



Table of Contents

- Adopted Resolutions
- Treasurer
- Medico-Legal
- NTENS
- Workforce
- Young Neurosurgeons
- Melany Thomas Fellow
- Patient Safety
- Ad Hoc AI Committee
- NW Quadrant







Adopted Resolutions

Resolution I-2025F: Assessment of Coagulation Management Practices in Traumatic Brain Injury

Resolution II-2025F: Implementing Periodic Neurotrauma Screenings for Contact-Sport Athletes and Military Personnel

Resolution III-2025F: Pediatric Traumatic Brain Injury—A U.S. Neurosurgical Survey of Care Patterns, Resources, and Outcomes

Resolution IV-2025F: Neurosurgeon's knowledge and experience with physician assessment and remedial education programs

Resolution V-2025F: Preserving and Strengthening Peer Review Protections

Resolution VI-2025F: Preparing for the Impact of the TEAM Model

Resolution VII-2025F: Evaluation of practice patterns in the transition from pediatric to adult neurosurgical care for patients with spina bifida and hydrocephalus

Resolution VIII-2025: Resolution to Establish Media, Policy, and Advocacy Training for Neurosurgery Residents

Resolution XII-2025F: Continuous Re-enrollment Periods for Children on Medicaid

Resolution XIII-2025F: Opposing the Unfettered Use of Artificial Intelligence by Commercial Insurers in the Prior Authorization Process

Resolution XV-2025: Formal Guidance on Developing Statewide Quality Improvement Registries

Resolution XVIII-2025: Establishing a Path Forward for Endoscopic Spine Surgery: Acknowledgment of the RUC Determined RVU Value for CPT Code 62380 by the CMS

Resolution XIX-2025F: Characterizing Radiation-Related Occupational Hazards and Improving Radiation Safety for Female Neurosurgeons

Find full text and details at:

<https://csnsonline.org/wp-content/uploads/2025/12/FINAL-2025F-Resolutions-1.pdf>



Treasurer

As your CSNS Treasurer, I'm pleased to share a brief update from our recent bi-annual meeting in Los Angeles and to highlight some of the important work underway to support the financial health and long-term vibrancy of the Council.



Clemens Schirmer, MD, PhD, MBA, FAANS

Over the past cycle, we have continued to manage CSNS resources carefully and conservatively, focusing on stability and sustainability. Our current funds position us well to support the core mission of the CSNS: advancing neurosurgical socioeconomics, advocacy, and policy through the efforts of our delegates and committees. Although the figures are preliminary and subject to routine review, the overall outlook remains positive, allowing us to plan confidently for the years ahead. An ongoing priority is the collection of delegate society dues. Several outstanding dues from previous years still need to be addressed, and clearing these will enable us to fully utilize the resources we have on record. I encourage all delegates and member societies to stay current with their dues. Doing so not only supports our shared mission but also demonstrates our collective commitment to the Council's role as the organized voice of neurosurgery on socioeconomic issues. If you have questions about your status or require assistance, please feel free to reach out.



In addition to managing dues, we are working to expand and diversify our financial support through fundraising. This year, we formed a Fundraising & Exhibition Taskforce to develop a thoughtful, mission-driven strategy to engage potential sponsors and partners. The team is developing a prospectus, establishing a structured approach to contacts and outreach, and creating a more consistent way to recognize and thank our supporters. I am deeply thankful to the delegates and members who have already volunteered their time and ideas for this effort. A core principle guiding this work is alignment with the broader fundraising strategies of our national neurosurgical organizations.

By working closely with the AANS and CNS and utilizing their existing infrastructure for due diligence and transactions, we can ensure that any external support we accept aligns with our values, remains transparent, and is administratively efficient. This collaboration also helps us avoid duplication of effort and strengthens neurosurgery's unified voice on issues impacting our patients and practices. Finances might seem like the "back office," but they are essential. Stable resources allow us to support delegate participation and committee work, develop educational and policy initiatives, contribute to national discussions on reimbursement, regulation, and access, and invest in future neurosurgical leaders focused on socioeconomics and advocacy.

I want this report to be not just an update, but an invitation. If you are interested in helping with fundraising, sponsorship outreach, or new ideas for supporting the CSNS financially, please consider joining the Fundraising & Exhibition Taskforce or contacting me directly. Whether your contribution is time, expertise, or connections, there is a meaningful role for you. Thank you for the work you do every day on behalf of your patients, your colleagues, and the neurosurgical community—and for the trust you place in me as your Treasurer. Together, we can ensure that the CSNS remains not only intellectually and professionally vibrant, but also financially strong for many years to come.



Medico-Legal Committee

We have ongoing efforts in the discussions of collective bargaining in neurosurgery. Overall support in neurosurgery seems to be in favor of further exploration. We are in the process of editing "Heterogeneous Drivers of Union Support Among US Neurosurgeons: A National Cross-Sectional Survey" for the red journal and thanks to Dr. Porras it will be slotted for publication in an upcoming issue. While the Washington Committee's official position is to oppose unionization, the Medico-Legal committee believes it should still be explored, along with the other ways of doing collective bargaining.



Brian Gantwerker, MD

Members of the Medico-Legal committee, with help from officers of the CSNS and CNS had a very interesting panel discussion during the socio-economic section on expert witness testimony, malpractice suits and enjoyed fantastic discussion afterwards.

The medico-legal committee will continue to work the CSNS parent bodies, including the CNS, AANS, and Washington Committee to move our agendas forward and to research pertinent and important issues salient to the practice of neurosurgery.



J. Brett Fleming, MD

Neurotrauma & Emergency Neurosurgery

The CSNS Neurotrauma and Emergency Neurosurgery (NTENS) committee's purpose is to identify and address socioeconomic and health policy issues related to neurotrauma, emergency neurosurgery, and critical care. This typically involves issues related to regional trauma care coverage, reimbursement issues, trauma workforce issues, dissemination and utilization of advances in treatment, and training program competencies in emergency neurosurgery. The NTENS committee meets semiannually. This committee consists of representation from military, academic and private practice physicians, as well as resident physicians.

This year, the NTENS committee held a session on Friday, Oct 10. The topics discussed related to the resolutions assigned to NTENS. This year we had three new resolutions: the assessment of coagulation management practices in traumatic brain injury, implementing periodic neurotrauma screenings for contact-sport athletes and military personnel, and a neurosurgical survey of care patterns/resources/outcomes for pediatric traumatic brain injury.

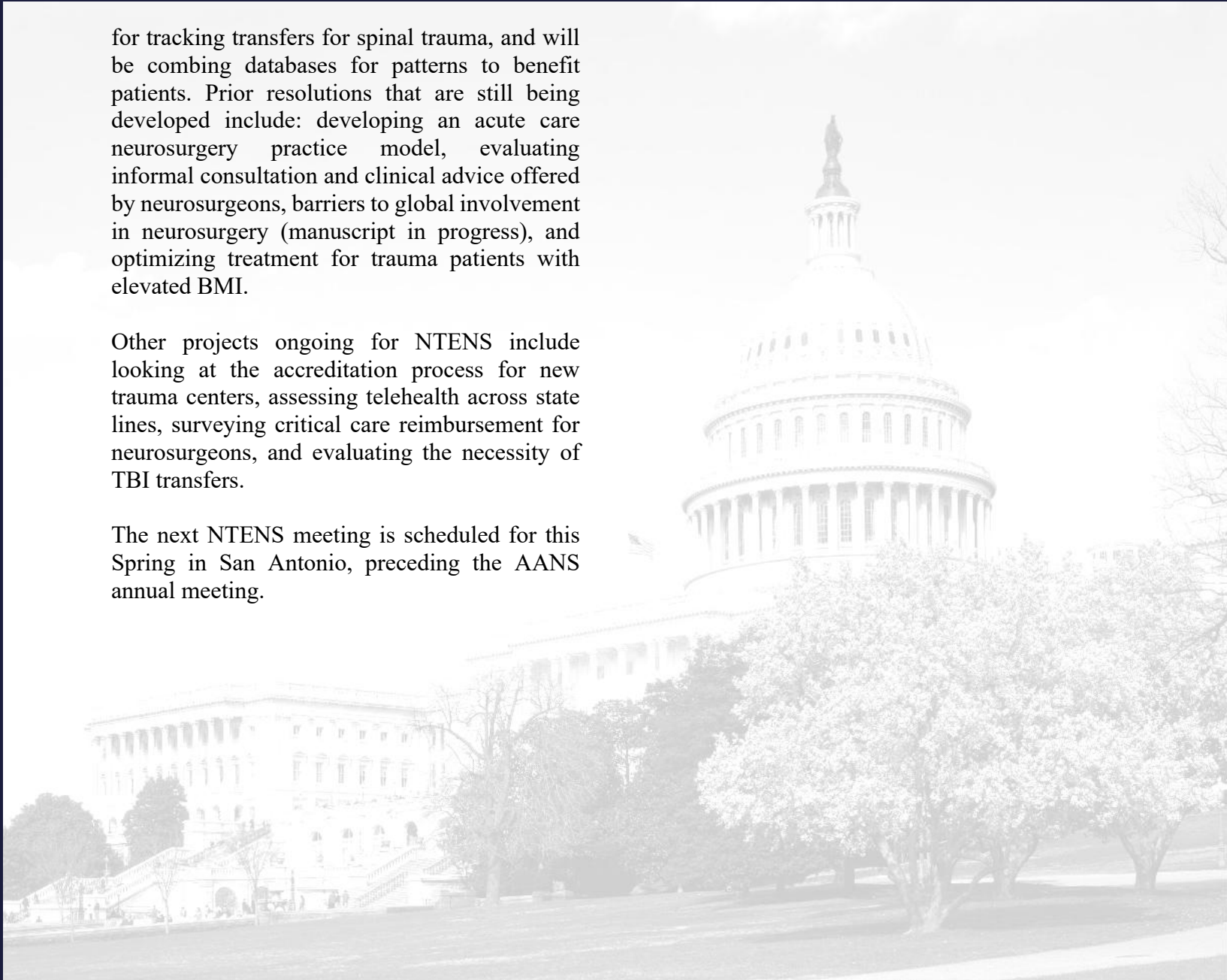
NTENS is working year-round to make products that benefit neurosurgery and its patients. Through the efforts of Nitin Agarwal MD, Raj Swaroop Lavadi MD and others, a position statement on the emerging sport of Slap Fighting was developed. Also this year, Ann Parr MD, JP Kolcun MD and others have developed a project



for tracking transfers for spinal trauma, and will be combing databases for patterns to benefit patients. Prior resolutions that are still being developed include: developing an acute care neurosurgery practice model, evaluating informal consultation and clinical advice offered by neurosurgeons, barriers to global involvement in neurosurgery (manuscript in progress), and optimizing treatment for trauma patients with elevated BMI.

Other projects ongoing for NTENS include looking at the accreditation process for new trauma centers, assessing telehealth across state lines, surveying critical care reimbursement for neurosurgeons, and evaluating the necessity of TBI transfers.

The next NTENS meeting is scheduled for this Spring in San Antonio, preceding the AANS annual meeting.





Owoicho Adogwa, MD

Workforce Committee

The Workforce Committee has remained active over the past cycle, focusing on projects examining policy variability, practice patterns, and emerging challenges facing the neurosurgical workforce. Two committee-led

resolutions were passed at the most recent plenary meeting. These include advocating for continuous Medicaid/CHIP eligibility for children with neurosurgical conditions and calling for transparency regarding the use of artificial intelligence in insurer prior authorization workflows. Additional resolutions passed this spring address topics such as the cost of spine surgery across federal and civilian systems, maintaining federal funding for neurosurgical research amidst NIH budget cuts, and developing a state-by-state socioeconomic resource to support neurosurgeons evaluating practice environments.

A substantial portion of the committee's ongoing work continues through the artificial intelligence (AI) Ad Hoc Subcommittee. Since its formation, the group has produced a comprehensive policy statement outlining ethical and practical considerations for AI use in neurosurgery, which was recently published in JNS. Sights will now turn toward broader organizational and intersocietal ratification. In addition to the policy statement, the committee has developed a supporting editorial and several companion peer-reviewed works evaluating AI in neurosurgery. Multiple manuscripts from this group have



already been accepted or are undergoing review, with additional submissions in progress.

Other efforts that are nearing completion include a national insurance policy analysis focused on variability in coverage eligibility for spine fusion patients on nicotine replacement therapies, as well as survey-based efforts evaluating secure messaging patterns in clinical practice, neurosurgeons' experiences with non-compete clauses, and perceptions of the value of advanced practice providers. These surveys have been developed and approved and are expected to move toward distribution in the coming period.

Many of these efforts stem from the work of current and former resident fellows, along with medical students Ali Mohamed and Nikita Das, who have played a key role in advancing our AI initiatives. The continued involvement of trainees in meaningful policy work remains a defining strength of our committee.



Young Neurosurgeons Representative Section

The fall 2025 CSNS meeting brought another season of momentum and collaboration among our socioeconomic fellows and YNRS members, with vibrant discussions centered on fellowship updates, ongoing initiatives, and expanding opportunities for involvement in organized neurosurgery.

Fellows heard updates from the CNS Caucus, Washington Committee, and the Melany Thomas Fellowship, with a strong emphasis on continued participation even after the official fellowship term ends. This is an effort aimed at preserving institutional knowledge and strengthening mentorship across classes. Development of the Socioeconomic Fellows Handbook is underway, with each fellow contributing insights to help future cohorts navigate plenary, resolution drafting, and committee processes. In addition, fellows will complete a formal sign-out after the Spring Meeting to ensure seamless transition of ongoing projects to next year's incoming group. The socioeconomic fellows are also formalizing the CSNS Liaison Program, which will ultimately fall under the YNRS portfolio to support coordination with AANS/CNS subspecialty sections.

Two resolutions have been formally assigned: Resolution VII, which evaluates practice patterns in the transition from pediatric to adult neurosurgical care for patients with spina bifida



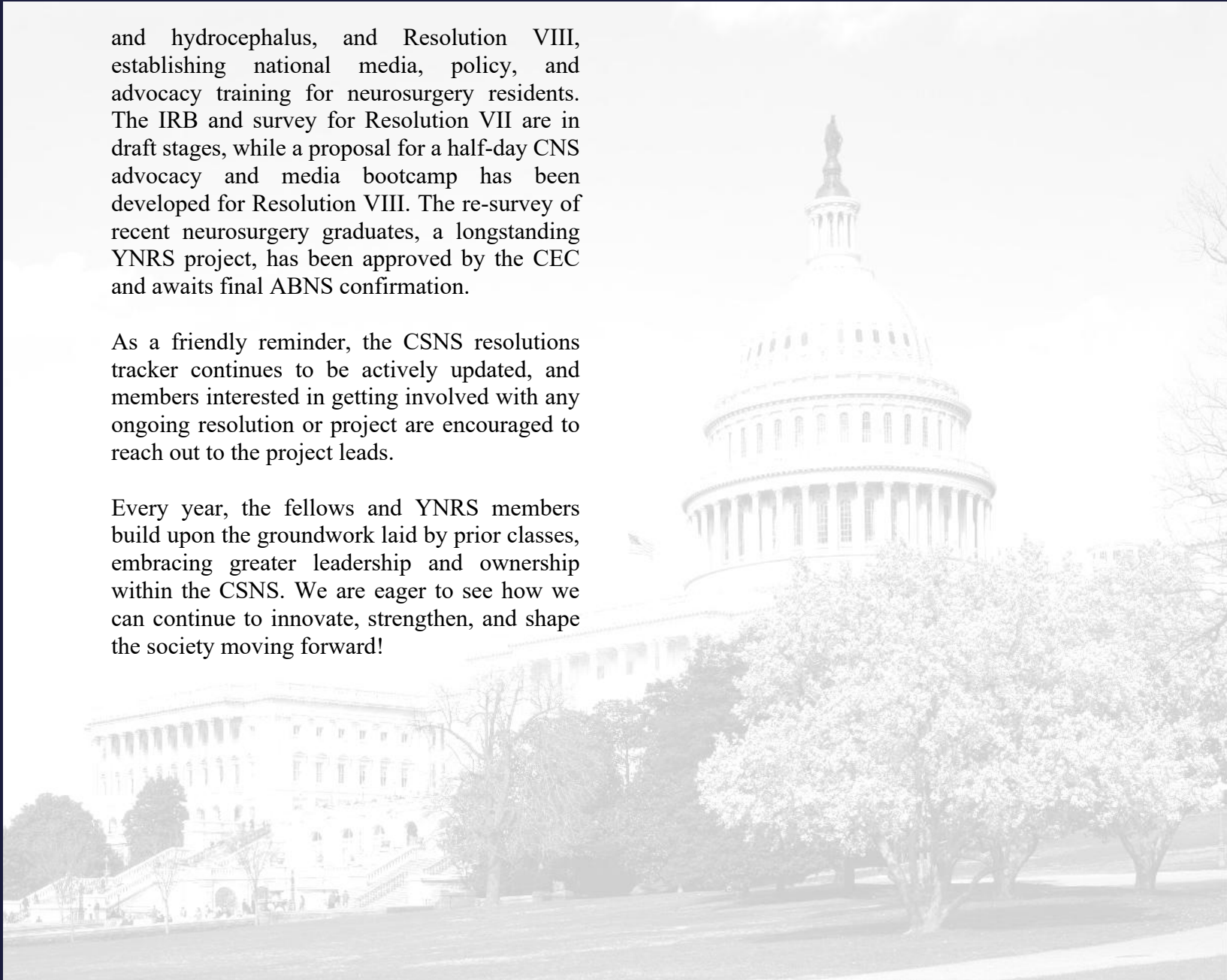
Laila Mohammad, MD



and hydrocephalus, and Resolution VIII, establishing national media, policy, and advocacy training for neurosurgery residents. The IRB and survey for Resolution VII are in draft stages, while a proposal for a half-day CNS advocacy and media bootcamp has been developed for Resolution VIII. The re-survey of recent neurosurgery graduates, a longstanding YNRS project, has been approved by the CEC and awaits final ABNS confirmation.

As a friendly reminder, the CSNS resolutions tracker continues to be actively updated, and members interested in getting involved with any ongoing resolution or project are encouraged to reach out to the project leads.

Every year, the fellows and YNRS members build upon the groundwork laid by prior classes, embracing greater leadership and ownership within the CSNS. We are eager to see how we can continue to innovate, strengthen, and shape the society moving forward!





Joseph Camarano, MD

Melany Thomas Fellow

My time as the Melany Thomas Fellow has been incredibly rewarding so far. It has allowed me to continue my goal of integrating myself into organized neurosurgery, which I hope to continue throughout my career. I have been able to see some of the “inner workings” of the executive council and joint caucuses, strengthening my understanding of how the CSNS can be used as an avenue to accomplish various advocacy goals. My breadth of knowledge on socioeconomic matters has increased substantially between the socioeconomic fellowship and this one.

This year, I have continued advancing ongoing committee work while taking on new initiatives. Within the Workforce Committee, where I serve as acting secretary, I am leading a national review of insurance policies related to nicotine replacement therapy and spinal fusion eligibility, now presented at AANS and under manuscript review. Through the committee, I recently authored and passed a resolution supporting continuous Medicaid/CHIP enrollment for children and drafted the follow-up advocacy correspondence. Finally, I have contributed to projects assessing neurosurgeon experiences with secure messaging platforms and locum tenens employment models, both continuations of work started as a socioeconomic fellow.

Within the Medico-Legal Committee, I am leading an initiative focused on neurosurgical



expert witness qualification standards. Our efforts resulted in a plenary presentation outlining a set of proposed core principles defining appropriate expert testimony. Two manuscripts stemming from this initiative are in progress: one analyzing the evolutionary history and variability of state-level expert witness requirements, and another developing an objective grading index of medicolegal climate by state.

Beyond publication, the long-term goal is to integrate this work into updates to parent organization ethics frameworks, align our standards with AMA policy, and ultimately support statutory reform in partnership with state neurosurgical societies.

Within the YNRS, I am helping lead a project in collaboration with the ABNS evaluating perceptions of neurosurgical training and preparedness among recent graduates.

Alongside committee-driven work, I've enjoyed the opportunity to contribute to several initiatives aimed at improving organizational continuity and fellow engagement. This has included co-leading the Fellow Education Webinar Series, helping develop a comprehensive fellows' handoff guide, and assisting with creation and maintenance of a centralized CSNS project tracker now housed on the CSNS website. I also undertook a project to enhance the resolution writing process, creating a detailed handbook to support more consistent

high-quality resolution writing and review. We will next explore formalizing a dedicated "legislative chair" role to provide sustainable support in this realm. It has been thoroughly enjoyable integrating fellows into these various initiatives. I am deeply grateful for the opportunity to serve in this fellowship and look forward to continuing to contribute to neurosurgical policy and advocacy efforts within the CSNS and beyond.



Jeremy Amps, MD

Patient Safety

We have a few ongoing resolutions:

We have one about communicating with the AMA via CNS/AANS about the importance of screening for osteoporosis. Currently, we are seeking recommendations for any changes made in the communicate and then send it off. The goal will be to not only promote the importance of osteoporosis screening but also to recognize patients with extensive spinal deformities that might need to be seen by a bone density specialist.

We also have a survey that should be ready to go out next year about the use of localization protocols in spine surgery. This is an information-gathering step. Hopefully, the future could bring results from using such protocols and guidelines for teams that would like to introduce them or reform them at the centers where they work.

We are also finishing up a white paper on patients with DISH and the unique challenges they face. The idea is to once again educate the neurosurgical as well as the primary care community.

We also had a good improvement in turnout and are hoping to have more come to our session at the spring meeting.



Ad Hoc AI Committee

Following the passage of Resolution II-2024F at the 2024 Fall CSNS meeting, the Workforce Committee formally established the AI Ad Hoc Committee to evaluate the role of artificial intelligence in neurosurgery and develop comprehensive guidance for the field.



Ali Mohamed

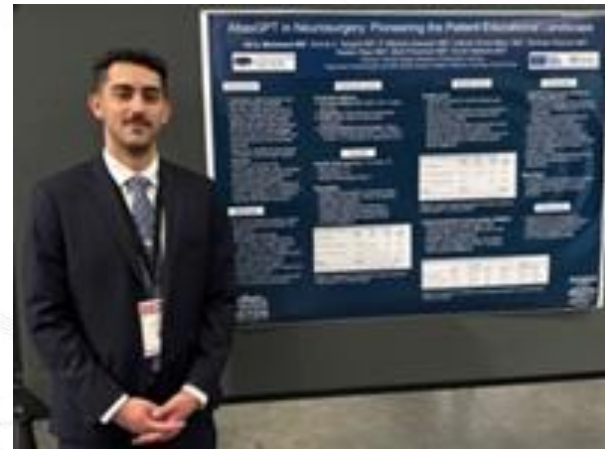
Between January and April 2025, the committee produced a full policy statement which was subsequently approved by the CSNS EC in April 2025. The work was then presented during a plenary session at the 2025 Spring CSNS Biannual Meeting and subsequently reviewed by the *Neurosurgical Focus* editorial leadership, where it received provisional acceptance pending ratification by major neurosurgical societies. A companion editorial discussing the committee's development process, principles, and evidence base was accepted by *Neurosurgical Review* in August 2025. Ongoing discussions with leadership from the AANS, CNS, SNS, ABNS, and Washington Committee have continued throughout 2025 to facilitate multiorganizational ratification and coordinated dissemination.

In parallel, the AI Ad Hoc Committee initiated multiple original investigations to provide the evidence base underpinning the policy's core domains of responsible use, privacy and security, transparency, academic integrity, and financial interests. These studies include: Evaluations of AI tools in peer review, a cross-sectional



assessment of neurosurgical journal AI policies, a performance evaluation of neurosurgery-specific LLMs (CNS+ chatbot and AtlasGPT) for accuracy and utility across trainee education, patient education, and clinical explanation tasks, studies examining generative models (text-to-image, text-to-video, image-to-video) for their ability to represent neurosurgical procedures and anatomy, predictive accuracy studies assessing AI's ability to forecast abstract acceptance, scoring, and presentation type at national neurosurgical meetings, and an ongoing multi-institutional evaluation of AI-based prior authorization systems, informing the CSNS Resolution XIII-2025F on insurer use of unmonitored AI in coverage decisions.

Beyond research, the committee's work has been disseminated widely at national meetings, including multiple podium presentations at the 2025 CNS Annual Meeting, Florida Neurosurgical Society Meeting, NASBS Annual Meeting, Spine Summit, and AANS Annual Meeting. Together, the policy statement and its supporting investigations ensure that organized neurosurgery adopts AI in a manner that is ethical, secure, transparent, academically rigorous, and aligned with the values of the neurosurgical community.



Academically rigorous, and aligned with the values of the neurosurgical community.



J. Brett Fleming, MD

NW Quadrant

Illinois, Michigan and Ohio continue to have robust annual meetings. Indiana neurosurgeons are attempting to form a society in the interim. In Wisconsin, no state society exists, but interest was expressed in starting one also, with plans to collaborate with the University of Wisconsin and Medical College of Wisconsin.

This year, the Ohio meeting combined with the Ohio Valley Spine Society to produce a record year of participation and income. Due to popularity around the state, they are also seeing more interest among APPs and medical students. In Michigan, the state society meeting at Mackinac Island was well-supported, during which the Michigan Spine Surgery Improvement Collaborative was highlighted as a success. In Minnesota, challenges were reported due to a healthcare system merger and contract disputes with Fairview, leading to outsourcing of spine cases to private orthopedic groups, reducing neurosurgery case volume.

Also, CSNS officer Nominations occurred during this meeting. This is the first year where the officer terms were decreased from two years to one.