

## **FINAL RESOLUTIONS – 2025F**

### **RESOLUTION I-2025F**

**Title:**                    **Assessment of Coagulation Management Practices in Traumatic Brain Injury**

**Action:**                **Adopted as written**

**BE IT RESOLVED**, that the Council of State Neurosurgical Societies (CSNS) collaborate with AANS/CNS and internationally-affiliated neurosurgery groups, such as Mission Brain, to create and disseminate a global survey on current practices in coagulation management in TBI patients, and

**BE IT FURTHER RESOLVED**, that the CSNS publish a white paper that reports the survey findings, highlights gaps in current practice and access, and defines key areas for future research and collaborative efforts in neurotrauma coagulation management; and

**BE IT FURTHER RESOLVED**, that the CSNS advocate for the use of these data to help guide the development of evidence-informed consensus guidelines on standardized coagulation management pathways in TBI.

### **RESOLUTION II-2025F**

**Title:**                   **Implementing Periodic Neurotrauma Screenings for Contact-Sport Athletes and Military Personnel**

**Action:**                   **Adopted as Amended**

**BE IT RESOLVED** that the CSNS request the CNS/AANS to develop an implementation toolkit to assist any organization in establishing a standardized concussion assessment protocol.

### **RESOLUTION III-2025S**

**Title:**                   **Pediatric Traumatic Brain Injury—A U.S. Neurosurgical Survey of Care Patterns, Resources, and Outcomes**

**Action:**                   **Adopted as written**

**BE IT RESOLVED**, that the CSNS conduct a national survey to assess pediatric TBI care patterns, adherence to existing guidelines, resource availability, and barriers to optimal care across diverse practice environments; and

**BE IT FURTHER RESOLVED**, that the results of the survey be presented to the CSNS as an oral presentation and published as a white paper to identify gaps in guideline implementation, highlight resource limitations, and inform advocacy, quality improvement, and policy initiatives to improve pediatric TBI care in the United States.

Fiscal note: none

### **RESOLUTION IV-2025S**

**Title:**                   **Neurosurgeon’s knowledge and experience with physician assessment and remedial education programs**

**Action:**                   **Adopted as Amended**

**BE IT RESOLVED**, that the CSNS study the perception, knowledge, and utilization of programs that remediate impairment and extended absence within field of neurosurgery, via an anonymous survey sent to members of the CNS and AANS; and

**BE IT FURTHER RESOLVED**, that the CSNS develops a white paper describing the findings related to the above resolution.

**Fiscal note:** 0\$

## **RESOLUTION V-2025F**

**Title:** Preserving and Strengthening Peer Review Protections

**Action:** Adopted as Amended

**BE IT RESOLVED**, that the Council of State Neurosurgical Societies (CSNS) ask the AANS and CNS, in collaboration with the Washington Committee, to develop a position statement supporting state and federal statutes that maintain or establish immunity, confidentiality and privilege of peer review materials; and

**BE IT FURTHER RESOLVED**, that the CSNS request that the Neurosurgery Delegation to the American Medical Association (AMA) review existing AMA policy and model legislation advancing any necessary modifications to reflect the AANS/CNS position statement on physician peer review protections to the AMA House of Delegates, including recommendations for the AMA to take all necessary action to implement monitor this policy at the state and federal levels.

## **RESOLUTION VI-2025F**

**Title:** Preparing for the Impact of the TEAM Model

**Action:** Adopted

**BE IT RESOLVED**, the CSNS will compose a white paper detailing the potential impact of the TEAM model on future neurosurgical practice.

Fiscal note: \$0.

## **RESOLUTION VII-2025F**

**Title:** Evaluation of practice patterns in the transition from pediatric to adult neurosurgical care for patients with spina bifida and hydrocephalus

**Action:** Adopted

**BE IT RESOLVED**, that the CSNS conduct a survey of adult neurosurgeons to assess current practices in transition of care for patients with spina bifida and pediatric hydrocephalus, including referral and follow-up patterns, mechanism of transition, use of physician extenders, perceived resource needs, and comfort with management of these patients; and

**BE IT FURTHER RESOLVED**, that the CSNS survey include questions regarding the awareness and use of transition-of-care codes, specifically in the care of hydrocephalus and spina bifida patients; and

**BE IT FURTHER RESOLVED**, that the results of the survey be compiled and presented to the CSNS as an oral presentation with the goal of developing best practice guidelines and facilitating implementation of structured transition programs within neurosurgery.

**Fiscal note:** None

### **RESOLUTION VIII-2025F**

**Title:** Resolution to Establish Media, Policy, and Advocacy Training for Neurosurgery Residents

**Action:** Adopted as Amended

**BE IT RESOLVED**, that the CSNS request the AANS/CNS develop a national educational module in science communication, media training including detailed creative and technical guidelines, and health policy engagement for neurosurgeons; and

**BE IT FURTHER RESOLVED**, that this module be piloted through AANS/CNS meetings and made available as an educational offering.

**Fiscal Note:**

The cost of creating and piloting this national educational module is estimated at approximately \$200, which can be reduced through resident/faculty volunteering, partnerships with different news organizations and academic journalism/storytelling groups, and the existing AANS/CNS infrastructure.

### **RESOLUTION IX-2025F**

**Title:** Resolution to Integrate Patient Stories and Experiences into Neurosurgical Residency Education

**Action:** Not Adopted

**BE IT RESOLVED**, that the CSNS supports the pilot development of a volunteer patient narrative library (video, written, or oral histories) to be integrated into neurosurgical residency education

with an ultimate goal to evaluate impact on resident empathy, communication skills, and overall wellness; and

**BE IT FURTHER RESOLVED**, that this narrative library also be made accessible to the public, including through platforms such as the **CNS YouTube channel**, in order to enhance patient understanding, decision-making, and trust in neurosurgical care; and

**BE IT FURTHER RESOLVED**, that CSNS collaborates with AANS/CNS and patient advocacy organizations (such as the Parkinson’s Foundation, American Brain Tumor Association, Brain Aneurysm Foundation, Hydrocephalus Association, and Epilepsy Foundation, to name a few) to highlight diverse voices and experiences representing the wide spectrum of neurosurgical disease; and

**BE IT FURTHER RESOLVED**, that neurosurgery training programs be encouraged to incorporate these narratives into didactics, simulation, and resident reflection sessions, ensuring that patient voices remain a central part of neurosurgical education; and

**BE IT FURTHER RESOLVED**, that this initiative also prepare residents – as future leaders – to authentically represent patient stories in hospital and academic promotional videos, public outreach, and advocacy efforts, so that the narratives shared publicly reflect the dignity, lived experience, and human impact of neurosurgical care, rather than serving solely as marketing tools.

Fiscal Note:

The estimated first-year cost of piloting a national patient narrative library is **\$200**. Expenses would primarily include minimal video editing, platform integration, and coordination support. Including the United States Department of Veterans Affairs (VA) population can also diversify the patient narrative experience which can be included in this endeavor. Incorporating existing AANS/CNS digital platforms and working alongside advocacy groups and volunteers may minimize costs.

## **RESOLUTION X-2025F**

**Title:** **Standardizing Extended Reality Training in Neurosurgical Residency to Improve Patient Education and Outcomes**

**Action:** **Not Adopted**

**BE IT RESOLVED**, that the CSNS recommend the AANS and CNS collaborate with residency program directors to develop a standardized curriculum for simulation-based neurosurgical education, including XR platforms and surgical navigation training; and

**BE IT FURTHER RESOLVED**, that the CSNS encourage residency programs to train neurosurgical residents in the use of extended reality (XR) platforms to enhance patient education and

optimize surgical outcomes; and

**BE IT FURTHER RESOLVED**, that the CSNS advocate for the inclusion of native 3D autostereoscopic visualization in residency training to enhance learning for both patients and trainees; and

**BE IT FURTHER RESOLVED**, that the CSNS support integration of simulation-based assessment tools into board preparation and milestone evaluations to ensure competency benchmarks.

**Fiscal Note:**

Estimated **\$10,000–\$15,000** for curriculum development and pilot testing. Additional cost-sharing with residency programs, simulation vendors, and industry partners may offset ongoing maintenance and licensing fees.

**RESOLUTION XI-2025F**

**Title:** **Impact of Caps of Federal Student Loans on Neurosurgical Residents and Aspiring Trainees**

**Action:** **Not Adopted**

**BE IT RESOLVED**, the CSNS ask the AANS / CNS Washington Committee to advocate against caps on federal student loans.

**FISCAL NOTE:** \$0

## **RESOLUTION XII-2025F**

**Title:**                           **Continuous Re-enrollment Periods for Children on Medicaid**

**Action:**                       **Adopted Substitute Resolution**

**BE IT RESOLVED**, that the CSNS asks the CNS/AANS, in collaboration with the Washington Committee and other relevant organizations as appropriate, to advocate for the preservation of federal and state mechanisms—such as CMS Section 1115 waivers—that allow for extended continuous Medicaid and CHIP eligibility and reduce procedural barriers to maintaining coverage for children with neurosurgical conditions.

## **RESOLUTION XIII-2025F**

**Title:**                           **Opposing the Unfettered Use of Artificial Intelligence by Commercial Insurers in the Prior Authorization Process**

**Action:**                       **Adopted Substitute Resolution**

**BE IT RESOLVED**, that the CSNS request that the AANS and CNS, through the AANS/CNS Washington Committee, release a joint statement encouraging transparency concerning the use of AI in the prior authorization process for neurosurgical procedures; and

**BE IT FURTHER RESOLVED**, that the matter of transparency concerning the use of AI in the prior authorization process for neurosurgical procedures be referred to the AMA for national action with the intent of amending existing policy on prior authorization and AI, development of model legislation and providing other tools and resources to the states.

## **RESOLUTION XIV-2025F**

**Title:** Patient right to transparency on the health insurance authorization process

**Action:** Not Adopted

**BE IT RESOLVED**, that the CSNS petition the AANS, CNS, and Washington committee to work with state medical and national legislations to advocate for laws and/or regulations at the state and national levels to mandate that health insurance companies conducting neurosurgical prior authorization reviews utilize “peers” who are physicians that are professionally licensed in an appropriate specialty, practicing in accordance with their accrediting state medical boards, and who must provide proof of this upon request for the purposes of verification by patients and physicians, and reporting of behavior to state medical boards when applicable, such that patients and treating physicians may verify good standing with accrediting bodies to ensure safe and transparent healthcare decisions are being made during the peer review process; and

**BE IT FURTHER RESOLVED**, that the CSNS petition the AANS and CNS to include in this resolution an ask that the AMA work with state medical societies, national specialty societies, and regulators to promote model standards and state-level reforms that require insurers to demonstrate transparent mechanisms for verifying the qualifications of peer reviewers, and to ensure accountability when peer reviewers operate outside of their scope of practice or not in accordance with professional standards.

Fiscal Note: 0\$

### **RESOLUTION XV-2025F**

**Title:** Formal Guidance on Developing Statewide Quality Improvement Registries

**Action:** Adopted as Amended

**BE IT RESOLVED**, that the CSNS, with input from the NeuroPoint Alliance (NPA), create educational resources on developing and sustaining statewide quality improvement registries; and

**BE IT FURTHER RESOLVED**, that this may be in the form of educational sessions during annual meetings and an online resource guide for CNS/AANS/CSNS members.

### **RESOLUTION XVI-2025F**

**Title:** Toward the development of an Acute Care Neurosurgery practice model

**Action:** Not Adopted

**BE IT RESOLVED**, by the Council of State Neurosurgical Societies publishes a statement supporting a national standard for surgical technologist training, competency and certification to increase patient safety.

Fiscal note: None

### **RESOLUTION XVII-2025F**

**Title:** Incorporating Social Determinants of Health into DRG-Based Payment Models for Neurosurgical Care

**Action:** Not Adopted

**BE IT RESOLVED**, that the CSNS asks the AANS/CNS, in collaboration with the Washington Committee, to urge CMS and other federal agencies to incorporate validated social risk factors and SDOH metrics into DRG-based payment models, so that hospital reimbursement more accurately reflects the medical and social complexity of neurosurgical patients without adding documentation burden to treating physicians; and

**BE IT FURTHER RESOLVED**, that the CSNS asks the AANS/CNS to support adoption of standardized and streamlined mechanisms (such as ICD-10 Z-codes or other automated data sources) for capturing SDOH, integrated into existing workflows to ensure that information is leveraged for risk adjustment without duplicative reporting by neurosurgeons; and

**BE IT FURTHER RESOLVED**, that the CSNS asks the AANS/CNS to advocate for the continued use and expansion of Section 1115 waivers as a mechanism for states to pilot Medicaid payment and care delivery reforms that address SDOH, sustain access to neurosurgical care in high-need populations, and strengthen reimbursement without shifting new administrative tasks onto providers.

Fiscal Note: 0\$

### **RESOLUTION XVIII-2025F**

**Title:**                               **Establishing a Path Forward for Endoscopic Spine Surgery:  
Acknowledgment of the RUC Determined RVU Value for CPT Code  
62380 by the CMS**

**Action:**                               **Adopted as Amended**

**BE IT RESOLVED**, the CSNS CRC will work with the AANS/CNS Washington Committee and the AANS/CNS Joint Section on Disorders of Spine and Peripheral Nerves (DSPN) to engage with the neurosurgery delegation of the AMA and the (AMA)/Specialty Society Relative Value Scale Update Committee (RUC) to advocate for recognition of the RUC valuation of CPT code 62380 by the CMS; and

**BE IT FURTHER RESOLVED**, the CRC will also identify the commonly utilized endoscopic spine operations that are beyond the work descriptor of the 62380 to determine the potential role of introducing new codes.

Fiscal Note: None

**RESOLUTION XIX-2025F**

**Title:** Characterizing Radiation-Related Occupational Hazards and Improving Radiation Safety for Female Neurosurgeons

**Action:** Adopted as Amended

**BE IT RESOLVED**, that the CSNS conduct a nationwide anonymized survey among neurosurgery residents and attendings assessing workforce exposure to ionizing radiation, prevalence of radiation-related occupational hazards like malignancy and pregnancy-related complications, and practices surrounding use of lead personal protective equipment.

**Fiscal Note:** None