



Make Your Voice Heard in Washington  
Donate to NeurosurgeryPAC

[Learn More >](#)

# Neurosurgeons Taking Action



American  
Association of  
Neurological  
Surgeons

[FACEBOOK](#)

[TWITTER](#)

[LINKEDIN](#)

[NEUROSURGERY  
BLOG](#)

[ARCHIVES](#)

Vol. 41, January/February 2016

[NeurosurgeryPAC](#) [AANS.org](#)

*Neurosurgeons Taking Action is an E-newsletter from the American Association of Neurological Surgeons (AANS). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons. To ensure that our members stay on top of the issues that affect them, **Neurosurgeons Taking Action** is sent out when news and/or events warrant their attention.*

## Special Announcements

**Shelly D. Timmons, MD, PhD, FAANS, Appointed New Washington Committee Chair [more...](#)**

**Avoid Meaningful Use Penalties: Apply for Exemption by March 15 [more...](#)**

## Legislative Affairs

**President Signs Spending and Tax Bills: Provisions of Interest to Neurosurgery [more...](#)**

**Congress Passes Legislation to Repeal Key Elements of Obamacare; President Vetoes the Bill [more...](#)**

**President Signs Two-Year Budget Deal [more...](#)**

**Neurosurgery Endorses Key Legislation [more...](#)**

**Surprise Billing Legislation Introduced in House [more...](#)**

**Neurosurgery Joins AMA in Sending Letter to NAIC Regarding Network Adequacy [more...](#)**

## NeurosurgeryPAC

**NeurosurgeryPAC — Thank You 2015 Donors! [more...](#)**

---

## Coding and Reimbursement

**CMS Finalizes 2016 Medicare Fee Schedule [more...](#)**

**Neurosurgery Challenges Lumbar Spinal Fusion Coverage Policy [more...](#)**

---

## Quality Improvement

**CMS Finalizes Physician Fee Schedule Quality Provisions for 2016 [more...](#)**

**AANS and CNS Provide Feedback to CMS on New Medicare Physician Payment System [more...](#)**

**CMS' New PQRS Web Search Tool is Live [more...](#)**

**Few Changes in Final Rule on Joint Replacement Bundles [more...](#)**

---

## Graduate Medical Education

**Organized Neurosurgery Submits Comments to ACGME on Resident Duty Hours [more...](#)**

---

## Drugs and Devices

**FDA Public Workshop on Stroke Device Trials [more...](#)**

---

## Communications

**Neurosurgery Advocates in the News [more...](#)**

**Subscribe to Neurosurgery Blog Today! [more...](#)**

---

## Neurosurgeons Taking Action News

### Special Announcements

**Shelly D. Timmons, MD, PhD, FAANS, Appointed New Washington Committee Chair**

On Jan. 1, 2016, **Shelly D. Timmons**, MD, PhD, FAANS, a practicing neurosurgeon at Geisinger Health System in Danville, Penn., became chair of the AANS/CNS Washington Committee. Dr. Timmons is the first female neurosurgeon to lead this important committee. For more than a decade, she has served on the committee in one capacity or another — as the liaison from the AANS/CNS Section on Neurotrauma and Critical Care, as chair of the committee's Neurosurgical Emergency Care Regionalization Task Force and as an AANS appointee to the committee. Dr. Timmons is a current director-at-large on the AANS Board

of Directors, is on the NeurosurgeryPAC Board and chairs the American College of Surgeons' Advisory Council for Neurological Surgery. She replaces **John A. Wilson**, MD, FAANS, who completed a three-year term on the committee in December 2015.

[ [top of page](#) ] [ [headlines](#) ]

### **Avoid meaningful use penalties: Apply for exemption by March 15**

Neurosurgeons have until March 15, 2016, to apply for a hardship exemption from Medicare's [Electronic Health Records \(EHR\) Incentive Program's](#) Stage 2 meaningful use penalties for the 2015 program year. Those who don't apply could face up to a three-percent cut in their Medicare payments in 2017. New this year, individuals can apply on behalf of a group of physicians.

The AANS and CNS are recommending that **all neurosurgeons apply**. The [Centers for Medicare and Medicaid Services](#) (CMS) has stated that it will broadly grant hardship exemptions as a result of the delayed publication of the Stage 2 meaningful use modifications rule, which left physicians with insufficient time to report under the modified program requirements issued in late 2015. Advocated for by organized neurosurgery and other medical societies, this exemption is a result of the "[Patient Access and Medicare Protection Act](#), which became law (Public Law No: 114-115) on Dec. 28, 2015.

CMS has posted new, streamlined hardship applications, reducing the amount of information that neurosurgeons must submit to apply for an exception. [Click here](#) for the new applications and instructions for a hardship exception. Neurosurgeons can also [click here](#) for a step-by-step instruction sheet created by the [American Medical Association](#).

All neurosurgeons should apply for the exception since there isn't a downside to doing so. Even physicians who believe they met the requirements of the meaningful use program in 2015 can apply. Submitting an application for a hardship exception will not prevent those who qualify from receiving an incentive payment.

For those who still plan to attest for 2015, please note that **CMS extended the attestation deadline for the meaningful use program to Friday, March 11, 2016, at 11:59 p.m. EST**, from the original deadline of Monday, Feb. 29. The application and instructions can be found on the [CMS website](#).

Please also note that organized neurosurgery does not, at this time, offer a registry that is capable of receiving data from electronic health records (EHRs) in the format specified by the federal government. Therefore, neurosurgeons attempting to attest to "Objective 10: Public Health Reporting, Measure 3: Specialized Registry Reporting" may consider using the following exclusion if they cannot otherwise satisfy the measure:

*"Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period."*

Additional details about the requirements for 2015, including exclusions that might apply to specific measures, is available [here](#).

If you have any questions regarding this topic, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, via email at

---

## Legislative Affairs

### **President Signs Spending and Tax Bills: Provisions of Interest to Neurosurgery**

On Dec. 18, 2015, President Obama signed into law a \$1.15 trillion comprehensive spending and tax extenders package, [Public Law No: 114-113](#). Most notably, the law suspends for two-years the 2.3-percent excise tax imposed on the sales of medical devices, which was enacted as part of the [Affordable Care Act](#) (ACA). Additionally, it prevents CMS from spending \$15 million (the amount authorized for FY 2016) on the Independent Payment Advisory Board (IPAB), which is the unelected and unaccountable government board created by the ACA to cut Medicare spending. Finally, the law allocates increased funding for the National Institutes of Health, Centers for Disease Control and other federal healthcare agencies.

[ [top of page](#) ] [ [headlines](#) ]

### **Congress Passes Legislation to Repeal Key Elements of Obamacare; President Vetoes the Bill**

On Dec. 3, 2015, by a [vote of 52 to 47](#), the U.S. Senate passed [H.R. 3762](#), the Restoring Americans' Healthcare Freedom Reconciliation Act of 2015. The House followed suit on Jan. 6, 2016, by [a vote of 240 to 181](#). The legislation repeals key provisions of the [Affordable Care Act](#) (ACA), but still leaves many aspects of the law intact. Because of parliamentary rules, the bill did not repeal the Independent Payment Advisory Board (IPAB), nor did it modify the regulatory morass created by the ACA. According to the [Congressional Budget Office](#) (CBO), the bill will reduce federal deficit by more than \$500 billion over the next decade. President Obama vetoed the bill, and on Feb. 2, 2016, the House [failed to override](#) the veto.

[ [top of page](#) ] [ [headlines](#) ]

### **President Signs Two-Year Budget Deal**

On Nov. 2, 2015, President Obama signed into law the [Bipartisan Budget Act of 2015](#), a two-year 80 billion dollar federal budget deal that includes cuts to payments to physicians and other providers totaling \$25.8 billion. Public Law No: 114-74 raises the debt ceiling until March 2017, extends the annual two-percent sequester cut for physicians through 2025, changes the [Centers for Medicare & Medicaid Services'](#) (CMS) site-neutral payment policy for new provider-based off-campus hospital outpatient departments — making them ineligible for reimbursements from CMS' Outpatient Prospective Payment System and prevents a spike in premiums for about 30 percent of Medicare Part B beneficiaries.

[ [top of page](#) ] [ [headlines](#) ]

### **Neurosurgery Endorses Key Legislation**

Over the past few months the AANS and CNS have endorsed a number of bills.

- The AANS and CNS are urging members of Congress to cosponsor [H.R. 4352](#), the

Faster Care for Veterans Act. This bipartisan bill directs the Department of Veterans Affairs (VA) to begin an 18-month pilot program under which veterans use an Internet website to schedule and confirm appointments at VA medical facilities. The bill, sponsored by Reps. **Seth Moulton** (D-Mass) and **Cathy McMorris Rogers** (R-Wash.), has 11 cosponsors.

- On Dec. 3, 2015, the AANS and CNS partnered with a surgical coalition to send a [letter](#) of support to Rep. **George Holding** (R-N.C.) for [H.R. 2568](#), the "Fair Medical Audits Act of 2015," which would provide much needed transparency and due process in the current Recovery Audit Contractors audit and appeals process. The bill currently has 24 cosponsors.
- On Nov. 9, 2015, the AANS and CNS joined forces with 18 other medical societies in sending a [letter](#) to Sens. **Bill Cassidy**, MD, (La.) and **Sheldon Whitehouse** (D-R.I.) thanking them for their leadership on the issue of health information technology interoperability and their efforts to eliminate information blocking. The group also sent a similar [letter](#) to Sens. **Lamar Alexander** (R-Tenn.) and **Patty Murray** (D-Wash.). In our letters, among other things, we highlighted how some electronic health vendors are intentionally blocking the exchange of information which directly hinders physician efforts to electronically exchange information in order to improve patient outcomes.
- On Nov. 9, 2015, AANS and CNS sent a letter to Rep. **Tom Price**, MD (R-Ga.), endorsing [H.R. 3940](#), the "Meaningful Use Hardship Relief Act," which would provide the [Centers of Medicare and Medicaid Services](#) (CMS) the authority to grant blanket hardship exceptions to physicians, hospitals and other providers affected by the 2015 Meaningful Use (MU) program requirements.
- On Oct. 15, 2015, the AANS and CNS sent a [letter](#) to Rep. **Pete Sessions**, MD, (R-Texas), thanking him for addressing several key issues in [H.R. 3014](#), the "Medical Controlled Substances Transportation Act of 2015." In our letter, we commended him authorizing physicians in agreement with the Attorney General, to transport controlled substances from one practice setting to another practice setting or disaster area in order for physicians to have access to controlled substances in emergency situations. The bill currently has 24 cosponsors. In addition, neurosurgery sent similar letters of endorsement to the [Committee on Energy and Commerce](#) and [Judiciary Committee](#).

[ [top of page](#) ] [ [headlines](#) ]

### **Surprise Billing Legislation Introduced in House**

On Oct. 20, 2015, Rep. **Lloyd Doggett** (D-Texas) introduced [H.R. 3770](#), the "End Surprise Billing Act of 2015." The bill would stop the practice known as surprise billing, which occurs when a patient unknowingly is treated by a provider not in the patient's provider network. This can expose patients to very significant medical bills, which may not be covered by their health plans. The bill currently has 25 cosponsors. In September 2014, the *New York Times* published an article titled "[After Surgery, Surprise \\$117,000 Medical Bill From Doctor He Didn't Know](#)," which involved a neurosurgeon serving as an assistant on a spine surgery case. The AANS and CNS submitted a [letter to the editor](#), which was published, outlining our concerns about this practice.

[ [top of page](#) ] [ [headlines](#) ]

## **Neurosurgery Joins AMA in Sending Letter to NAIC Regarding Network Adequacy**

The [National Association of Insurance Commissioners](#) (NAIC) is working to revise its 1996 network adequacy model act to be used by state legislatures in coming legislative sessions. NAIC's [current draft](#) makes some important changes, but additional requirements are needed to ensure meaningful access to care. To this end, AANS and CNS joined the [American Medical Association](#) (AMA) in sending a [letter](#) to NAIC outlining our mutual priorities for further improvement to the bill. Many medical societies, including the AANS and CNS, have additional concerns with the current draft in respect to the "surprise" billing section and the use of telemedicine, which we have, and will, continue to address through additional correspondence to the NAIC.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office, at [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org)

[ [top of page](#) ] [ [headlines](#) ]

---

## **NeurosurgeryPAC**

### **NeurosurgeryPAC — Thank You 2015 Donors!**

In 2015, NeurosurgeryPAC raised a total of \$182,241 from 222 neurosurgeons. Thanks to all those who contributed to NeurosurgeryPAC in the 2015. Be on the lookout for your 2016 PAC renewal statement, which were mailed in mid-January. Your PAC continues to spend your contributions strategically to best advance organized neurosurgery's policy agenda. In 2015, donated funds to 56 members of Congress and supported five national party PACs who share organized neurosurgery's views on healthcare policy. NeurosurgeryPAC is a nonpartisan political action committee and does not base its decisions on party affiliation, but instead focuses on the voting records and campaign pledges of the candidates.

We hope you will consider supporting your political action committee, which is easier than ever! Simply use our online donation option by logging into [MyAANS](#).

[Click here](#) for more information on the NeurosurgeryPAC, including the current list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action.

*Editor's Note: AANS members who are citizens of the United States and pay dues or have voting privileges may contribute to NeurosurgeryPAC, as may AANS candidate members. All contributions must be drawn on personal accounts and any corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Contributions are not tax-deductible. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of every individual whose contributions exceed \$200 in a calendar year.*

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager for legislative affairs in the AANS/CNS Washington Office, at [aroberts@neurosurgery.org](mailto:aroberts@neurosurgery.org).

[ [top of page](#) ] [ [headlines](#) ]

---

## Coding and Reimbursement

### **CMS Finalizes 2016 Medicare Fee Schedule**

On Nov. 15, 2015, the [Centers of Medicare and Medicaid Services](#) (CMS) published the 2016 Medicare Physician Fee Schedule (MPFS) [final rule](#) in the *Federal Register*. Overall, neurosurgical payments will be reduced by about three percent due to changes in the methodology for malpractice relative value units, across-the-board payment reductions for so-called misvalued services and the Medicare sequestration cut. CMS announced that it will launch its data collection project for purposes of evaluating the global surgical codes on Jan. 1, 2017. Any changes to 10- and 90-day global surgical payments will be implemented in 2019. The AANS and CNS were successful in advocating against the revaluation of three "add-on" spine codes. However, CMS proposed to lower the values for three new CPT Codes for intracranial lysis and mechanical embolectomy. Organized neurosurgery is vigorously objecting to these reductions.

[ [top of page](#) ] [ [headlines](#) ]

### **Neurosurgery Challenges Lumbar Spinal Fusion Coverage Policy**

On Dec. 18, 2015, the AANS, CNS and the [Washington State Association of Neurological Surgeons](#) (WSANS) sent a [letter](#) to the Washington State Healthcare Authority (HCA) [Health Technology Assessment \(HTA\) Program](#) objecting to its decision not to cover lumbar spinal fusion for degenerative disc disease (DDD). At an HTA Program Health Technology Clinical Committee (HTCC) meeting on Nov. 20, 2015, representatives of organized neurosurgery supported a continuation of coverage for appropriately selected patients, but the HTCC voted not to cover the procedure for DDD unless other clinical indications were present. The non-coverage decision reverses a policy implemented in 2008 permitting coverage with some restrictions. [Click here](#) for more information.

If you have any questions regarding these, or other reimbursement issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at [chill@neurosurgery.org](mailto:chill@neurosurgery.org).

[ [top of page](#) ] [ [headlines](#) ]

---

## Quality Improvement

### **CMS Finalizes Physician Fee Schedule Quality Provisions for 2016**

On Nov. 15, 2015, the [Centers of Medicare and Medicaid Services](#) (CMS) published the 2016 Medicare Physician Fee Schedule (MPFS) [final rule](#) in the *Federal Register*. In addition to the payment provisions, the rule also finalizes policies for several Medicare quality reporting initiatives, including the [Physician Quality Reporting System](#) (PQRS), the [Physician Compare](#) website and the [Physician Value-based Payment Modifier](#) (VM). Most current program requirements will remain the same as the agency prepares to transition to the new [Merit-Based Incentive Payment System](#) (MIPS) in 2017. CMS will maintain all 2015 PQRS reporting options that eligible professionals must satisfy to avoid a negative two percent payment adjustment in 2018. The PQRS Individual Measure Specifications for Claims and Registry Reporting can now be viewed using a new [web-based tool](#), which will allow

neurosurgeons to search for measures on which to report. In addition, the 2016 Measure documents are now posted and are available [here](#). For the first time, in 2016, group practices will be able to participate in PQRS via a [Qualified Clinical Data Registry \(QCDR\)](#), and the [National Neurosurgery Quality and Outcomes Database \(N2QOD\)](#) should ultimately qualify for this program. The VM will continue to apply to all physicians, and neurosurgeons may receive bonuses payments or pay cuts of up to four percent. Finally, CMS plans to publicly report on all individual and group practice PQRS measures data via the Physician Compare website in 2016.

[ [top of page](#) ] [ [headlines](#) ]

### **AANS and CNS Provide Feedback to CMS on New Medicare Physician Payment System**

On Nov. 17, 2015, the AANS and CNS [submitted feedback](#) to the [Centers for Medicare and Medicaid Services \(CMS\)](#) in response to the agency's [Request for Information \(RFI\)](#) seeking input from stakeholders on the [Medicare Access and CHIP Reauthorization Act \(MACRA\)](#). Developed by the AANS/CNS Neurosurgery Quality Council (NQC), the letter discussed numerous issues pertaining to the implementation of MACRA's Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) programs. A [press release](#) highlighting our comments was issued on Nov. 19, 2015. To amplify organized neurosurgery's own efforts, the AANS and CNS also partnered with the [Alliance of Specialty Medicine](#) in submitting [comments](#). In addition, the AANS and CNS teamed up with the [American Medical Association \(AMA\)](#) and more than 100 other medical groups, in sending yet another [letter](#). CMS is expected to issue an official proposed rule implementing the MACRA law in the spring of 2016, and the program goes live in 2017.

[ [top of page](#) ] [ [headlines](#) ]

### **CMS' New PQRS Web Search Tool is Live**

The 2016 [Physician Quality Reporting System \(PQRS\)](#) Individual Measure Specifications for Claims and Registry Reporting can now be viewed on the [Centers of Medicare and Medicaid Services' \(CMS\)](#) new [web-based tool](#). This is a measures-list tool that eligible professionals (EPs) can use to search for measures to report for the 2016 PQRS Program. The web-based measures-list tool allows users to search for measures using a number of criteria and then access detailed information about each measure, including measure specifications materials. In addition, the 2016 Measure documents are now posted and are available [here](#).

[ [top of page](#) ] [ [headlines](#) ]

### **Few Changes in Final Rule on Joint Replacement Bundles**

On Nov. 16, 2015, the [Centers of Medicare and Medicaid Services \(CMS\)](#) issued a final rule on a new payment model for [comprehensive joint replacement \(CJR\)](#), which will start in April. The CJR is a bundled payment model that will apply to all services provided to Medicare patients receiving hip and knee replacements, from their hospital stay through 90 days after discharge. The AANS and CNS had submitted a [comment letter](#) expressing several concerns, including:

- The mandatory nature of the model;
- The aggressive timeline for implementation;

The model's lack of flexibility in organizational arrangements and payment systems, including holding the hospital exclusively responsible for the bundled-payment program rather than the surgeon;

- Insufficient risk adjustment; and
- Spending target methodologies that could stymie innovation and efficiency.

While the model does not currently affect neurosurgery, the decision to adopt this approach for joint replacements makes it more likely that CMS could, in the future, apply this policy to other hospital procedures — including spine surgery — performed by other specialties.

If you have any questions regarding these, or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, via email at [rgroman@hhs.com](mailto:rgroman@hhs.com).

[ [top of page](#) ] [ [headlines](#) ]

---

## Graduate Medical Education

### Organized Neurosurgery Submits Comments to ACGME on Resident Duty Hours

The [Accreditation Council on Graduate Medical Education](#) (ACGME) will be convening the "Resident Duty Hours in the Learning and Working Environment Congress," in March 2016. The purpose of the meeting is to seek input and perspectives from across the medical community, as the ACGME embarks on a review of the current resident duty hours. On Jan. 14, 2016, the [Society of Neurological Surgeons](#), [American Board of Neurological Surgery](#), AANS, CNS and AANS/CNS Washington Committee submitted [detailed comments](#) to the ACGME. Our letter pointed out that the "current duty hour rules have led to the development of a 'shift work' mentality and loss of commitment and professional responsibility to the patient." We are advocated for increased flexibility within the current overall 80-hour work week restrictions. Representatives from organized neurosurgery will attend the conference.

If you have questions about this issue, please contact Katie Orrico, director of the AANS/CNS Washington Office, at [korrico@neurosurgery.org](mailto:korrico@neurosurgery.org)

[ [top of page](#) ] [ [headlines](#) ]

---

## Drugs and Devices

### FDA Public Workshop on Stroke Device Trials

On Oct. 6, 2015, the [Food and Drug Administration](#) (FDA) held a Public Workshop entitled, "[Acute Ischemic Stroke Medical Devices Trials Workshop](#)." The purpose of the workshop was to obtain public input and feedback on scientific, clinical and regulatory considerations associated with acute ischemic stroke medical devices. Neurosurgeons attending the event included **J Mocco**, MD, FAANS; **Brian L. Hoh**, MD, FAANS; **Adam S. Arthur**, MD, MPH, FAANS; **Adnan H. Siddiqui**, MD, PhD, FAANS; and **Peter A. Rasmussen**, MD, FAANS. As a follow-up to the workshop, on Nov. 3, 2015, the aforementioned individuals submitted [consensus comments](#) in response to questions raised at the public meeting.

If you have any questions regarding this, or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at [chill@neurosurgery.org](mailto:chill@neurosurgery.org).

[ [top of page](#) ] [ [headlines](#) ]

---

## Communications

### Neurosurgery Advocates in the News

Organized neurosurgery continues to work to promote our health-policy positions to the media. To that end, on Jan. 6, 2016, *MedPage Today* published an article featuring AANS/CNS Washington Committee Chair, Shelly D. Timmons, MD, PhD. The article, "[Physician Groups to Push D.C. Agendas in 2016](#)," highlighted various medical organizations' priorities for 2016. Additionally, on Jan. 5, 2016, *Spine Surgery Today* reached out for our insight on a new concussion program starting in Washington, D.C. In the article, "[New youth concussion screening technology and data collection to roll out in District of Columbia](#)," AANS President, H. Hunt Batjer, MD, FAANS, told *Spine Surgery Today*:

"New mobile technology to facilitate reporting and tracking of concussive injuries in young athletes is exciting. This technology should facilitate real-time documentation of injuries and, most importantly, will enable school districts, cities and states to comply with youth sports safety laws patterned after the Zach Lystedt Law in Washington State and now present in all 50 states and the District of Columbia. Having such systems in place is critical to maximize player safety and safe return to school and play protocols."

[ [top of page](#) ] [ [headlines](#) ]

### Subscribe to Neurosurgery Blog Today!

The mission of [Neurosurgery Blog](#) is to investigate and report on how healthcare policy affects patients, physicians and medical practice, and to illustrate how the art and science of neurosurgery encompass much more than brain surgery. Over the past few months, Neurosurgery Blog has ramped up its reporting efforts to include multiple guest blog posts from key thought leaders and members of the neurosurgical community. We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms. This will allow you to keep up with the many health-policy activities happening in the nation's capital and beyond the Beltway.

- [Neurosurgery Blog: More Than Just Brain Surgery](#)
- [Neurosurgery's Twitter Feed: @Neurosurgery](#)
- [Neurosurgery's Facebook Page](#)
- [Neurosurgery's LinkedIn Group](#)
- [Neurosurgery's YouTube Channel](#)
- [Neurosurgery's Google+ Page](#)

If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at [adye@neurosurgery.org](mailto:adye@neurosurgery.org).

[ [top of page](#) ] [ [headlines](#) ]

Please add Neurosurgeons Taking Action  
to your email address book  
or Safe Sender List to ensure delivery.

You may change your e-mail address by logging in to MyAANS.org with your username and password  
and changing your profile preferences. [Click here](#) to unsubscribe.

Questions or comments? Please contact Katie Orrico at 202-446-2024 or  
[korrico@neurosurgery.org](mailto:korrico@neurosurgery.org).

© Copyright 2016 AANS. All rights reserved.