgeons Representational Section

### References

1. Tomei KL, Hodges TR, Ragsdale E, Katz T, Greenfield M, Sweet JA. Best practices for the pregnant neurosurgical resident: balancing safety and education. *J Neurosurg*. Published online November 8, 2022;1-8. doi:10.3171/2022.9.JNS221727
2. Yaeger KA, Munich SA, Byrne RW, Germano IM. Trends in United States neurosurgery residency education and training over the last decade (2009-2019). *Neurosurg Focus*. 2020;48(3):E6. doi:10.3171/2019.12.FOCUS19827
3. American Board of Medical Specialties. American Board of Medical Specialties Policy on Parental, Caregiver and Medical Leave During Training. Published online July 9, 2020. <https://www.abms.org/wp-content/uploads/2020/11/parental-caregiver-and-medical-leave-during-training-policy.pdf>

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## **RESOLUTION VII-2024S**

**Title:** **Professional Conduct of Neurosurgeons Serving as Clinical Peer Review Experts for Third Party Payors and/or Health Insurance Companies**

**Submitted by:** Brian Gantwerker, Kenneth Blumenfeld, Mark Linskey and the California Association of Neurological Surgeons

Approved by unanimous vote of the CANS Board of Directors 3/20/24

**WHEREAS**, the AANS has clearly recognized the need to insure that their neurosurgeon members behave professionally when serving as expert witnesses in legal proceedings; and

**WHEREAS**, this has led the AANS to create both (A) an Expert Witness Guideline,<sup>1-3</sup> as well as (B) a Position on Testimony in Professional Liability Cases,<sup>1-3</sup> ; and

**WHEREAS**, this has led the AANS to create a Professional Conduct Committee (PCC) to review and adjudicate complaints of violation of (A) and/or (B) by AANS members and to take potential action as outlined in the AANS bylaws,<sup>4</sup> ;and

**WHEREAS**, a similar level of competence, fairness and professionalism is needed for neurosurgeons who serve as Clinical Peer Review Experts for third party payors and/or health insurance companies, to potentially include such suggestions as:

1. Being in active clinical neurosurgical practice, or not retired from clinical practice for a reasonably short time period, or at least demonstrate enough familiarity with the procedure in question to qualify as an expert
2. Being personally familiar with or having performed the procedure being considered for authorization within a reasonable prior time period, or at least demonstrate enough familiarity with the procedure in question to qualify as an expert
3. Being up-to-date with the latest AANS/CNS clinical practice guidelines that apply to the authorization decision in question
4. Being familiar with the published peer-review evidence base for the procedure in question and its potential alternatives since the last AANS/CNS clinical was published or in the absence of a relevant AANS/CNS clinical practice guideline
5. Respecting differing neurosurgical opinions regarding procedure choices when they differ from their personal practice when the strength of evidence between options being considered does not rise above a Level III (C) recommendation (option)
6. Not accepting compensation that includes pay based on a percentage of denials and/or appealed cases subsequently upheld

;and

**WHEREAS**, unprofessional conduct by who serve as Clinical Peer Review Experts for third party payors and/or health insurance companies can cause as much harm to the neurosurgical practice of AANS members and the quality of care delivered to neurosurgery patients as unprofessional expert witness testimony; therefore

**BE IT RESOLVED**, that the CSNS formally petition the AANS to create, publish and advertise both a “Clinical Peer Review Expert” guideline and a position statement on serving as a clinical expert reviewer for third party payors and/or health insurance companies similar to those that currently exist for expert witness testimony; and

**BE IT FUTHER RESOLVED**, that the CSNS petition the AANS to develop guidelines, best practices, and a code of conduct for neurosurgeons serving as clinical reviewers for third party payors and/or health insurance companies; and

**BE IT FUTHER RESOLVED**, that the CSNS encourage the CNS and AANS to formally encourage their membership to encourage neurosurgeons to document name and NPI of insurance neurosurgeon in medical record; and

**BE IT FUTHER RESOLVED**, that the CSNS formally petition the AANS to formally expand the purview, mission, authority, and action options of their Professional Conduct Committee (PCC) to include the professional conduct of neurosurgeons serving as clinical expert reviewer for third party payors and/or health insurance companies similar to the current situation for expert witness testimony; and

**BE IT FUTHER RESOLVED**, that the CSNS petition the AANS to formally expand the purview, mission, authority, and action options of their Professional Conduct Committee (PCC) to include the professional conduct of neurosurgeons serving as clinical reviewers for third party payors and/or health insurance companies similar to the current situation for expert witness testimony; and

**BE IT FUTHER RESOLVED**, that the CSNS formally petition the AANS to formally change their Bylaws to incorporate and reflect the changes included in the first two resolves above; and

**BE IT FUTHER RESOLVED**, that the CSNS petition the AANS to amend their Bylaws to allow for the requested changes to the PCC; and

**BE IT FUTHER RESOLVED**, that the work product of the first resolve be circulated in the form of a position statement and referred to the AMA for national action as a template for specialty clinical reviewers.

**Fiscal Note:** None

**Committee Assigned:** Coding & Reimbursement  
Medico-Legal  
Medical Practices  
Safety

**References:**

1. <https://www.aansneurosurgeon.org/expert-witness-guidelines/>
2. [https://www.aans.org/-/media/Images/AANS/Header/Govenance/AANS Neurosurgical Medical-Legal Expert Opinion Services 3-22-2006.ashx](https://www.aans.org/-/media/Images/AANS/Header/Govenance/AANS_Neurosurgical_Medical-Legal_Expert_Opinion_Services_3-22-2006.ashx)
3. <https://www.aansneurosurgeon.org/feature/expert-testimony-and-the-neurosurgeon-impartiality-in-an-adversarial-contest/>
4. <https://www.aans.org/en/About-Us/Governance/Bylaws-Codes-and-Guidelines>
5. <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-rein-prior-authorization-burdens>

**Similar Resolutions:**

Resolution XVII S2019 – Promoting Accountability and Transparency in Prior Authorization Adopted

Resolution IX F2018 – A Call for Prior Authorization Reform Adopted  
amended resolution

Resolution III S2007 – Professional Conduct Committee Disciplinary Actions Not  
adopted

Resolution IX S2007 – Evidence of Educational Remediation Prior to Reinstatement of Member in Good  
Standing status following sanctions for unprofessional conduct related to expert witness testimony  
Adopted

Resolution VII F2004 – Expert Witness Board Status Adopted

Resolution III F2001 – Disciplinary Action for CNS and AANS Members Not  
adopted

Resolution VI F1995 – Publication of Names of Individuals Censured by the Professional Conduct  
Committee  
Adopted

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policy unless adopted by this body and approved by the parent organizations.”*

## RESOLUTION VIII-2024S

**Title:** Promoting Transparency in Healthcare Billing Procedures

Submitted by: Nikita Das, BA, Meena Vessell, MD, Akshay Sharma, MD, Stephen M. Pirris, MD, Chesney S. Oravec, MD, Owoicho Adogwa, MD, MPH, FAANS, Satish Krishnamurthy, MD, MCh, FAANS, Jason E. Blatt, MD, FAANS, FAAP, Michael Karsy, MD, PhD, Ashkaun Razmara, MD, MPH, Arvin R. Wali, MD, MAS, Helen H. Shi, MD, Brandon Lucke-Wold, MD, PhD

This resolution has been reviewed and approved by the Workforce Committee

**WHEREAS**, in 2020, the American Medical Association Journal of Ethics acknowledged billing fraud as a concerning issue across all healthcare specialties<sup>1</sup>; and

**WHEREAS**, the Federal Bureau of Investigation estimated that fraudulent billing comprised 3% to 10% of total health spending of the \$1.1 trillion Centers for Medicare and Medicaid Services (CMS) budget in 2016<sup>1</sup>; and

**WHEREAS**, healthcare fraud poses a significant threat to the integrity of the healthcare industry, undermining the trust of patients and the public in the healthcare system; and

**WHEREAS**, phantom billing – the submission of fraudulent claims for services that were never provided – has become a pervasive issue within the healthcare sector, leading to substantial financial losses and compromising the quality of care provided to patients<sup>2</sup>; and

**WHEREAS**, one prominent example of phantom billing is the recent conviction of a physician running a medical clinic in Miami who was found guilty of submitting ~\$38 million in fraudulent insurance claims for Infliximab between 2015-2021<sup>3</sup>; and

**WHEREAS**, another example of phantom billing is the 2021 lawsuit of health insurance company Cigna against six different healthcare organizations for false claims totaling to ~\$18.7 million dollars<sup>4</sup>; and

**WHEREAS**, it has been estimated that up to 10% of all medical billing involves some sort of fraud<sup>5</sup>; and

**WHEREAS**, the prevalence of phantom billing contributes to rising healthcare costs, impacting the affordability of healthcare services for individuals and communities, thereby exacerbating existing healthcare disparities<sup>6</sup>; and

**WHEREAS**, healthcare fraud, including phantom billing, erodes public trust in the scientific community, hindering the dissemination of accurate and reliable health information and impeding progress in medical research and innovation<sup>7</sup>; and

**WHEREAS**, the CMS Hospital Price Transparency rule, effective January 1, 2021, requires that each hospital in the U.S. provide clear, accessible pricing information online about the items and services they provide<sup>8</sup>; and



**WHEREAS**, transparent billing processes are fundamental to restoring and maintaining public confidence in the healthcare system, fostering accountability, and promoting ethical practices within the healthcare industry; and

**WHEREAS**, the Center for Medicare and Medicaid through Inpatient Prospective Payment System requires ethical value based reimbursement mediated through Hospital Consumer Assessment of Healthcare Providers and Systems surveys; therefore

**BE IT RESOLVED**, that the CSNS affirms its commitment to the highest standards of integrity in healthcare and recognizes the urgent need for accuracy in billing processes; and

**BE IT FURTHER RESOLVED**, that the CSNS condemns all forms of healthcare fraud, including phantom billing, and encourages collaboration between healthcare providers, insurers, and regulatory bodies to implement robust measures aimed at preventing, detecting, and prosecuting fraudulent activities; and

**BE IT FURTHER RESOLVED**, that the CSNS continues to champion fair reimbursement in the context of Medicare devaluation of Relative Value Units; and

**BE IT FURTHER RESOLVED**, that the CSNS shall actively advocate for accountability in healthcare billing processes by publishing a statement emphasizing the importance of ethical billing practices and calling for more public education regarding hospital pricing transparency rules and tools available to help patients better understand their bills.

**Fiscal note:** \$0

**Conflicts of Interest:** None

**Assigned Committees: Coding & Reimbursement**

**Medico-Legal**

**Medical Practices**

**Workforce**

**Young Neurosurgeons Representational Section**

**References:**

<sup>1</sup>Drabiak, Katherine, Wolfson, Jay. "What Should Health Care Organizations Do to Reduce Billing Fraud and Abuse?." *AMA Journal of Ethics* vol. 22,3 E221-231. 1 Mar. 2020, doi:10.1001/amajethics.2020.221

<sup>2</sup>Villegas-Ortega, José et al. "Fourteen years of manifestations and factors of health insurance fraud, 2006-2020: a scoping review." *Health & Justice* vol. 9,1 26. 30 Sep. 2021, doi:10.1186/s40352-021-00149-3

<sup>3</sup>"Miami Doctor Sentenced to Federal Prison for Committing \$38 Million Health Care Fraud Scheme, Spending Proceeds on Beachfront Condos and Luxury Vehicles." *U.S. Department of Justice*, United States Attorney's Office, Southern District of Florida. 3 Aug. 2022, [www.justice.gov/usao-sdfl/pr/miami-doctor-sentenced-federal-prison-committing-38-million-health-care-fraud-scheme](http://www.justice.gov/usao-sdfl/pr/miami-doctor-sentenced-federal-prison-committing-38-million-health-care-fraud-scheme)

<sup>4</sup>Heebink, Kendall. "Health Insurance Company Cigna Files Phantom Billing Suit." *Law Street Media*, 19 July 2021, [lawstreetmedia.com/news/health/health-insurance-company-cigna-files-phantom-billing-suit/](http://lawstreetmedia.com/news/health/health-insurance-company-cigna-files-phantom-billing-suit/)

<sup>5</sup>Leap, Terry L. “Phantom Billing, Fake Prescriptions, and the High Cost of Medicine: Health Care Fraud and What to Do About It”. *Cornell Open Access Archive*. 15 Mar. 2011.

<https://doi.org/10.7298/wszs-bn07>

<sup>6</sup>Boivin, Zachary et al. “Prevalence of Phantom Scanning in Cardiac Arrest and Trauma Resuscitations: The Scary Truth.” *POCUS Journal* vol. 8,2 217-222. 27 Nov. 2023, doi:10.24908/pocus.v8i2.16690

<sup>7</sup>McGee, Jamie et al. “Strategies for Fighting Medicare Fraud.” *The Health Care Manager* vol. 37,2 (2018): 147-154. doi:10.1097/HCM.0000000000000204

<sup>8</sup>“Hospital Price Transparency.” *U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services*, 15 Nov. 2021, [oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000728.asp](https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000728.asp).

### **Previous Resolutions:**

#### **Resolution XV-2023S**

BE IT RESOLVED, that the CSNS, under the guidance of its parent organizations and through the Washington Committee’s AMA delegation, develop a resolution to the AMA House of Delegates that will include these elements: 1) Transparency of complaints made against a hospital as it relates to the United States Equal Employment Opportunity Commission (EEOC); 2) Transparency of the volume, type, and frequency of reports sent to the NPDB; 3) A mechanism by which physicians can hold hospitals accountable for false or misleading NPDB reports; 4) The Joint Commission’s involvement in reporting, tracking, and monitoring these issues; 5) The Health Quality Improvement Act of 1986, which defines bad-faith peer review, warrants revision to include monetary penalties for institutions performing or encouraging bad-faith or retaliatory peer reviews.

#### **Resolution V-2017F**

BE IT RESOLVED, that CSNS define and study the issue of balance billing and develop a white paper to help practicing neurosurgeons understand this issue including the most updated state regulations

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## RESOLUTION IX-2024S

**Title:** Involvement of spine surgeons in vendor selection by hospitals

**Submitted by:** Jora Dhaliwal, MD, Mark Zaki, MD, MBA, Mick Perez-Cruet, MD

**WHEREAS**, spine care cost is some of the highest in the health care delivery system; and

**WHEREAS**, hospital system restrict vendor pool to reduce implant cost; and

**WHEREAS**, many hospital systems restrict vendors available to surgeons at their institution without the input of surgeon expertise prior to vendor selection; and

**WHEREAS**, certain implant system not included on the restricted vendor list are unique and can provide improved care and reduce risk; and

**WHEREAS**, surgeons particularly those performing unique procedures like minimally invasive spine surgery have certain expert knowledge of devices that have proven efficacy and improved cost while reducing risk of patients; and

**WHEREAS**, surgeons forced to use inferior devices put themselves and conversely the healthcare system and patients at risk; therefore

**BE IT RESOLVED**, that a position statement be generated by our parent organizations the AANS and CNS to encourage involvement and periodic review by spine surgeons in the device selection decision making process by hospitals to improve patient care and reduce surgical risk.

Fiscal note: none

**Assigned Committees:** Medico-Legal  
Medical Practices  
Neurotrauma & Emergency Neurosurgery  
Safety  
Neurosurgeons as Medical Directors Representational Section

### Previous Resolutions:

#### Resolution VII – 2016F:

BE IT RESOLVED, that the CSNS survey neurosurgeons to understand if restricted vendor contracting is performed in their practice environment, in what areas of practice are competitive bidding used, if the physicians have been involved in the vendor selection process, and if there was any recourse if the physicians<sup>TM</sup> preferred vendor was not selected; and

BE IT FURTHER RESOLVED, that the Medical Director's<sup>TM</sup> Representational Section work with the Medical Legal committee understand the liability implications when using mandated vendor equipment.

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## RESOLUTION X-2024S

**Title:** **Addressing the Neurosurgical Implications of the Rising Use of Electric Bikes and Electric Scooters in the U.S.**

**Submitted by:** Ciara Harraher, Sanjay Dhall, Praveen Mummaneni, Anthony Digiorgio, Kenneth Blumenfeld, Mark Linsky and the California Association of Neurological Surgeons

Approved by a unanimous CANS Board of Directors vote 3/19-20/2024

**WHEREAS**, bicycles and scooters with electric motors have gained popularity, especially amongst adolescents and children; and

**WHEREAS**, users of electric bikes do not require any training on general electric bicycle riding safety, emergency maneuver skills, rules of the road, and laws pertaining to electric bicycles; and

**WHEREAS**, these new motorized vehicles are thus being used on sidewalks and walking paths placing pedestrians at greater risk; and

**WHEREAS**, these e-bikes and electric scooters can reach dangerous speeds of 15-28 MPH,<sup>1,2</sup> and depending on the class, may not require helmets; and

**WHEREAS**, neurosurgeons are seeing greater numbers of neurosurgical injuries in users of e-bikes and scooters, with evidence of injuries being disproportionately higher in youth<sup>3</sup>; and

**WHEREAS**, there is little consensus nationally on appropriate safety regulations, training and age restrictions on these motorized vehicles; and

**WHEREAS**, it is appropriate for the AANS and CNS to take a formal position on this issue due to their duty to their neurosurgery members and neurosurgical practice, their interest in public safety related to neurosurgical healthcare issues, and their perceived authority and professional expertise on these issues; therefore

**BE IT RESOLVED**, that the CSNS formally petition the AANS and the CNS to create, publish and disseminate a Joint Position Statement on the safety of Electric bikes and Electric scooters which would support future legislation aimed at e-bike and Electric scooter regulation and safety.

**Fiscal Note: None**

**Assigned Committees: Communication and Education**  
**Medico-Legal**  
**Neurotrauma & Emergency Neurosurgery**  
**Safety**

### References:

1. <https://www.momentum-biking.com/us/how-fast-do-electric-bikes-go>
2. <https://fluidfreeride.com/blogs/news/how-fast-do-electric-scooters-go#:~:text=Most%20electric%20scooters%20have%20top,the%20average%20commuter>

[%20biker%20manages.](#)

3. <https://a12.asmdc.org/press-releases/20240103-assemblymember-connolly-introduces-bill-reduce-e-bike-collisions>

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**Similar Resolutions:**

Resolution III S2022 – Concussion Screening in Domestic, Partner, Intimate Partner, and Family Violence

Adopted

Resolution XIII S2013 - Neurosurgery Registry on Structural Head Injury in Sports

Adopted

Resolution VII F2011 – Lobbying States to Adopt Motorcycle Helmet Laws

Referred to Committee

Resolution V S2004 – Motorcycle Helmets

Adopted

Resolution II F2000 – Position Statement on Helmet Use During Recreational Activities

Adopted

Resolution I F1999 – Position Statement on Ski and Snowboarding Helmets

Adopted

Resolution IV S1977 – Motorcycle Helmets

Adopted

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## RESOLUTION XI-2024S

**Title:** **ADVANCING NEUROSURGICAL PRACTICE: SURVEY ON CURRENT STATE OF NEUROMODULATION PROCEDURES**

**Submitted by:** William Blanks, Brandon Lucke-Wold, MD, PhD, Meena Vessell, MD, Akshay Sharma, MD, Owoicho Adogwa, MD, MPH, Nicholas Brandmeir MS, MD

This resolution has been reviewed and approved by the Workforce Committee via email on March 21

**WHEREAS**, functional neurosurgery is the subspecialty dealing with diseases resulting from neurochemical or electrophysiologic issues of the brain, spine, or peripheral nervous system; and

**WHEREAS**, functional neurosurgery treats movement disorders—such as Parkinson’s disease, tremor, spasticity, and epilepsy—and disorders of pain through neuromodulation by utilizing deep brain stimulation, laser ablation, nerve stimulators, and focused ultrasound [1, 2]; and

**WHEREAS**, functional neurosurgery is an area of increasing public interest and popular media despite relatively few neurosurgeons performing functional procedures [3]; and

**WHEREAS**, reasons neurosurgeons may not pursue functional neurosurgery may include surgeon training, reimbursement incentives, and multidisciplinary care required to evaluate and treat complex patients that may benefit from such operations [4]; therefore

**BE IT RESOLVED**, the CSNS distribute a survey to assess the state of current neuromodulation procedures and examine factors affecting the growth of this subspecialty; and

**BE IT FURTHER RESOLVED**, the results of prior survey be presented to CSNS at the next annual meeting.

**FISCAL NOTE:** none

**CONFLICT OF INTEREST:** none

**Assigned Committees:** **Coding & Reimbursement**  
**Communication and Education**  
**Medical Practices**  
**Neurotrauma & Emergency Neurosurgery**

**References:**

1. Musk E; Neuralink. *An Integrated Brain-Machine Interface Platform With Thousands of Channels*. J Med Internet Res. 2019 Oct 31;21(10):e16194.
2. Tierney, T.S., Sankar, T., Lozano, A.M. (2013). Some Recent Trends and Further Promising Directions in Functional Neurosurgery. In: Nikkhah, G., Pinski, M. (eds) Stereotactic and Functional Neurosurgery. Acta Neurochirurgica Supplement, vol 117. Springer, Vienna.

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## RESOLUTION XII-2024S

**Title:** Creation of a centralized neurosurgery survey platform to reliably and consistently gather neurosurgeon perspectives

**Submitted by:** Mark Zaki, MD, MBA, Jora Dhaliwal, MD, Karin Swartz, MD, Mick Perez-Cruet, MD

**WHEREAS**, the Council of State Neurosurgical Societies (CSNS) frequently utilizes survey to gather opinions of its constituents to guide policy recommendations; and

**WHEREAS**, CSNS surveys are inconsistently received by neurosurgeon members of the CSNS, AANS, and CNS, therefore

**BE IT RESOLVED**, the CSNS work with the AANS and CNS to establish a streamlined process to more readily contact the membership for relevant updates and/ or surveys, potentially a centralized platform containing contact information for all possible neurosurgeons gathered, using existing member directories, meeting registrations, and on-site QR code registration: and

**BE IT FURTHER RESOLVED**, formation of a committee to review proposed surveys under consideration for dissemination to members within the directory; and

**BE IT FURTHER RESOLVED**, surveys originated by industry submissions be charged a fee to subsidize costs of operating the platform, whereas submissions by academic institutions be considered free of charge.

Fiscal note: none

Disclosures: none

**Assigned Committees: All Committees and Representational Sections**

**Previous Resolutions:**

**Resolution III – 2012F:**

BE IT RESOLVED, that the CNS and AANS develop a survey clearing house to vet the timing of surveys (outside of surveys required for normal business practices and on-line voting); and

BE IT FURTHER RESOLVED, that the vetting process not only consider the timing of the survey but also its utility.

**Resolution I – 2005F:**

BE IT RESOLVED, that the CSNS develop a proposal for the AANS and CNS which would provide incentives to neurosurgeons to complete and return survey data such that we can insure the return of adequate numbers for a representative data sample; and

BE IT FURTHER RESOLVED, that the Coding and Reimbursement Committee be given time during the Joint Section meetings to present a sample survey and educate the Section members as to the importance of their involvement in this survey process.

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## RESOLUTION XIII-2024S

**Title:** **FOCUSED ULTRASOUND IN NEUROTHERAPUTICS: SCOPE OF PRACTICE TO ENSURE PATIENT SAFETY**

**Submitted by:** William Blanks, Brandon Lucke-Wold, MD, PhD, Meena Vessell, MD, Akshay Sharma, MD, Owoicho Adogwa, MD, MPH

This resolution has been reviewed and approved by the Workforce Committee via email March 21

**WHEREAS**, more public interest has been garnering around the minimally invasive transcranial technology high-frequency and low-frequency focused ultrasound as recently featured in 60 minutes [1]; and

**WHEREAS**, this technology already has use for essential tremor and Parkinson's disease with high potential for impacts in fields of addiction medicine and Alzheimer's disease [2];and

**WHEREAS**, this technology can be performed in an outpatient setting and involves several fields adjacent to neurosurgery including but not limited to radiology, radiation oncology, neurology [3]; therefore

**BE IT RESOLVED**, the CSNS distribute a survey to assess the landscape of utilization of focused ultrasound by neurosurgeons and providers in adjacent specialties with emphasis on scope of practice and patient safety; and

**BE IT FURTHER RESOLVED**, the results of prior survey be presented to CSNS at the next annual meeting.

**FISCAL NOTE:** none

**CONFLICT OF INTEREST:** none

**Assigned Committees:** **Medico-Legal**  
**Medical Practices**  
**Safety**  
**Workforce**  
**Neurosurgeons as Medical Directors Representational Section**  
**Young Neurosurgeons as Representational Section**

References:

1. Rezai A, *Neurosurgeons pioneers Alzheimer's, Addiction treatments using ultrasound*, 60 Minutes. 2024.
2. Murray, A, *WVU Rockefeller Neuroscience Institute restores quality of life for essential tremor patient*. WVU Medicine, 2023.
3. Jagannathan J, High intensity focused ultrasound surgery (HIFU) of the brain: A historical perspective, with modern applications. *J Neurosurgery*. 2009.

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## **RESOLUTION XIV- 2024S**

**Title:**                           **Modification of the Internal CSNS Nomination Process for AANS Regional Directors**

**Submitted by:**               John K. Ratliff, Joseph Cheng, Catherine Mazzola, Jeremy Phelps, Clemens M. Schirmer and Luis M. Tumialán

**WHEREAS**, the Regional Director positions nominated by Council of State Neurosurgical Societies quadrants provide a vital opportunity for communication from practicing neurosurgeons with American Association of Neurological Surgeons senior leadership and are valued members of that body's Board of Directors; and

**WHEREAS**, some Regional Directors have made the step to Vice President of the AANS (Clarence Watridge, Moustapha Abou-Samra); and

**WHEREAS**, Regional Directors may serve in any officer position in the AANS per AANS bylaws; and

**WHEREAS**, to the knowledge of these authors no Regional Director has made the transition to other officer positions; and

**WHEREAS**, the Regional Directors may be considered to not have the same status as other Board of Directors members who are suggested by the AANS Nominating Committee and who are voted on by AANS members; and

**WHEREAS**, placing the Regional Director position on equal footing with other AANS Board of Directors members would be of benefit to the CSNS; and

**WHEREAS**, achieving this equality for Regional Directors will require that the Regional Directors are fully engaged in AANS Board activities and duties, and are evaluated by the AANS Nominating Committee; and

**WHEREAS**, the AANS has requested that the CSNS consider a change in the nomination process for Regional Director positions, namely that each CSNS quadrant provide 2-3 names of potential Regional Directors to the AANS Nominating Committee as opposed to electing the Regional Directors as part of each Quadrant's business, with the final decision on the Regional Director position being made by the AANS Nominating Committee; therefore

**BE IT RESOLVED**, that the CSNS will change Section III Part E of the CSNS Rules and Regulations, and any other sections necessary, to modify the internal CSNS nomination process for Regional Directors such that each Quadrant will suggest 2-3 Quadrant members for each Regional Director position, with the final decision made by the AANS Nominating Committee, in order to achieve parity of the Regional Directors with other member of the AANS Board of Directors.

**Assigned Committees: All Committees and Representational Sections**

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