

**Council of State Neurosurgical Societies  
of the  
American Association of Neurological Surgeons and Congress of Neurological Surgeons**

**RULES AND REGULATIONS  
FOR THE OPERATION OF  
THE COUNCIL OF STATE NEUROSURGICAL  
SOCIETIES**

**August, 2009**

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## **I. PURPOSE, MISSION & VISION**

A. The purpose of the Council of State Neurosurgical Societies is to provide a national forum for the State Neurosurgical Societies of the United States. This forum is primarily for discussion, consideration, and proposals of action regarding socioeconomic issues concerning Neurological Surgery.

B. The Mission Statement for the Council of State Neurosurgical Societies is as follows:

The CSNS is a representative, deliberative and collaborative organization of delegate neurosurgeons in training and practice that exists to:

1. positively influence and affect the socioeconomic policy of organized Neurosurgery for the benefit of Neurosurgical patients and our profession,
2. serve as a resource for socioeconomic knowledge and education for our Neurosurgical colleagues, regulatory and health care officials as well as legislative representatives,
3. provide a conduit for new initiatives, concerns and issues to be brought to the AANS and CNS for response and action, and
4. provide an environment for developing future leaders in healthcare policy and advocacy for Neurosurgery.

We believe that the specialty of Neurosurgery stands for the highest quality of care and that neurosurgeons are their patient's strongest advocates.

C. The Vision Statement for the Council of State Neurosurgical Societies is as follows:

The CSNS will be an efficient and diverse representational organization with strong leadership collaborating with other Neurosurgery and professional medical organizations to address socioeconomic policy that impact Neurosurgical practice and our delivery of quality Neurosurgical care to our patients.

The CSNS will be the leading Neurosurgical resource on socioeconomic issues including healthcare policy, third party and governmental regulatory issues, practice management, socioeconomic education and leadership representing all voices of Neurosurgery.

The CSNS will maintain excellent outreach and communication with state, regional and national Neurosurgery organizations and committees, will provide a forum for focused dialogue and delegate resolution consideration through its twice yearly plenary session, and will function year-round through an effective and efficient internal committee structure.

D. Deliberations and recommendations of the Council of State Neurosurgical Societies are to be presented directly to the:

1. Board of Directors of the AANS
2. Executive Committee of the CNS

E. The AANS Board of Directors and the CNS Executive Committee will respond in written form to action items approved by the CSNS.

## II. MEMBERSHIP

The Council of State Neurosurgical Societies shall derive membership from three sources:

A. Selected delegates from the states

1. Each State Neurosurgical Society, including Puerto Rico and the District of Columbia, will be represented in Council deliberations by selected delegates. A selected delegate must be an active member of either the AANS or CNS.
2. The Council shall be divided into four (4) geographical Quadrants (Regions) as follows:

<b>Quadrant 1</b>			<b>Quadrant 2</b>		
<b>NORTHEAST</b>			<b>NORTHWEST (Midwest)</b>		
CT		NJ	AK	MI	OR
DE		NY	IA	MN	SD
MA		PA	ID	MT	UT
ME		RI	IL	ND	WA
NH		VT	IN	NE	WI
			KS	OH	WY
<b>Quadrant 3</b>			<b>Quadrant 4</b>		
<b>SOUTHEAST</b>			<b>SOUTHWEST</b>		
AL	KY	PR	AZ	HI	NV
AR	MD	SC	CA	LA	OK
DC	MO	TN	CO	NM	TX
FL	MS	VA			
GA	NC	WV			

3. State Neurosurgical Society delegate representation shall be determined by a ratio of one (1) delegate per fifty (50) member neurosurgeons of that State Society. (Example: A State Society having fifty (50) or fewer member neurosurgeons will have one delegate and a State Society having fifty-one (51) to one-hundred (100) member neurosurgeons will have two (2) delegates, and so on.) The list will be updated annually. State Society members who are residents in neurosurgery and candidate members of the AANS or CNS, or retired neurosurgeons who maintain membership, may be included in the state society membership census.
4. Each State Neurosurgical Society will select its authorized number of delegates by whatever method of election it so chooses. Alternate delegates may be selected. Prior to each biannual CSNS meeting, the Recording Secretary of the Council will query each State Society President to confirm the identity of the delegates and alternates from each state for the upcoming CSNS meeting. It is recommended that the delegates be selected for terms no less than three (3) years.

5. In the event several states unite to meet as a group and formalize this as a Regional Society, the Regional Society shall be entitled to have one member for each state represented.
6. A State Society member who is elected to the AANS Board position as Regional Director remains a voting member of the Quadrant. The State Society then has the option to select another delegate.
7. Delegates selected from the States shall have a vote in all matters pertaining to both the Council and in deliberations of their own Quadrant. Alternate delegates vote only if present in place of the delegate.

B. Members appointed by the Presidents of the AANS and the CNS.

1. The second source of membership shall be composed of delegates appointed (AANS and CNS appointed delegates) by the Presidents of the AANS and CNS. Said delegates must hold a membership category in the AANS and/or CNS. In special circumstances, a neurosurgical resident trainee may be appointed by either the AANS or CNS with the approval of the Chair of the CSNS.
2. Each president may appoint delegate members for a period of 3 years, renewable upon reappointment at the end of each 3-year period.
3. The total number of appointed members to CSNS shall not exceed more than one-third of the total delegates (state and appointed). An equal number of Delegates shall be appointed by the AANS President and by the CNS President.
4. AANS and CNS appointed delegates to the CSNS will have a vote in all matters except the Quadrant Caucuses.

C. Members selected by the Quadrants or appointed by the Chairperson of the CSNS

1. There will be thirteen (13) Resident Fellows of the CSNS with full voting privileges. Three fellows will be selected from each quadrant and one fellow will be selected by the military delegate(s) with input from the Joint Section of Military Neurosurgeons. Resident Fellows serve for one year. These 13 fellows will be selected at the spring semi-annual meeting to attend the next two consecutive meetings. Changes in this rotation may occur and be approved at the discretion of the CSNS executive committee. Re-election is allowed but diversity in representation is encouraged.
2. There will be three (3) military delegate members, one each from the Navy, Army and Air Force, with full voting privileges. These delegates will be selected by the Joint Committee of

Military Neurosurgeons. These delegates may attend and participate fully in quadrant business.

3. There will be one (1) delegate member as well as one (1) alternate member from both the national neurosurgery Physician Assistant (PA) society as well as the national neurosurgery Nurse Practitioner (NP) society chosen by each society subject to approval by the Chairperson of the CSNS
4. There will be one (1) delegate member as well as one (1) alternate member from the Neurosurgery Executive's Resource, Value and Education Society (NERVES) chosen by NERVES and subject to approval by the Chairperson of the CSNS. The NERVES delegate their alternate will serve as non-voting members of the CSNS as well as the CSNS Executive Committee.
5. If a state does not have a neurosurgical society, the Chairperson of the CSNS may appoint a neurosurgeon from that state to act as a delegate for that state on a meeting by meeting basis.

### **III. OFFICERS**

A. The following officers shall be elected by the members of the Council:

1. Chairperson (2 Year Term)  
All attending members of the Council may vote.
2. Vice Chairperson (2 Year Term)  
All attending members of the Council may vote.
3. Recording Secretary (2 Year Term)  
All attending members of the council may vote.
4. Corresponding Secretary (2 Year Term)  
All attending members of the council may vote.
5. Treasurer (2 Year Term)  
All attending members of the Council may vote.
6. Quadrant Chairperson (3 Year Term)  
Only selected delegates may vote in their own Quadrant.
7. Quadrant Vice-Chairperson (3 Year Term)  
Only selected delegates may vote in their own Quadrant.
8. Regional Director to the AANS (3 Year Term)

Only selected delegates may vote in their own Quadrants.

9. Immediate Past Chairperson (2 Year Term)
10. Historian  
The Historian position will be appointed by the Chairperson of the Council of State Neurosurgical Societies and ratified by the Executive Committee. The Historian will serve as a member of the CSNS Executive Committee with full voting privileges. The Historian will serve as the Chairperson of the Awards Committee.

- B. The Nominating Committee for the officers of Chairperson, Vice Chairperson, Recording Secretary, Corresponding Secretary, and Treasurer shall consist of the Immediate Past CSNS Chairperson, who acts as committee chairperson, the four (4) Quadrant Chairpersons, and the Chairpersons of the AANS and CNS Caucuses.

A slate of officers will be presented by the nominating committee and circulated to the voting delegates at least six (6) weeks prior to the meeting at which the election is to be held. Additional nominees for any position can be nominated from the floor at the plenary session.

- C. Elected Officers of the Council must be State Delegates or CNS and/or AANS appointees who are in good standing of their state societies and members of both parent organizations (AANS and CNS) at the time of election. Prior to election all officer candidates must provide in writing full disclosure of any potential conflict of interest, or written statement that no conflict of interest exists, to the Corresponding Secretary for distribution to the membership prior to, or at the time of voting. States may determine if newly elected officers will retain Delegate status. Officers retain voting rights within their Quadrants, on the Executive Committee, and for Plenary Sessions with or without Delegate status.
- D. Elections for Officers and Quadrant Chairpersons shall be held at the regularly convened Spring Meeting of the Council. The election will be by a majority of the members present and voting. The elected officials will take office at the conclusion of the Spring Meeting at which they were elected. Elections for Regional Directors of the AANS may occur by mail or electronically at time intervals consistent with the AANS Regional Director terms. The election will be by a majority of members voting. Should a vacancy occur in a CSNS office, a special election will be held at the next semi-annual meeting to fill vacancies for the remainder of the unexpired term. Should a vacancy occur in the position of Regional Director to the AANS, the Corresponding Secretary of the CSNS will notify the officers of the State Societies of that Quadrant as soon as possible.

Each State or Regional Society shall be requested to nominate one person for Quadrant Regional Director. The nominees submitted by the State or Regional Societies will be discussed by the Quadrant delegates attending the next semi-annual CSNS meeting. Two final nominees will be selected from the nominees submitted. Subsequently, the

Corresponding Secretary will forward a physical mail or e-mail ballot containing the two final nominees to each of the certified delegates of that Quadrant. The candidate receiving the majority of the votes will be the nominee for Quadrant Regional Director. The result of the vote will be transmitted to the President of the AANS who, with the Board of Directors of the AANS, will make appointment for the duration of the term.

The appointed individual will be eligible to run for a full term on the Board of Directors at the expiration of the unexpired term as noted in the AANS Bylaws, Article IV, Section 3.

- E. At least eighteen months prior to the vacancy of a Quadrant Regional Director, the Corresponding Secretary of the CSNS will notify the State Society Presidents of that Quadrant. Each State or Regional Society, shall be requested to nominate one person for Quadrant Regional Director. That nominee need not be from that state but must be from the Quadrant and a member of the AANS.

The nominees submitted by the State or Regional Societies will be discussed by the Quadrant delegates attending the CSNS Spring Meeting and two final nominees will be selected from the nominees submitted. Subsequently, the Corresponding Secretary will forward a mail e-mail ballot containing the two final nominees to each of the certified delegates of the Quadrant. The candidate receiving the majority of the votes will be the nominee for Quadrant Regional Director.

The Corresponding Secretary of the CSNS shall submit the name of the nominee for Quadrant Regional Director to the Nominating Committee of the AANS. Following election as Regional Director and assumption of that position, the Quadrant Regional Director will become an ex-officio member of that Quadrant.

The offices of Quadrant Chairperson and Vice Chairperson: The Quadrant delegates shall elect a Quadrant Chairperson and a Vice Chairperson at the Spring Meeting concluding the term of office of each outgoing officer. The newly elected Quadrant Chairperson and Vice Chairperson shall assume office at the conclusion of the CSNS meeting during which they were elected. Prior to the Spring Meeting at which election is held, the delegates of the Quadrant shall be notified by the Corresponding Secretary of the CSNS of the pending election. The Quadrant Vice-Chairperson shall succeed as Quadrant Chairperson if the Chairperson is no longer able to serve. An election for a new Vice-Chairperson to fill the unexpired term shall be held at the next semi-annual meeting.

- F. There shall be no limitation regarding re-election of any officer or delegate except that the Chairperson, Quadrant Chairpersons, and Vice-Chairpersons shall not serve consecutive terms.

- G. Duties

- 1. Chairperson

The Chairperson shall convene and conduct the semi-annual meetings pursuant to the guidance of the current edition of “The Standard Code of Parliamentary Procedure” by Alice Sturgis and revised by the American Institute of Parliamentarians (The Standard Code).

2. Vice-Chairperson

The Vice-Chairperson shall assist the Chairperson as requested and assume the Chairperson's duties in case of absence. The Vice-Chairperson will also chair the Reference Committee.

3. Recording Secretary

The Recording Secretary shall keep the minutes and records of the Council's sessions and shall also maintain files of the duly elected Officers, Delegates, and Regional Directors. The Recording Secretary shall also maintain an up-to-date list of the members of each State Society of the number of delegates it is authorized to elect to the Council and notify each State Society.

4. Corresponding Secretary

The Corresponding Secretary shall conduct all correspondence of the Council, issue all notices and oversee the elections including Regional Directors.

5. Treasurer

The Treasurer shall make an annual report of the financial matters of the CSNS at the first regular meeting of the year. A copy of this report shall be filed with the parent organizations.

6. Quadrant Chairperson

The Quadrant Chairperson shall convene duly selected delegates of the State Societies of the Quadrant at designated times during the semi-annual meeting. The Quadrant Chairpersons are responsible for collecting the reports of the State Societies and shall present to the council assembly and executive board specific socioeconomic issues, problems and proposals of the States in the Quadrant. Quadrant Chairpersons are responsible for selecting Resident Fellows (CSNS Socioeconomic Fellows) through a quadrant process. Quadrant Chairpersons are responsible for soliciting AANS Regional Director nominations from their quadrant members and forwarding these to the Executive Committee.

7. Quadrant Vice-Chairperson

The Quadrant Vice-Chairperson shall assist the Chairperson and shall serve as Chairperson when the Chairperson is absent.

8. AANS Regional Director  
AANS Regional Director represents their CSNS Quadrant on the AANS Board of Directors. The AANS Regional Directors shall be voting members of the CSNS Executive Committee, and their Quadrants, whose meetings they are expected to attend.
9. Immediate Past Chairperson  
Immediate Past Chairperson shall serve as Chairperson of the Nominating Committee jointly with the four Quadrant Chairpersons and the Chairpersons of the AANS and CNS Caucuses.
10. Historian  
The primary responsibility of the historian will be to archive the history of the CSNS proceedings. (The historian will forward a copy of the proceedings to the AANS archives).  
Other duties include:
  - a) The Historian will serve on the Communication and Education Committee and will contribute to Neurosurgery News historical vignettes as well as a new member's roster.
  - b) The Historian will be responsible for initiating new members at each annual meeting and will introduce the new members to the Plenary Session.
  - c) The Historian will be responsible for preparing and presenting CSNS awards to outgoing officers and CSNS honorees.

#### **IV. COMMITTEES & SECTIONS**

A. The standing committees of the CSNS will be:

##### **1. COMMUNICATION AND EDUCATION COMMITTEE**

DUTIES: Develop and coordinate CSNS program presentations and publications of socioeconomic material and information through annual or special meeting programs (Practical Courses, Section meetings, featured speakers, special presentations, etc.), professional publications (Bulletin, Neurosurgery News, Neurosurgery Focus), award programs (resident, young neurosurgeons oral presentations), and public media.

##### **2. WORKFORCE COMMITTEE**

DUTIES: Research, analyze, report, and recommend action or policy on neurosurgery workforce needs and supply, including relevant factors such as training programs, technological changes, market supply and demand indicators, payment policies, population demographics, physician extenders, and competitive factors.

3. CODING AND REIMBURSEMENT COMMITTEE (CRC)

DUTIES: Coordinate CSNS participation with the AANS/CNS Coding and Reimbursement Committee in CPT coding and reimbursement activities of the AANS and CNS, including CPT Editorial Board and Relative Value Update Committee (RUC) issues and actions. Disseminate current information to CSNS members on coding and reimbursement topics, controversies, and proposals. Develop a knowledgeable workgroup of CSNS committee members available to contribute time and expertise to CPT and RUC-related work projects. The CSNS-CRC will work closely with the Washington Committee CRC, the Joint Section on Trauma and Critical Care, AANS Young Neurosurgeons Committee, and the CSNS Long Range Planning Committee to effectively identify and address socioeconomic and health policy issues related to coding and reimbursement.

4. NEUROTRAUMA AND EMERGENCY NEUROSURGERY COMMITTEE

DUTIES: The CSNS Neurotrauma and Emergency Neurosurgery Committee will assist with, and provide input and expertise for socioeconomic issues that may arise at the annual meeting of the JSNTCC, including investigation and reporting of socioeconomic and health policy issues of potential interest to the JSNTCC. The CSNS Neurotrauma and Emergency Neurosurgery Committee will also research and present reports, surveys and white papers as assigned by the CSNS Executive Committee, including issues related to regional trauma care coverage, including reimbursement issues, trauma workforce issues, dissemination and utilization of advances in treatment, and training program competencies in emergency neurosurgery.

This committee will work closely with the Joint Section of Neurotrauma and Critical Care (JSNTCC) to effectively identify and address socioeconomic and health policy issues related to neurotrauma, emergency neurosurgery, and critical care. A liaison from the CSNS Neurotrauma and Emergency Neurosurgery Committee will report to the CSNS Executive Committee and JSNTCC Executive Committee.

5. MEDICAL PRACTICES COMMITTEE

DUTIES: Research, report, and recommend action, policy, or information dissemination on socioeconomic issues and professional or political factors affecting neurosurgical practice, including practice management, clinical privileges, technological issues, medical information, ethical controversies, professional practice oversight.

6. MEDICO-LEGAL COMMITTEE

DUTIES: Research, report, and educate CSNS and AANS/CNS members on medico-legal issues affecting neurosurgical practice, including professional liability, informed consent, Medicare fraud and abuse regulation and enforcement, CPT Coding/E&M documentation rules, antitrust laws, and other pertinent law or regulation.

The standing committees will report directly to the CSNS at each semi-annual meeting.

Chairpersons and Vice-Chairpersons of standing committees are appointed by the Chairman of the CSNS. They may be either selected representatives or appointed members.

- B. The special committees of the CSNS will be the Nominating Committee, the Rules and Regulations Committee, the Long Range Planning Committee, the Resident Fellowship, Leadership Development & Mentoring Committee, the Membership & State Societies Committee, and the Awards Committee.

1. NOMINATING COMMITTEE

DUTIES: The Nominating Committee shall consist of the Immediate Past Chairperson, the four (4) Quadrant Chairpersons, and the Chairpersons of the AANS and CNS Caucuses. It will provide nominations for the offices of Chairperson, Vice Chairperson, Recording Secretary, Corresponding Secretary, and Treasurer. For internal elections (within the CSNS), a slate of officers will be presented by the nominating committee and circulated to the voting delegates at least six (6) weeks prior to the meeting at which the election is to be held. Additional nominees for any position can be nominated from the floor at the plenary session.

The Nominating Committee will also provide nominations to the CSNS Executive Committee for external (non-CSNS) positions including, but not limited to officers and committee appointments for the AANS and CNS.

The Corresponding Secretary is responsible for submitting letters of recommendation for nominees under the direction of the CSNS Executive Committee.

2. RULES AND REGULATIONS COMMITTEE

DUTIES: The Rules and Regulations Committee will consist of the Corresponding Secretary and the four Quadrant Chairpersons. It will function to implement changes in the Rules and Regulations as voted on by the membership, to circulate petition for changes in the Rules and Regulations as provided in Section VII, and to review the Rules and Regulations periodically to assess the need for changes or revisions.

3. LONG RANGE PLANNING COMMITTEE

DUTIES: The Long Range Planning Committee will consist of the Chair, Vice Chair, Corresponding Secretary, Recording Secretary, Treasurer, the two Immediate Past Chairs, and two CSNS delegates (appointed by the CSNS Chair). The CSNS Vice Chair shall preside over the meeting. The committee will meet as necessary and perform ongoing long range and strategic planning.

4. RESIDENT FELLOWSHIP, LEADERSHIP DEVELOPMENT & MENTORING COMMITTEE

DUTIES: The Resident Fellowship, Leadership Development & Mentoring Committee will consist of the Vice Chair of the CSNS, the Chair of the Young Physicians Committee or designate, and one representative from each quadrant and caucus chair or designate. The Resident Fellowship, Leadership Development & Mentoring Committee will be tasked with the following:

- a) Resident fellow recruitment, orientation, and education within the CSNS
- b) Develop and maintenance of CSNS mentoring program to assist with orienting new members and fellows to the CSNS.
- c) Develop and maintain leadership assessment program to identify future leaders in the CSNS.

#### 5. MEMBERSHIP & STATE SOCIETIES COMMITTEE

DUTIES: The Membership & State Societies Committee will consist of the four Quadrant Chairs or designate and the Corresponding Secretary. Chair of the committee will be designated by the CSNS Chair.

The Membership & State Societies Committee is responsible to develop an effective communication mechanism between existing state and regional neurosurgical societies and the CSNS. Additional duties include maintaining accurate delegate lists, actively assisting and seeking to form new state and regional neurosurgical societies, and working with the AANS/CNS Washington Office to serve as a “fast response” link to delegates in States where urgent information, and/or advocacy action is needed.

#### 3. 6. AWARDS COMMITTEE

DUTIES: Research and nominate designees for the various honors, other than those given for submitted abstracts at meetings, awarded by CSNS. This Committee shall be chaired by the Historian. In addition to the Historian, this Committee shall be composed of the Past Chairperson, the Quadrant Chairpersons, and two CSNS Delegates (appointed by the Chairperson for one year renewable terms).

- C. The Chairman of the CSNS may appoint ad hoc committees.
- D. The Representational Sections function as working committees and report directly to the Executive Committee of the CSNS. Representational Section designation is determined through Rules & Regulations proposals and subsequent membership approval and ratification through the AANS Board of Directors and the CNS Executive Committee. Representational Sections are as follows:

#### 1. YOUNG NEUROSURGEONS

DUTIES: Educate, interest, and involve young and resident neurosurgeons in current CSNS and organizational activities related to socioeconomic issues of neurosurgery practice, undertake research and report or educational projects on issues of particular interest to

young neurosurgeons, including job search, practice initiation, Board certification and recertification, training conditions, practice economics, and other related topics. The CSNS Young Neurosurgeons Committee will work to strengthen ties and cooperation and leadership development with the Young Neurosurgeons Committee of the AANS to promote and raise awareness of socioeconomic and health policy issues.

## V. MEETINGS

- A. The CSNS and its committees will meet at least semi-annually in association with the annual meetings of the AANS and of the CNS.
- B. The Executive Committee of the CSNS which includes the Officers, Quadrant Chairpersons, Committee and Representational Section Chairpersons, AANS and CNS Caucus Chairpersons, AANS Regional Directors, the appointed delegate member from NERVES, and the CSNS Chairperson selected Resident Fellow will meet or confer at least semiannually in the interval between the annual meetings of the AANS and the CNS. The NERVES delegate and Resident Delegate and/or their alternates, will serve as non-voting members of the Executive Committee.
- C. The attending duly selected delegates (or alternate delegates) and appointed members at any regularly convened meeting will constitute a quorum at that meeting.
- D. The AANS and CNS will fund, on an equal basis, the expenses of the semiannual meetings and CSNS Executive Committee meetings 6 weeks prior to semi-annual meetings. Further, the AANS and CNS will fund, on an equal basis, staff assistance for the CSNS at the National Office. This will act as a liaison for gathering, monitoring, and disseminating information and developing the agenda for the CSNS meetings and plenary sessions.
- E. Business items and resolutions will be required to be submitted 6 weeks prior to the semiannual meeting or by the interim Executive Committee meeting, whichever is later, for discussion by the Executive Committee and for formulation of a published agenda to be circulated to the membership prior to the meeting of the CSNS. Resolutions submitted after the interim Executive Committee meeting, but within the 6 week submission time deadline will be assigned to committees at the discretion of the Chairperson with notification to the Recording Secretary.
- F. Additional items may be brought forth at the discretion of the Chairperson.
- G. CSNS meetings are open to attendance by all Neurosurgeons, however, only State delegates and AANS and CNS appointed Delegates, CSNS Resident Fellows, and CSNS officers may propose motions or vote, and only CSNS State delegates, AANS and CNS appointed Delegates, CSNS Resident Fellows, CSNS officers, NERVES Liaison, PA & NP Liaisons, AANS Board members, CNS Executive Committee members, and the AANS/CNS Washington Office Staff may enter formal debate in the plenary session.

- H. The CSNS transacts its business according to a blend of rules imposed by the CSNS Rule and Regulations, established by tradition, decreed by its presiding officer, and generally pursuant to the guidance of the current edition of “The Standard Code of Parliamentary Procedure” by Alice Sturgis and revised by the American Institute of Parliamentarians (The Standard Code). In the absence of specific provisions to the contrary in the CSNS Rules and Regulations, the CSNS generally follows the parliamentary rules and usages contained in the current edition of The Standard Code.

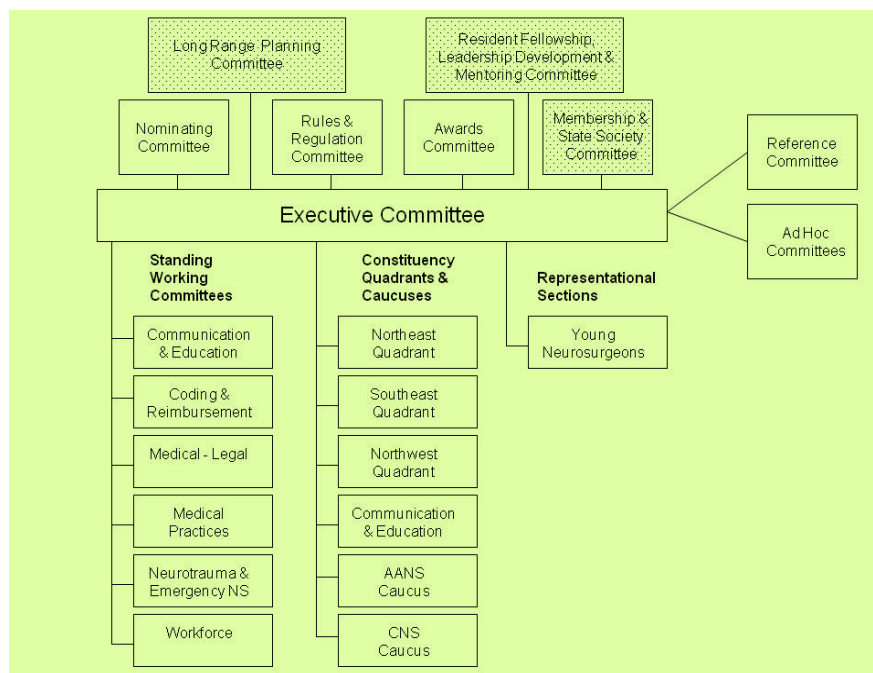
## VI. LIAISONS

Formal liaisons with other appropriate bodies may be established, with the approval of the CSNS, the Executive Committee of the CNS, and the Board of Directors of the AANS.

## VII. RULES AND REGULATIONS AMENDMENTS

Amendments must be submitted to the Corresponding Secretary at least ninety (90) days before each semi-annual meeting. Submitted amendments must be distributed to the entire membership of the CSNS at least thirty (30) days before the semi-annual meeting at which time the amendments are to be acted upon. Distribution may occur electronically or by mail. The Rules and Regulations will be amended by a favorable two-thirds (2/3) vote of the members present, subject to ratification of both the AANS Board of Directors and CNS Executive Committee.

## VIII. ORGANIZATIONAL CHART



## **IX. ADMINISTRATIVE STAFF**

The Administrative Assistant (AS) will be chosen by the CSNS Chair, with approval by the CSNS Executive Committee. The AS shall be responsible to the Chair and be available both to the Executive Committee and general membership. AS responsibilities shall include, but not be limited to, assistance with meeting planning and arrangements, correspondence with membership, clerical work for the officers or EC membership, and work as a liaison with the appropriate administrative assistants at the AANS and CNS. Any conflicts in scheduling or availability of the AS shall be resolved by the Chair.

## **APPENDIX A TO RULES AND REGULATIONS**

### **Procedures of the Council of State Neurosurgical Societies (CSNS) as Representative Assembly**

The fundamental construction of the representative assembly centers around the concept of Resolutions from assembly members and reports from committees and sections are the sources of business for assembly decision. The resolution is in concept like a legislative statute, being derived by a similar process. The difference is authority conferred upon a CSNS resolution; it is binding upon the Council, advisory to the parent bodies (AANS/CNS), and informational to the constituent organizations (state societies and members). Similarly, committee reports with recommendations for assembly action function like committee resolutions; they constitute assembly business and require debate and adoption to become assembly policy.

#### The Resolution

A resolution should be a directive disciplined in its subject, intent, development process, and format. The subject should be important beyond personal agendas, well researched by the sponsors, pertinent to neurosurgical practice, and within the realm of influence of the organization. The intent should be the improvement of the organization or an aspect of neurosurgical practice in relation to the socioeconomic environment. The development process should include background research verifying the need, importance, and member support for the proposal, the distillation of reasoning to a succinct statement, and the critique by fellow members prior to submission. The format should conform to a standard resolution design.

#### Design

The resolution should be in two parts. The first part is the rationale for the directive and contains all the reasons necessary to justify consideration of the issue by the assembly. The rationale should contain the information necessary to persuade a voting delegate of the virtue of the proposal and the need to support it. The rationale is recognized by the series of "Whereas..." conjunctions introducing the supporting or justifying statement. The number of "Whereas" justifications is unlimited, but should be guided by pertinence, brevity, and good sense.

The second part is the resolve containing the specific position, belief, or actions proposed by the sponsor. The resolve may be a single statement or multiple logically separate statements, each preceded by the directive "Resolved, that ...". The resolve(s) should be clear, derived logically from the rationale, reasonably possible to achieve, and within the ability and authority of the organization to accomplish.

A brief fiscal impact note should accompany the resolution, allowing judgment of the financial impact of the resolution on the organization, to help guide voting decisions.

#### Content

Resolutions should deal with practice and socioeconomic issues (such as reimbursement, medico legal, manpower, and neurosurgical practice issues), or states issues. Resolutions regarding any subject on which a National organization may serve as spokesperson for the specialty are appropriate. Structure and function within the CSNS may also properly be the subject of a resolution.

Any other issue pertaining to the specialty may be the subject of a resolution, if a member feels a public hearing among his peers is needed. However, a Council resolution on a subject outside of its primary area of interest may carry little weight and have little effect. Only if a member feels an issue is not being recognized or managed properly by current organizational structure, despite efforts to correct the problem directly, should the public forum of the CSNS representative assembly be used to poll member opinion or generate member support for action.

Resolutions should be the basis of CSNS actions and policy recommendations, and should be a reference against which future proposed resolutions, policies, or actions are measured.

### Parliamentary Action

Business of the assembly is handled according to rules of parliamentary procedure, pursuant to the guidance of the current edition of “The Standard Code of Parliamentary Procedure” by Alice Sturgis and revised by the American Institute of Parliamentarians (The Standard Code).

Testimony in Reference Committee hearings may be offered by any CSNS member. The Reference Committee Chairperson may permit testimony from non-CSNS members of the AANS, CNS, or state neurosurgical societies. Non-neurosurgeons with particular knowledge or expertise may also be recognized by the Chairperson to give testimony at Reference Committee hearings.

Only CSNS members (delegates and appointees) may debate, make motions, and vote in the full assembly. Alternate delegates may participate in debate only if credentialed to vote for an absent delegate. Non-CSNS observers may not actively participate during assembly debate. AANS Board and CNS Executive Committee members may participate in debate, but may not vote.

The objective of this process is to bring member opinion before the assembly, decide business by parliamentary procedure, and guide organizational socioeconomic and political policy by member collective opinion.

The process of handling a resolution is divided into 17 individual steps, adapted to the structure, size, and expected business volume of the Council. Although the process may seem complex, it follows a logical pattern and ensures the safeguards necessary for democratic fairness, orderly and disciplined conduct of business, and effective action.

1. Resolutions may originate with any individual State Society member or AANS/CNS member. However, in order to introduce the resolution before the Council, the member must give it to a CSNS state delegate or appointee, who submits it to the CSNS as the sponsor.
2. The member may alternatively request the state neurosurgical society to sponsor and introduce the resolution. If accepted, that resolution becomes the property of the state society and may be altered by the state organization.
3. The delegate may submit a member's resolution, or the delegate's own resolution, to the state society for sponsorship, in order to increase the weight of collective opinion supporting the resolution.

4. The CSNS delegate, alternate, or appointee may submit a member's or a personal resolution directly to the CSNS Corresponding Secretary for consideration at the next semiannual Council meeting. Resolutions may also be submitted to the CSNS Corresponding Secretary by a CSNS Committee, working collectively, to increase the weight of opinion supporting the resolution. The Corresponding Secretary accepts all resolutions without censure, although the delegate may be advised regarding the form and style of expression. No alteration in the resolution may be made without the consent and approval of the sponsor, who is entitled to review any alteration to be certain the substance of the resolution conforms to the original intent.

Resolutions must be received by a deadline date (6 weeks prior to the semiannual meeting, or by the interim Executive Committee meeting, whichever is later) in order to be reviewed at Executive Committee meeting and referred to appropriate committee for study and debate and then accepted on the calendar. This deadline allows the resolutions to be distributed to all CSNS members prior to the meeting for their consideration and discussion within the state. Resolutions submitted after the interim Executive Committee meeting, but within the 6 week submission time deadline will be assigned to appropriate committees at the discretion of the Chairperson with notification to the Recording Secretary.

Distribution of resolutions prior to the meeting allows better representative opinion and argument to be developed.

Late resolutions can be considered, but must be reviewed and accepted by the Executive Committee. The urgency and reason for delay are considered in accepting late resolutions. Strong justification should be considered necessary for acceptance of late resolutions, which bypass the important step of member consideration, research, and discussion prior to meeting. Properly submitted resolutions allow delegates to develop a solid basis of opinion.

5. Any resolution submitted by a state neurosurgical society is forwarded to the CSNS Corresponding Secretary, who handles it just as individual delegate resolutions are handled.
6. The Corresponding Secretary forwards all resolutions to all CSNS members 2-4 weeks prior to the meeting. The states may caucus (e.g., via the state society's executive committee or board of directors) to instruct the delegate(s) how to debate and vote, bringing the weight of collective opinion to the assembly.
7. The Corresponding Secretary submits the resolutions to the members of the Reference Committee. The Executive Committee may include any background material pertinent to the Reference Committee members along with the resolutions.

Reference Committee: Seven CSNS members compose the Reference Committee. Each Quadrant and the AANS and CNS caucuses selects one member to sit on the Reference Committee at the next semiannual meeting. Quadrant Reference Committee members are selected for one meeting only, and the same member should not be selected for more than one meeting in succession. The seventh member of the Reference Committee is the Chairperson of the Committee and is responsible for leading discussion and presenting CSNS decisions at the plenary session.

The CSNS Vice-Chairperson (or another officer aside from the CSNS Chairperson) serves as Reference Committee Chairperson.

Only one Reference Committee is appointed. If the number of resolutions becomes unwieldy, a second Reference Committee, composed of different Quadrant representatives and chaired by another Executive Committee member, is appointed.

8. The Reference Committee conducts an open hearing at the beginning of the semi-annual meeting. The purpose of the hearing is to gather testimony from any and all parties interested in rendering an opinion on each resolution. Any CSNS member may testify and the Chairperson may allow any non-member to testify who he feels has relevant knowledge or expertise. The Chairperson has latitude in establishing rules regarding the number and length of testimonies. However, the Chairperson must impartially allow adequate expression of supporting and dissenting opinions. The purpose of the hearing is to allow the Reference Committee members to hear all sides of the argument and to get an impression of the degree of support or opposition among the audience regarding the resolution. It also allows any member to have a full and fair hearing. Limitations on testimony pertain to equitable time limits, repetition of prior testimony, and relevance of testimony. The Reference Committee hearing improves the process of the debate and vote in the plenary session by clarifying arguments, allowing caucus deliberation on the arguments, and shortening debate at the voting session. The Reference committee members listen to gather information and may question speakers for clarification, but do not debate the issue. No resolution may be amended or otherwise altered during testimony, although suggestions may be made to the Reference committee to do so in its recommendation to the assembly.
9. After the Reference Committee hearing, each Quadrant caucus discusses the resolutions and the arguments heard and tries to reach a Consensus opinion to be expressed during the debate in the assembly. Individuals within the Quadrant who differ from the opinion of the caucus may express a minority opinion as individuals during assembly debate.
10. The Reference Committee meets for an executive session to discuss the testimony heard and any background materials. The committee must reach a consensus opinion on each resolution and prepare a written report to the assembly. The report is in the form of a recommendation, with the option to adopt, to amend and adopt, to substitute and adopt, to refer (to the Executive Committee for further study and report to the assembly, or for decision), or to defeat (not adopt). The committee develops an explanation for each of its recommendations, with the recommendations and explanation printed and available to CSNS members prior to the plenary voting session. If the Reference Committee is unable to reach unanimous consensus, a dissenting minority recommendation and explanation may be reported.
11. A written report of the Reference Committee recommendations is made available to members of the assembly prior to the meeting the following morning. The Chairperson of the Reference Committee reports the Committee's recommendation for action on each resolution. This introduces the resolution to the floor of the assembly for debate, alteration, and vote. The

assembly may vote as the Reference Committee recommends, or debate the issue, alter the resolution or motion, and vote to adopt, not adopt, or refer. The meeting is conducted by a speaker, who serves as an impartial facilitator, but does not enter into the debate. The speaker may be the CSNS Chairperson or any other designated member. A vice speaker may assist the speaker in conducting business.

12. The opinion of the Quadrant caucus may be brought to the floor during debate by a member who speaks for the Quadrant. Any member speaking in debate must identify himself, his state, whether speaking as an individual or representing a group (state, Quadrant), and whether speaking in favor of or opposed to the motion currently being discussed. Only credentialed CSNS delegates (or alternate delegate, if substituting for the delegate) and appointees may participate in floor debate and vote of the assembly. Non-members may be permitted to enter the debate by a majority vote of the assembly to temporarily suspend the rule. AANS Board and CNS Executive Committee members may participate in debate, but may not vote.
13. After assembly debate and vote, resolutions are returned to the Executive Committee for appropriate action, as determined by the assembly vote. Defeated resolutions are discarded. Referred resolutions are assigned to the appropriate committee (14) for research and reporting to the Executive Committee, which in turn submits accepted committee reports to the next meeting for information or action. Adopted resolutions are either enacted by the CSNS Executive Committee if pertaining to matters within its jurisdiction, or reported to the AANS Board of Directors and CNS Executive Committee (15) for approval, if pertaining to action or policy of the AANS or CNS, or one of the joint sections or non-CSNS standing committees.
14. Final decisions are relayed back to CSNS members in a communication following the semi-annual meeting summarizing the assembly actions and disposition of adopted motions. Filed reports (requiring no action) are submitted to all members for information. Reports that make recommendations for action and are adopted are acted upon as are any other adopted motions.

Standing committees and representative sections carry out the delegated work of the assembly in the interim period between meetings. Committee assignments are received from the Executive Committee based on assembly actions. Topics or assigned tasks may arise from adopted resolutions, referred resolutions, requests for particular reports from the AANS or CNS officers, the CSNS Executive Committee, or the committee Chairperson. Committees submit finished reports to the Executive Committee. Committee reports accepted by the Executive Committee are submitted to the assembly for action before they are finally adopted. Reports may be simply informational or recommend action. The content and conclusions of reports can be discussed in the Reference Committee and debated on the assembly floor. Reports can be filed if informational; adopted, if action is recommended; not adopted (defeated), if the action is rejected; or referred back to the Executive Committee if more information is needed. Reports do not become CSNS policy unless specifically adopted by the assembly. Filed reports are for information only and do not indicate the assembly's approval of the content.

## **APPENDIX B**

### **TO RULES AND REGULATIONS OF THE COUNCIL OF STATE NEUROSURGICAL SOCIETIES (CSNS)**

1. The standing committees are: Medico-Legal, Medical Practices, Coding and Reimbursement, Workforce, Neurotrauma and Emergency Neurosurgery, and Communication and Education. The representational section is: Young Neurosurgeons.
2. Temporary (ad hoc) committees chosen for a specific function shall have a committee life of no more than three years unless reestablished by the Chairperson of the CSNS.
3. The Committee Chairperson shall be appointed by the Chairperson of the CSNS for a period of three years. The Chairperson may be re-appointed for only one more three year term. A Committee Chairperson serves at the pleasure of the Chairperson of the CSNS and may be replaced by the Chairperson. If a Committee Chairperson is elected as a CSNS officer or Quadrant Chairperson, the committee Chairpersonship must be vacated.
4. New members, at the time of first meeting registration, will be given a description of the committee structure as well as the mission of each committee and then asked to select a committee they wish to join. After their first committee meeting, the Chairperson of the committee should contact the member and discuss the functions of the committee and determine the skills and interests of the new member.
5. At the interim Executive Committee meeting and up to the final resolution submission deadline six weeks prior to the plenary session, the Chairperson of the CSNS should give directed assignments to the various committees based on the resolutions that have been submitted for consideration. The assignments should reflect the function of the specific committees. In some cases, several committees may be assigned a resolution.
6. The Chairperson of a committee should assign specific material to a given member of the committee. That member should be able to bring the specific information assigned to the committee meeting prior to the time of the plenary session. If the member cannot be present at a meeting, then the information should be submitted to the committee Chairperson prior to the committee meeting.
7. The information gleaned from the research of the committee members is discussed, and specific information developed for the plenary session. Each committee presents appropriate testimony at the plenary session based on research of the resolutions.