

# Arkansas

## FAMILY PHYSICIAN



# Registration is Open



ARKANSAS ACADEMY  
of FAMILY PHYSICIANS

VOLUME 29 • NUMBER 1 • SUMMER 2025

The Official Publication of the Arkansas Academy of Family Physicians



**Nicely done, beef.**

**You raise the steaks  
on nutrition and taste.**



ARKANSAS

**BEEF**  
COUNCIL

For nutritious  
beef recipes, visit  
[beefitswhatsfordinner.com](http://beefitswhatsfordinner.com)





# CONTENTS

VOLUME 29 NUMBER 1 • SUMMER 2025



- 4 President's Message
- 6 Arkansas AFP Members attend HOSA State Conference
- 8 Act 483: A Landmark Victory for Primary Care in Arkansas
- 10 Health-Related Actions of the 95th General Assembly
- 14 ARAFP Scientific Assembly
- 19 Casino Night & Dinner
- 20 Foundation News
- 22 The Importance of Mental Health First Aid Training in Healthcare Settings
- 26 Politics and Health Care – Part II
- 28 Chapter Leaders Strengthen Skills and Connections at AAFP's ACLF/NCCL Leadership Forum
- 30 Successful 2025 Transition-to-Practice Resident Retreat in Hot Springs

**MANAGING EDITOR**  
**Mary Beth Rogers**

#### OFFICERS

**Nicole Lawson, M.D.**  
*President, Searcy*  
**Justin Voris, M.D.**  
*President-Elect, Fort Smith*  
**Amanda Deel, D.O.**  
*Vice President, Jonesboro*  
**Jason Lofton, M.D.**  
*Secretary/Treasurer, DeQueen*  
**Leslye McGrath, M.D.**  
*Immediate Past President, Paragould*

#### DELEGATES

**Lonnie Robinson, M.D.** – Mountain Home  
**Jeff Mayfield, M.D.** – Benton

#### ALTERNATE DELEGATES

**Daniel Knight, M.D.** – Little Rock  
**Tasha Starks, M.D.** – Jonesboro

#### DIRECTORS

**Brian Bowlin, M.D.** – Vilonia  
**Nicole Caton, D.O.** – Harrison  
**Joshua Clark, M.D.** – Fort Smith  
**Stephen Foster, M.D.** – Jonesboro  
**Dichelle George, M.D.** – Warren  
**Dwight Johnson, M.D.** – North Little Rock  
**Shashank Kraleti, M.D.** – Little Rock  
**Marcus Poemoceah, M.D.** – Gravette  
**Jordan Weaver, M.D.** – Batesville

#### RESIDENT BOARD MEMBERS

**Olivia Loiacano, D.O.** – Jonesboro  
**John Mitchell, M.D.** – North Little Rock

#### STUDENT BOARD MEMBERS

**Katherine McTigrit** – Little Rock  
**Avianne Robinson** – Jonesboro

#### ACADEMY STAFF

**Mary Beth Rogers**  
*Executive Director*  
**Michelle Hegwood**

#### EDITION 112

*The Arkansas Family Physician*  
is the official publication of the  
Arkansas Academy of Family Physicians

Correspondence, articles or inquiries  
should be directed to:

**ARAFP**  
2101 Congo Road, Suite 500  
Benton, AR 72015  
Phone: 501-316-4011  
Email: [info@arkansasafp.org](mailto:info@arkansasafp.org)



ARKANSAS ACADEMY OF  
FAMILY PHYSICIANS



Nicole Lawson, M.D.  
President 2024-2025

As I reflect on my year serving as President of the Arkansas Academy of Family Physicians, I am filled with immense gratitude and pride. This role has been one of the most meaningful experiences of my professional journey, and I want to thank each of you for the trust, support, and encouragement you've shown me along the way.

This year has been defined by connection—with students, colleagues, legislators, and communities across our state. One of our proudest achievements has been strengthening the pipeline to family medicine. We've built relationships with high school students, medical students, and residents by hosting the Transition-to-Practice Residency Retreat, attending the HOSA State Convention in Hot Springs, and working with MASH program directors to help high school students learn about our specialty early on. We also saw increased engagement from student groups across all Arkansas medical schools and were thrilled to meet with members of the new Alice Walton School of Medicine to express our support and discuss future collaboration.

Another major milestone was championing the Primary Care Payment Improvement Bill, sponsored by Senator Missy Irvin and Representative Lee Johnson, M.D., to boost investment in primary care throughout Arkansas. This success was made possible through strong relationships with Academy members, Aledade, legislators, and our dedicated administrative team.

We continued our efforts with the Foundation to support the future of family medicine through scholarships. I'm proud to announce that we have raised enough funds to endow a \$5,000 scholarship—and we're just getting started. Fundraising continues, and we're especially excited about the upcoming Casino Night, hosted by the always-spirited Dr. Sam Taggart.

Our Board continues to impress me with its forward-thinking mindset. This year, we made a strategic decision to evolve our Scientific Program Committee into the Education Committee. This change reflects our belief that education should be continuous and comprehensive, supporting the full arc of a physician's career. Rather than focusing on a single event, the new committee—chaired by our Vice President and supported by Board members—will guide year-round educational initiatives that reflect the diverse and evolving needs of our members. Additionally, we have proposed a bylaw change to reduce the number of terms Delegates and Alternate Delegates may serve from three two-year terms to two two-year terms. This adjustment is intended to lessen the overall time commitment, make the role more accessible and appealing to new leaders, and encourage more frequent turnover so that more members have the opportunity to serve in this important and prestigious position.

On a personal note, I have grown tremendously this year. Representing Arkansas at the AAFP Congress of Delegates in Phoenix, attending the Multi-State Conference in San Diego and Phoenix, and participating in leadership events in Kansas City all deepened my perspective and strengthened my commitment to family medicine. To the individuals who have mentored, supported, and inspired me—you know who you are—thank you sincerely.

As I transition out of this role, I am excited to continue supporting initiatives that are just getting started. I hope to see our Board of Directors' Strategic Planning Committee meetings grow into an annual gathering—an opportunity not only to refine our goals but also to strengthen our relationships and enjoy the journey. I also plan to build stronger collaborations with our state's residency programs to support future family physicians and encourage them to stay in Arkansas and stay engaged as active members. And I will continue to advocate for greater member engagement, so every family physician in Arkansas knows the strength and value of this community.

We are blessed with remarkable people across Arkansas who champion family medicine at every level—local, state, and national. I feel incredibly fortunate to have been part of this journey and to have walked it with such talented, compassionate, and dedicated individuals.

A very special thank you to Mary Beth Rogers, our Executive Vice President. Mary Beth has been a guiding light and a true source of strength, wisdom, and laughter this past year. She makes this role not only meaningful but also incredibly fun. She keeps me organized and somehow makes me look put together—no small feat.

To Michelle Hegwood, who has served our Academy for 25 years: thank you for being one of my greatest champions. Your friendship means the world to me. It's always a comfort to see your smiling face at meetings, and I know how tirelessly you work behind the scenes to make everything look seamless. As my husband puts it: She always has a smile. We are all better for having you both on our team.

As I prepare to pass the baton, I do so with great confidence in our Academy's direction and leadership. It has been a true honor to serve as your President. Thank you for allowing me to walk beside you this past year.

With sincere gratitude,  
Nicole M. Lawson, MD  
President



# Multidisciplinary **CLEFT CARE**



Because It  
Makes a  
Difference.



Fully accredited by the  
American Cleft Palate  
Association



**Arkansas Children's** cleft specialists are often the first members of a child's care team, because many cleft lip patients are discovered on prenatal ultrasound. If a cleft is identified, we offer prenatal counseling and postnatal treatment. Specialists, such as pediatric speech pathologists and nutritionists, meet with expectant parents to prepare them with useful supplies, information about feeding techniques and details about surgical options.

At **Arkansas Children's**, a child's cleft care team includes pediatric specialists in:

- Audiology
- Craniofacial plastic surgery
- Genetics
- Nutrition
- Orthodontics
- Otolaryngology
- Pediatric dentistry
- Periodontics
- Prosthodontics
- Psychology
- Social work
- Speech pathology

Treatment options offered in our high-volume cleft and palate repair center include nasoalveolar molding (NAM) and bone grafting. Our velopharyngeal insufficiency (VPI) and fistula clinic treats cleft and non-cleft patients with speech disorders.

Refer a patient or reach us for a  
consultation at **501-449-0773**.



**Arkansas  
Children's**

HOSPITALS • RESEARCH • FOUNDATION

[archildrens.org/cleftlippalate](http://archildrens.org/cleftlippalate)



# ARKANSAS AFP MEMBERS ATTEND HOSA STATE CONFERENCE

The Arkansas Chapter of HOSA-Future Health Professionals recently hosted its State Leadership Conference in Hot Springs, drawing over 1,300 of the brightest junior high and high school students from across the state. The event provided opportunities for students to build leadership skills, compete in healthcare-related events, and network with peers who share similar career goals. Industry partners also participated as exhibitors and judges, engaging with the largest gathering of aspiring health professionals in Arkansas.

Representing the Arkansas AFP, Drs. David Kelley, Nicole Lawson, and Sam Taggart—along with Executive Director Mary Beth Rogers and Michelle Hegwood—connected with students throughout the conference. Dr. Kelley presented sessions on the path to becoming a family physician, while Drs. Lawson and Taggart led a hands-on suturing workshop at the AR AFP exhibit booth. Dr. Taggart also served as a judge for the family medicine competitive event.

By supporting events like the HOSA State Leadership Conference, the Arkansas AFP is helping to ignite passion, purpose, and possibility in the next generation of healthcare leaders.

Watch Membership Matters emails and make plans to join us in February 2026!







# ARKANSAS MEDICAL FOUNDATION

Physician burnout remains a serious problem in the United States, and right here in the great state of Arkansas. The Arkansas Medical Foundation is here to assist and advocate for all healthcare professionals in the 75 counties of Arkansas. The AMF is designed to address the unique health concerns faced by healthcare professionals, ensuring they receive the confidential support they need while also safeguarding the health and safety of the patients they serve in Arkansas.

## SAVING LIVES SAVING CAREERS

**\*\*Each year roughly 300-400 physicians die by suicide. Depression is a major risk factor in physician suicide, other factors include bipolar disorder, alcohol and substance use disorder.**

The Arkansas Medical Foundation has partnered with The American Foundation for Suicide Prevention to provide Arkansas physicians an anonymous, confidential questionnaire. The no cost, voluntary, confidential questionnaire is designed to help you assess your current state of mental health and well-being.



<https://arkansas.providerwellness.org>



[www.arkmedfoundation.org](http://www.arkmedfoundation.org)

Phone: 501.224.9911

Fax: 501.224.9966

[rgaston@arkmedfoundation.org](mailto:rgaston@arkmedfoundation.org)





# ACT 483: A LANDMARK VICTORY FOR PRIMARY CARE IN ARKANSAS

The passage of Senate Bill 264—now officially Act 483—marks a historic win for primary care in Arkansas and a model for national reform. With overwhelming bipartisan support, the Arkansas General Assembly has taken a bold step to address the growing challenges in primary care and improve health outcomes across the state.

Act 483 establishes the Primary Care Payment Improvement Working Group, which will convene primary care clinicians, payers, and state partners to define, measure, and report on primary care spending—and to recommend a sustainable investment target for the future. Their final report will be presented to the Arkansas Legislative Council in April 2026.

To support the success of the bill, Arkansas physicians actively engaged with state and local media. Dr. Jason Lofton participated in an interview with KDQN, Dr. Lonnie Robinson was featured on the *Ozarks at Large* radio show, and Dr. James Zini authored an op-ed for the *Stone County Leader*. These efforts helped raise public awareness and emphasize the urgent need to invest in primary care across Arkansas.

This legislative victory would not have been possible without the tireless work and collaboration of many. We extend special thanks to Dr. Lonnie Robinson, Dr. Philip Pounders, and Dr. Jason Lofton for their leadership and advocacy throughout the process. We are also deeply grateful to our partners at Aledade, and to Mullenix &

Associates, whose strategic guidance and advocacy at the Capitol played a pivotal role in securing this success.

We recognize and **thank Senator Missy Irvin (AR-24) and Representative Lee Johnson (AR-47)** for sponsoring the bill and for their leadership in educating fellow lawmakers about the importance of strengthening Arkansas's health care system through primary care investment.

"This success underscores what we can accomplish when groups committed to keeping people healthy come together," said Mary Beth Rogers, Executive Director of the Arkansas Academy of Family Physicians. "There was strong energy and enthusiasm among physicians from the moment this bill was introduced to the moment it became law. The future is bright not just for primary care but for all the Arkansas patients who will benefit from this important measure."

Our allied partners will begin meeting in July to develop the framework and implementation details that will guide the official Working Group. This groundwork will be critical to crafting a lasting, meaningful reform. The final report to the Arkansas Legislative Council is due in April 2026.

For updates and more information, visit [www.arkansasafp.org](http://www.arkansasafp.org) and click the **Primary Care Reform** tab.



**FRANKS**  
DERMATOLOGY

## Healthy Skin for Every Arkansan

When your patients need to see a specialist for complex skin conditions, it's important to have a partner who delivers world class care, so you both have peace of mind.

We treat all types of skin conditions, including skin cancer, eczema, and psoriasis. Along with providing advanced treatments, we've developed an in-house **biologics clinic** to help our patients receive life-altering treatment as quickly as possible.

With a focus on expert care, your patients will receive the personalized treatments they need and the compassionate care they deserve from our team at Franks Dermatology.



4220 NORTH RODNEY PARHAM RD • SUITE 320  
LITTLE ROCK, AR 72212  
(501) 246-1042



### Hayden Franks, MD

Fellow, American Academy of Dermatology

Diplomate, American Board of Dermatology

Honorary Member, Arkansas Academy of Family Physicians

**Bailey Pollock PA-C**

Certified, NCCPA

Diplomate Fellow, SDPA

**Elizabeth Turbeville, PA-C**

Certified, NCCPA

Diplomate Fellow, SDPA



# RSV Immunization Update

2024 - 2025 Respiratory Vaccine Season



## RSV Vaccines to Protect Older Adults

### Available Vaccines:



**Abrysvo™**

(Pfizer)



**Arexvy™**

(GSK)



**mRESVIA™**

(Moderna)

### Recommendations

- Everyone ages 75 years and older may receive one dose of an RSV vaccine.
- Some people ages 60 to 74 years may be eligible to receive one dose of an RSV vaccine.

It is best to vaccinate in late summer or early fall. However, an RSV vaccine *may* be administered to eligible older adult patients at any time of year.

Only one dose per lifetime is currently recommended.

### Older adults at highest risk include those who:

- Have a chronic medical condition, such as lung, heart, kidney, or liver disease
- Have a weakened immune system
- Live in a nursing home or other long-term care facility



## RSV Immunizations to Protect Infants and Young Children



### Maternal Immunization

**Abrysvo™**

(Pfizer)



Abrysvo may be administered to pregnant patients who are 32 to 36 weeks pregnant, during the months of September through January.

**As of February 1st, 2025, Abrysvo is no longer recommended to be administered to pregnant patients for this season.**

### Infant Immunization

**Beyfortus™**

(nirsevimab)

(Sanofi)



Beyfortus may be administered to infants during their first 8 months of life, when an infant is born or entering RSV season. Some children are eligible for a second immunization during their second RSV season. **Beyfortus should typically only be administered to infants and young children during the months of October through March.**

### IMPORTANT:

In most cases, only one of these immunizations is needed to protect the infant from severe RSV disease.

*Either the mother should receive Abrysvo (during pregnancy) or the infant should receive Beyfortus (after birth).*

Please see CDC guidance for official recommendations regarding RSV immunizations.

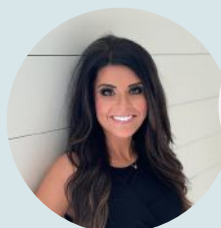
<https://www.cdc.gov/rsv/vaccines/index.html>

## RESPIRATORY VACCINES UPDATE

LIVE CE WEBINAR SERIES

*with pharmacist*

**Dr. Allie Staton**



No cost for attendees!

Registration and more information



[www.immunizear.org](http://www.immunizear.org)



By Jennifer Wessel  
Interim Director of Health Policy, Arkansas Center for Health Improvement

# HEALTH-RELATED ACTIONS OF THE 95TH GENERAL ASSEMBLY

Health-related legislation was a major focus of this year's regular legislative session. Lawmakers and Gov. Sarah Huckabee Sanders approved measures intended to improve maternal health, strengthen the state's health care workforce and address numerous other issues impacting the health, health care and quality of life of Arkansans.

The following is a roundup of notable health-related actions of the 95<sup>th</sup> General Assembly.

## Maternal Health

Prominent in Sanders' agenda for the session was a slate of maternal health initiatives recommended by the Arkansas Strategic Committee on Maternal Health, a panel she established by executive order in March 2024 in response to the state's poor maternal and infant health rankings. Arkansas had the nation's fourth-highest maternal mortality rate during the period of 2018-2022 and the third-highest infant mortality rate as of 2022, according to the Centers for Disease Control and Prevention.

Act 124, the Healthy Moms, Healthy Babies Act, rolled several of the governor's maternal health initiatives into one package. The law creates presumptive Medicaid eligibility for pregnant women, allowing them to receive Medicaid benefits while their Medicaid application is being processed; requires Arkansas Medicaid to cover pregnancy-related remote services including ultrasounds, blood pressure

monitoring and continuous glucose monitoring; unbundles Medicaid payments for prenatal, delivery and postpartum care, allowing providers to be reimbursed per visit for perinatal care; and establishes a separate, shorter statute of limitations for claims alleging birth-related medical injuries, requiring a claim to be filed by the child's fifth birthday, which is earlier than the timelines allowed for other medical injuries involving minors.

In addition to a pathway for reimbursement established by Act 124, the Certified Community-Based Doula Certification Act (Act 965) defines the scope of practice for doulas, creates a certification process for them and requires Arkansas Medicaid and other insurers to cover their services. With Act 627, insurers are also now required to cover breastfeeding and lactation consultation services in outpatient settings. This coverage is not subject to annual deductibles, copayments or coinsurance.

## Health Care Workforce

Act 483 creates the Arkansas Primary Care Payment Improvement Working Group, which is tasked with establishing a definition of primary care, evaluating current spending on primary care and producing a report. The report is expected to recommend setting specific spending targets for commercial insurers and Arkansas Medicaid, a step that several other states have taken as they seek to invest more in the primary care workforce to prevent more costly downstream care.

One tool to attract and retain physicians in the state is to grow the number of available medical residency positions. Lawmakers approved a \$2.5 million grant to the University of Arkansas for Medical Sciences to help fund 22 new medical residency positions in El Dorado and Crossett. An additional \$4.5 million grant to Washington Regional Medical Center was approved to help fund 26 new medical residency positions in Fayetteville. Lawmakers also enacted Act 196, which directs the Medical Education Residency Expansion Board to award a one-time implementation grant to help create new or expand existing graduate medical education programs.

Several new laws also call for Arkansas to join interstate licensure compacts, which offer expedited licensure processes for professionals who want to practice in multiple states. The new laws mean that Arkansas will join compacts for physicians (Act 260), physician assistants (Act 300), dentists and dental hygienists (Act 395), emergency medical services personnel (Act 384), massage therapists (Act 267) and dietitians (Act 799). Act 968 adds physician assistants to the list of professionals covered by Act 457 of 2023, which grants automatic licensure to certain professionals licensed in other states who establish residency in Arkansas.

Act 482 requires Arkansas Medicaid and other insurers to recognize physician assistants as primary care providers and reimburse



them accordingly. Insurers will also be required to cover services by community health workers under Act 435, which defines the scope of practice for community health workers and creates a certification process for them.

Act 1022 establishes the Behavioral Health Loan Forgiveness Program to be administered by the Arkansas Department of Human Services. The program will identify communities that are underserved by behavioral health services and, if funded, will offer incentives in the form of loan forgiveness to mental health professionals or licensed alcoholism and substance abuse counselors who agree to practice for at least three years in these communities.

In response to increasing violence against healthcare workers, act 753 creates the offense of aggravated assault upon a health care worker, a Class D felony. Previously, a person who attacked a health care worker could be charged with battery in the second degree. The new law follows Act 313 of 2023, which requires hospitals and clinics to post signs stating that attacking a health care worker is a felony.

### Pharmacy Benefit Managers

Arkansas also passed several pieces of legislation focused on the groups that negotiate fees and rebates with drug manufacturers, create approved drug lists for health insurers and pay pharmacies for patients' prescription drugs. Act 624 prohibits pharmacy benefit managers from owning or operating pharmacies in Arkansas, while Act 425, the Pharmacy Nondiscrimination Act, clarifies and updates the state's any willing provider law to state that PBMs may not exclude from their networks any pharmacies or pharmacists willing to comply with their terms.

### Health Care Coverage and Reimbursement

Lawmakers reauthorized Arkansas Health and Opportunity for Me, the state's Medicaid expansion program, for another five

years with Act 774. The measure also directs the governor to request a federal waiver allowing the state to add a work requirement as a condition of maintaining coverage

continued on page 12

**EngageMED**

INTEGRITY | RESPECT | INNOVATION | SERVICE

**30 Years**

**72 Clinics**

**500+ Providers**

**SMARTER SOLUTIONS.  
STRONGER PRACTICES.  
BETTER OUTCOMES.**

**PRACTICE OPERATIONS  
REVENUE CYCLE  
NETWORK SERVICES  
RECRUITING & STAFFING  
STRATEGY & DEVELOPMENT  
FINANCE**

**“We recruited EngageMED because we needed to reduce overhead and streamline processes. EngageMED was receptive, responsive, and implemented their services in a timely fashion. This resulted in a significant reduction in overhead and expenses.”**

**Dr. Lance Lincoln**  
Lincoln Padon Medical Group

www.engagemed.com • 5125 Northshore Drive North Little Rock, AR 72118 • (501) 224 - 1690

continued from page 11

in the program, something Sanders had already done before the law was passed.

Act 556 requires health insurers to cover services provided in mobile health units, with cost-sharing requirements that are no less favorable than the ones applied to services provided in other settings. This is intended to make mobile services more affordable and accessible and ensure that rural residents are not required to travel great distances to receive care.

Act 389 adds crisis stabilization units to the definition of “healthcare provider” under Arkansas’s any willing provider law and prohibits insurers from requiring prior authorization for the units’ services.

Act 632 directs the Department of Human Services to seek a waiver from the Centers for Medicare and Medicaid Services allowing Arkansas Medicaid to cover inpatient treatment services for substance use disorders, including services in institutions for mental diseases, and to expand access to medication-assisted treatment.

Act 1025 directs the Department of Human Services to increase the Medicaid reimbursement rate for oral and maxillofacial surgeons’ services, pediatric dental services and dental services for adults with special needs. Before this law was passed, Medicaid dental rates had not been increased for 18 years, causing many dentists to discontinue acceptance of Medicaid. The law also calls for the annual reimbursement cap for dental

services for adults with special needs to increase from \$500 to \$1,000.

Many of the new laws do not take effect immediately, and some are dependent on federal approval, administrative rulemaking to flesh out details, and/or allocation of funding. The passage of dozens of bills aimed at improving the health of Arkansans is certainly a cause for celebration, but there is much more work to do to improve health outcomes across our state. This is true not only at the state policymaking level but also for local leaders, health care providers, educators, parents and individuals. We all have a role to play. Let’s roll up our sleeves and get to work.

## Join a team where caring changes everything.

### ✓ What is ArchWell Health?

Founded in 2020 in Nashville, Tennessee, we provide **best-in-class primary care for adults age 60+** in underserved communities. Our patients enjoy more time with their doctor, on-site lab services, and in-center activities to keep them physically and socially active.

### ✓ What makes us different?

Because we’re compensated for improving our patients’ overall health rather than the individual services we provide, our doctors spend more time with each patient and **focus on preventing health issues before they start.**

### ✓ Why should you join our team?

With an average panel size of only 500 members per doctor, you’ll enjoy providing high-quality care and watching patient outcomes improve. Plus, we’re growing fast with **100 centers across the U.S. by the end of 2025.**



Scan the QR code to see our open positions  
or visit [ArchWellHealth.com/careers](https://ArchWellHealth.com/careers) to learn more.

Follow us    @ArchWellHealth

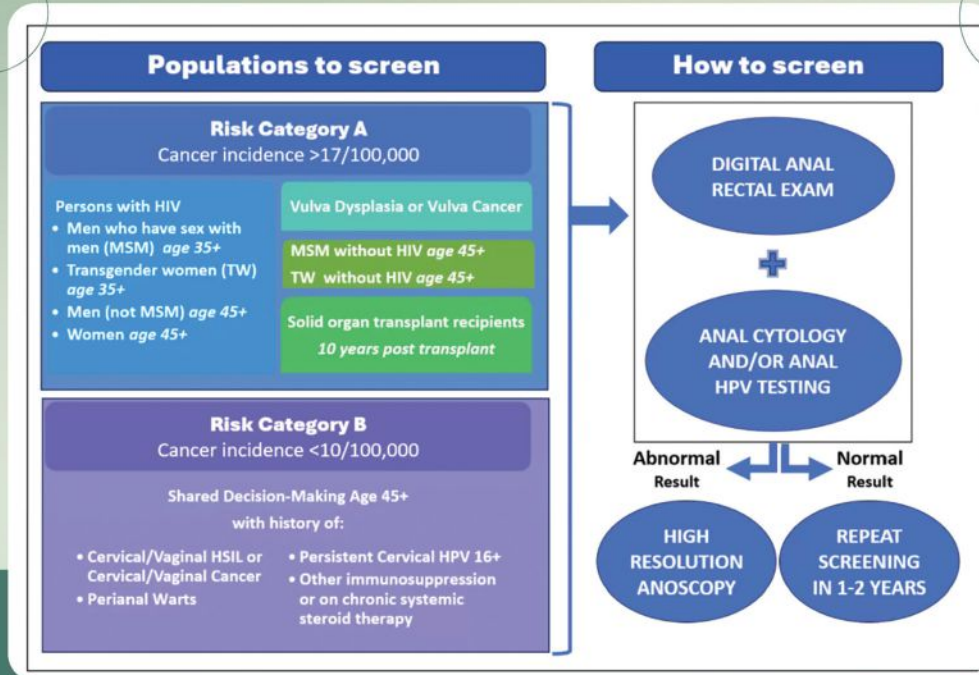


**ArchWell**  
HEALTH

Primary Care for Adults Age 60+



## Anal Cancer Screening Guidelines



LUNA  
wellness

International Anal Neoplasia Society's Consensus Guidelines for Anal Cancer Screening. International Journal of Cancer, 2024.



## NEW YORK INSTITUTE OF TECHNOLOGY

College of Osteopathic Medicine  
at Arkansas State University

# MORE THAN A MEDICAL SCHOOL

Contact us to learn more about the two degree programs and two certificates offered on our Jonesboro Campus:

Doctor of Osteopathic Medicine (D.O.)  
Master of Science, Biomedical Sciences (B.M.S.)  
Emergency Medical Technician & Paramedic Certificate

[nyit.edu/arkansas](http://nyit.edu/arkansas) | 870.972.2786 | [ComjbAdmissions@nyit.edu](mailto:ComjbAdmissions@nyit.edu)



ARKANSAS ACADEMY  
of FAMILY PHYSICIANS

2025

# SCIENTIFIC ASSEMBLY

Bringing Family Medicine Together

**AUGUST 13-16**

Wyndham Riverfront Hilton,  
North Little Rock

**AUGUST 15**

Family Medicine Celebration  
Dinner & Casino Night  
Foundation Fundraiser





# PRESIDENT'S INVITATION TO THE SCIENTIFIC ASSEMBLY



Nicole Lawson, M.D.

As President, I personally invite you to join us for the 2025 Scientific Assembly—our premier event of the year and the best opportunity to earn top-notch CME while reconnecting with your fellow family physicians. This event is designed by our members, for our members, and every element reflects the unique spirit, energy, and dedication of our community. Whether you're looking to sharpen clinical skills, explore the future of family medicine, or simply recharge, you'll find what you need here.

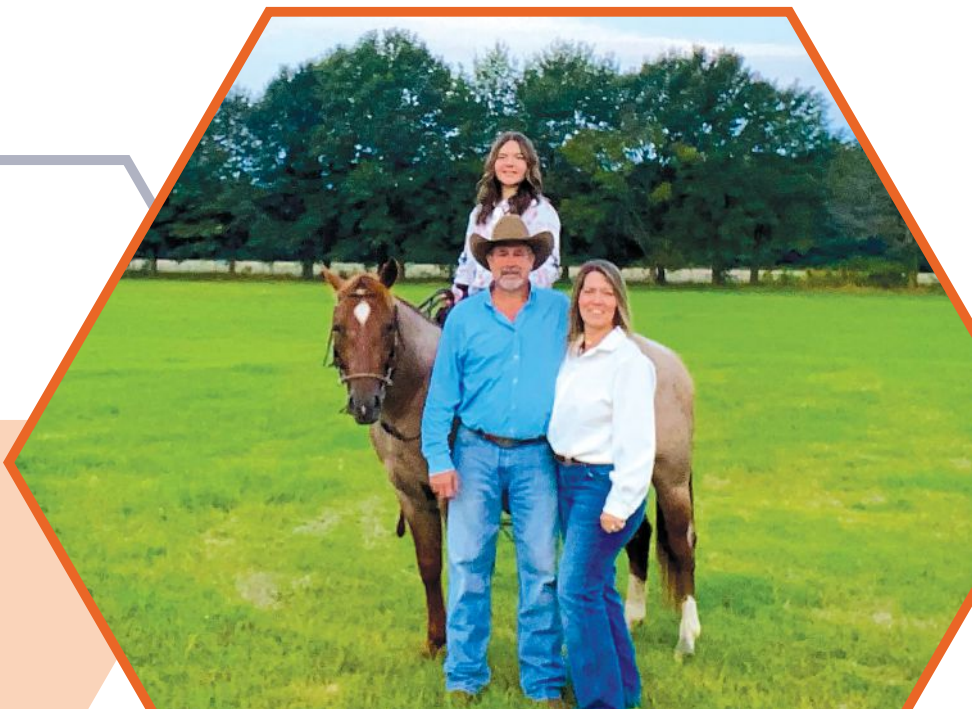
We are honored to welcome AAFP Speaker Dr. Russell Kohl as our keynote. If you've ever heard Dr. Kohl speak, you know you're in for something special. He brings insight, heart, and a little jazz—literally. His message will set the tone for an inspiring, meaningful week. Before we officially kick things off, don't miss the Wednesday Pre-Assembly focused on hospital and trauma medicine—perfect for those needing trauma certification credits. We'll also offer BLS and ACLS check-offs during breaks on Thursday and Friday, and the Friday opioid session satisfies the one-hour credit required by the ASMB.

Cap off your week with a night to remember at our “Play it Forward” Casino Night on Friday! This fun, high-energy fundraiser supports the Foundation's vital work—and it's the perfect way to relax and connect with colleagues. Enjoy great food, lively casino games, and the incredible sounds of the Dizzy 7 band. Whether you're a card shark or just in it for the music, it's a celebration you won't want to miss.

Then on Saturday, we're answering the call to our state's maternal care crisis with a special session on maternal care. Whether or not you deliver babies, every family physician plays a role in supporting moms and newborns before and after delivery—and we're diving into how we can lead that charge. Let's come together to renew our passion for family medicine, learn from one another, and celebrate the work we do every day. The 2025 Scientific Assembly is where it all connects.

I can't wait to see you there!

Nicole Lawson, M.D.  
President 2024-2025





# ARAFP

## 2025 SCIENTIFIC ASSEMBLY

### SCHEDULE OF EVENTS

#### WEDNESDAY, AUGUST 13

1:00 – 1:45	<b>Hypertensive Crisis: Myths, Dogma, and Systems-Based Harm</b> Nick Gowen, M.D.
1:45 – 2:30	<b>What's New in Hospital Medicine: Innovations, Insights, and Impacts</b> Franklin John Gray, M.D.
2:30 – 3:15	<b>Management of Alcohol Withdrawal</b> Ramez Awad, M.D.
3:15 – 3:30	<b>BREAK</b>
3:30 – 5:30	<b>Critical Crossroads: Trauma Care in Arkansas</b> Mickey Deel, D.O. FFAFP, W. Scott Lewis, M.D., FACEP, Paula Lewis, RNP, CEN, TCRN

#### THURSDAY, AUGUST 14

8:00 – 8:15	<b>Opening Ceremony and Welcome</b>
8:15 – 8:30	<b>Annual Business Meeting</b> ARAFP President Nicole Lawson, M.D.
8:30 – 9:15	<b>Opportunities Amongst Chaos: The AAFP and the Future of Family Medicine</b> Russell Kohl, MD, AAFP Speaker
9:15 – 10:00	<b>Artificial Intelligence in Healthcare Information and Decision Making</b> Kim Yu, M.D., FFAFP, DABFM
10:00 – 10:30	<b>BREAK WITH EXHIBITORS</b>
10:30 – 11:15	<b>Legal Pulse: New Legislation Impacting Physicians</b> Jennifer Smith, JD, RN
11:15 – 12:00	<b>Anatomy of a Medical Malpractice Lawsuit</b> Steve Dickens, JD, FACMPE
12:00 – 1:30	<b>LUNCH AND EXHIBITOR TIME</b> Lunch sponsored by SVMIC
1:30 – 2:15	<b>Back to the Basics: Strengthening Your Vaccine Knowledge</b> Allie Stanton, PharmD
2:15 – 3:15	<b>Shedding Light on Type 2 Diabetes: Weight Management &amp; Future Breakthroughs</b> Charles Vega, M.D., Sponsored by the Medical Learning Institute
3:15 – 3:45	<b>BREAK WITH EXHIBITORS</b>
3:30 – 5:00	<b>Joint Effort: A Practical Guide to Injection Techniques</b> Hamilton Newhart, M.D.







## FRIDAY, AUGUST 15

8:00 – 8:45	<b>Strengthening Primary Care Through Behavioral Health Integration in Arkansas</b> AFMC Panel Discussion
8:45 – 9:30	<b>From Exam Room to Referral: Helping Your Patients See Better Outcomes</b> Wade Brock, M.D.
9:30 – 10:00	<b>BREAK WITH EXHIBITORS</b>
10:00 – 11:00	<b>What's New and Around the Corner in CGM</b> Eden Miller, D.O.
11:00 – 12:00	<b>New and Emerging Approaches for Treating VMS Associated with Menopause</b> Eden Miller, D.O.
12:00 – 1:15	<b>LUNCH AND LAST VISIT WITH EXHIBITORS</b>
1:15 – 2:15	<b>The Balancing Act: Opioids, Pain, and Primary Care</b> Kristin Martin, D.O., MS, FAAFP, FASAM, FACOFP
2:15 – 3:00	<b>Navigating Gastrointestinal Challenges: Insight into GERD and H. pylori Management</b> Jonathon Firnhaber, M.D., MAEd, MBA
3:00 – 3:15	<b>BREAK</b>
3:15 – 4:00	<b>The Latest in Pharmacotherapy</b> Dosha Cummins, PharmD, BCPS
4:00 – 5:00	<b>Psychodermatology</b> Scott M. Dinehart, M.D.
6:00 – 9:00	<b>Family Medicine Celebration Dinner &amp; Casino Night Foundation Fundraiser</b> Dinner sponsored by Baptist Health and Blue Cross Blue Shield

## SATURDAY, AUGUST 16

### Delivering Better Outcomes: What Every Physician Should Know Maternal Care Session

8:00 – 12:00	<b>Emergency Maternal/Postpartum Care: An Update for Arkansas Family Medicine Physicians</b> Amanda Deel, D.O., FAAFP and Mickey Deel, D.O., FAAFP
	<b>An Accurate Picture: Insights from the Arkansas Maternal Morbidity and Mortality Review Committee (AMMRC)</b>
	<b>The Power of Inquiry: How Asking the Right Questions Can Improve Maternal Outcomes</b>
	<b>Maternal Cardiovascular Health: Pregnancy and Beyond</b>
	<b>Obstetric and Postpartum Hemorrhage: Recognition, Resuscitation, and Referral for the Family Physician</b>

Agenda subject to change.

# Annual Membership Business Meeting

2025–2026 Slate of Officers & Directors

## Officers

- **President:** Justin Voris, MD
- **President-Elect:** Amanda Deel, DO
- **Vice President:** Jason Lofton, MD
- **Secretary/Treasurer:** Joshua Clark, MD
- **Immediate Past President:** Nicole Lawson, MD

## Directors

1. Dichelle George, MD – Warren, AR
2. Stephen Foster, MD – Little Rock, AR
3. Aaron Mitchell, MD – Marion, AR

## Resident Director

- **Kirby Curtis, DO** – PGY-1, UAMS Northeast

## Student Directors

- **Sidney Perdue** – ARCOM, Class of 2026
- **Makeena Madden** – UAMS, FMIG President
- **Sidney Piggott** – NYIT, Class of 2027

## Proposed Bylaw Changes Notification

Two proposed bylaw changes will be presented for a vote during the Annual Business Meeting on Thursday, August 14 at 8:15 a.m. at the Wyndham Hotel in North Little Rock. The first would reduce the allowable service of Delegates and Alternate Delegates from three 2-year terms to two 2-year terms; current Delegates will continue to serve the full terms under which they were originally elected. The second would change the name of the Scientific Program Planning Committee to the Education Committee to reflect its expanded role in overseeing year-round educational activities.

Both changes were recommended by the Board of Directors to promote greater participation and better reflect the committee's evolving responsibilities. Members in good standing who are present at the meeting are eligible to vote.

# CONFERENCE INFORMATION

## REGISTRATION

Online registration is open through the website at [arkansasafp.org](http://arkansasafp.org). Click on the CME and Events tab. If you prefer to register by phone, call us at 501-316-4011. All conference meals, breaks and online syllabus are included with your registration.

You can register for the full conference or add individual days a-la-carte style.



**REGISTER TODAY!**  
**[arkansasafp.org](http://arkansasafp.org)**

## HOTEL INFORMATION

The Wyndham Riverfront Hilton at 2 Riverfront Place, North Little Rock, AR is our host hotel for the conference and hotel rooms. The negotiated room rate for the assembly is \$119 for single or double rooms. For reservations call 1-866-657-4458 or local line 1-501-371-9000 and reference the AR Academy of Family Physicians room block to receive the discounted rate. A link is provided on our website at [arkansasafp.org](http://arkansasafp.org) for online reservations. The reservation deadline is July 22, 2025, or until the block is full.

## CME INFORMATION

Application for CME credit has been filed with the American Academy of Family Physicians.

Determination of credit is pending.

Translation to Practice® or t2p®: Four presentations are available for two additional credits upon completion of required steps. This will make a total combined CME offering of up to 30 credits for the full conference.



# PLAY IT FORWARD

READY TO PLAY?  
PURCHASE CHIPS  
ONLINE WITH  
ASSEMBLY REGISTRATION

CASINO TICKETS  
\$25-FOR \$50 CHIPS  
\$50-FOR \$100 CHIPS  
\$100-FOR \$200 CHIPS



## CASINO NIGHT & DINNER

FOUNDATION ENDOWMENT FUNDRAISER

LIVE MUSIC  
CONNECTIONS &  
FUN

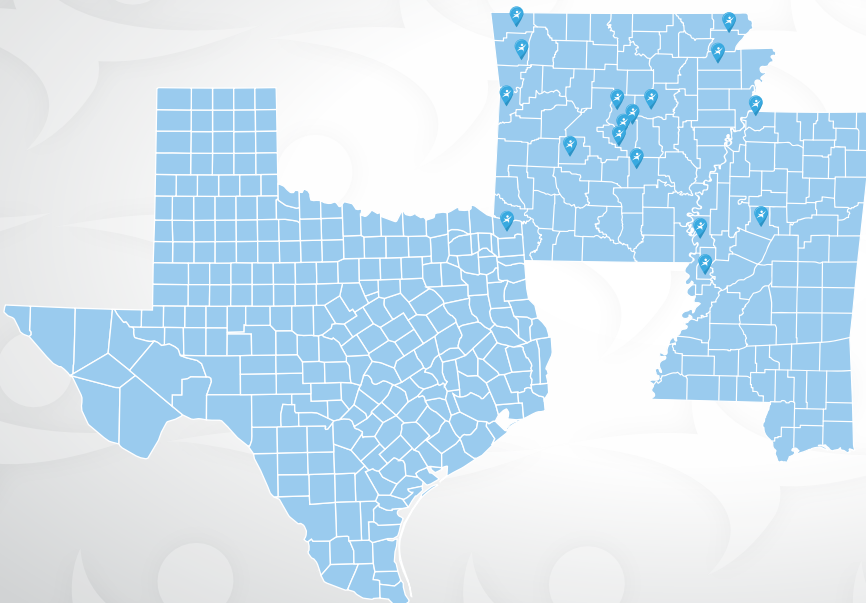
FRIDAY, AUGUST 15, 2025 - 6:00PM

LIVE AUCTION  
RAFFLE & PRIZES



**PAIN TREATMENT**  
CENTERS OF AMERICA

*Less pain. More life.*



**17 Locations Across  
Arkansas, Mississippi  
and Texas to Treat  
Your Pain Patients**

**(844) 215-0731**  
**[www.PTCOA.com](http://www.PTCOA.com)**

Bentonville • Conway • Fayetteville • Little Rock • Little Rock - Freeway Dr. • North Little Rock • Fort Smith • Blytheville  
Hot Springs • White Hall • Searcy • Jonesboro • Texarkana, TX • Greenwood, MS • Greenville, MS • Rolling Fork, MS • Southaven, MS

# FOUNDATION NEWS



ARKANSAS ACADEMY OF  
FAMILY PHYSICIANS  
FOUNDATION

ARKANSAS  
community foundation  
Smart Giving to Improve Communities



The Arkansas AFP Foundation Board of Trustees is thrilled to announce the official establishment of the Arkansas AFP Foundation Charitable Fund Endowment at the Arkansas Community Foundation! This exciting milestone marks a significant investment in the future of family medicine in our state.

With an inspiring initial deposit of \$100,000.00, this endowment fund represents not only a financial commitment but also a shared vision for empowering the next generation of family medicine physicians. The scholarship will provide meaningful support to residents matched in family medicine that are interested in rural medicine.

We extend our heartfelt thanks and appreciation to every individual and organization who contributed to making this vision a reality. Your generosity and belief in the power of this project are the driving forces behind this achievement.

This is just the beginning—we look forward to watching the endowment grow and the lives it will touch in the years to come. Stay tuned for more updates as we continue to build the endowment.

## Thank you for your support of the ARKANSAS ACADEMY OF FAMILY PHYSICIANS FOUNDATION CHARITABLE FUND

*Donation can be made to the Foundation or directly to the  
Endowment Fund at Arkansas Community Foundation*

### Cash or Check Payable to:

AR AFP Foundation  
2101 Congo Road, Suite 500  
Benton, AR 72015

### Cash or Check Payable to:

Arkansas Community Foundation  
5 Allied Drive, Suite 51110  
Little Rock, AR 72202  
Include AAFP #285610 on check

### Online via Credit Card

[www.arkansasafp.org/foundation](http://www.arkansasafp.org/foundation)

### Online via Credit Card

[www.arcf.org/aafpf](http://www.arcf.org/aafpf)

### Charitable IRA Rollovers, Stock and Mutual Fund, or Planned Gifts in Estate Planning

Contact Arkansas Community Foundation for more information  
on these giving options. (501)372-1116 or (888)220-2723





# HOSPITALIZATION NOTIFICATION SERVICES



SHARE's Daily Hospitalization Reports are given directly to SHARE-connected providers and care teams, to assist with care coordination and patient follow-up.

- ✓ Real-time notification of hospital visits (admissions, discharges, or ED transfers) for practices' active patients
- ✓ Allows providers to proactively coordinate their patients' care and schedule any necessary follow-up treatments or visits
- ✓ Assists in meeting value-based contract arrangements



Contact Us | 501.410.1999 | [SHAREhealth@arkansas.gov](mailto:SHAREhealth@arkansas.gov) | [www.sharearkansas.com](http://www.sharearkansas.com) | @SHAREarkansas on Facebook

## 2025 COURSES

# Take YOUR PRACTICE to the NEXT LEVEL

**Master new procedures with hands-on training from NPI!**

By learning procedural skills through NPI, you can:

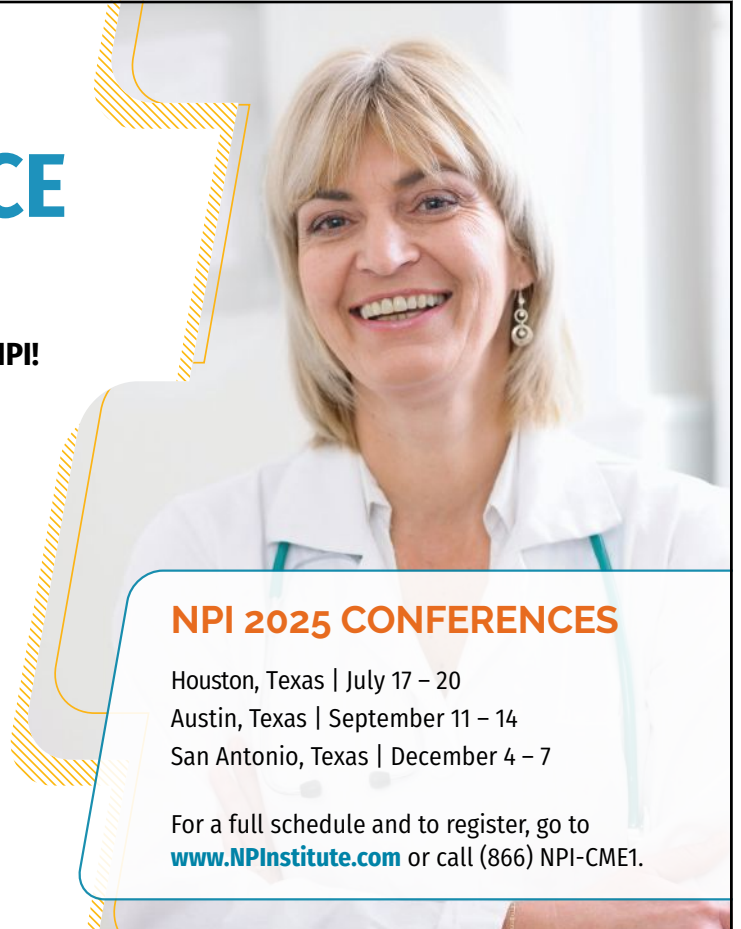
- Expand the services you offer and improve patient care,
- Enhance your clinical skills across a variety of procedures,
- Earn CME credits while advancing your expertise, and
- Improve continuity of care for your patients.

***Courses are available for physicians, PAs, APRNs, and other clinical staff.***

The Texas Academy of Family Physicians presents:



**NATIONAL  
PROCEDURES  
INSTITUTE**



## NPI 2025 CONFERENCES

Houston, Texas | July 17 – 20

Austin, Texas | September 11 – 14

San Antonio, Texas | December 4 – 7

For a full schedule and to register, go to [www.NPInstitute.com](http://www.NPInstitute.com) or call (866) NPI-CME1.

# THE IMPORTANCE OF MENTAL HEALTH FIRST AID TRAINING IN HEALTHCARE SETTINGS

Mental health challenges are becoming increasingly common in clinical practice, yet many providers and their staff still feel unprepared to recognize or address them. Mental Health First Aid (MHFA) training is a critical resource that fills this gap—empowering physicians, nurses, and office staff with the skills and confidence to identify mental health concerns, respond effectively, and connect individuals with the care they need.

Much like CPR prepares individuals to assist during a physical health emergency, MHFA training

equips healthcare professionals to provide early, supportive responses to mental health and substance use challenges, often before a crisis escalates. This training is not just beneficial—it's becoming essential for anyone working in a provider setting.

## What Is MHFA Training?

Mental Health First Aid is an evidence-based training program developed to teach participants how to identify, understand, and respond to signs of mental illness and substance use disorders. It includes both theoretical education and practical

skills, centered around the ALGEE framework:

- Assess for risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Through interactive role-playing, group discussions, and hands-on exercises, MHFA training teaches healthcare staff how to apply this framework effectively in real-world settings.



# Take good care.

 **Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

What does it mean to be taken care of? At Arkansas Blue Cross and Blue Shield, it means providing peace of mind. We've been taking care of Arkansans for over 75 years, providing affordable, reliable health insurance ... to keep Arkansans healthy and help them heal. We're investing in communities to keep this diverse and wonderful state strong. We're committed to a whole person approach to health, including physical and behavioral wellbeing. And we recognize that total health is influenced by many factors, including medical history, genetics, lifestyle, environment, nutrition, safety and physical activity. We also realize that it will take all healthcare providers working together to ensure future generations of Arkansans can live their best life their whole life long. Let's take good care, Arkansas.

[takegoodcare.com](https://takegoodcare.com)



00803.08.02-1123



## Why MHFA Training Is Vital in Provider Environments

### Early Recognition and Timely Response

Healthcare providers and front-line staff frequently encounter patients exhibiting early signs of mental health concerns—such as depression, anxiety, trauma, or substance misuse—but these signs are not always easy to detect. MHFA training enhances the ability to recognize these early indicators and take appropriate first steps, such as offering reassurance or referring to a behavioral health specialist.

### Enhancing Patient-Centered Care

Mental health often influences physical health. For instance, stress and anxiety can exacerbate chronic conditions like hypertension or diabetes. MHFA-trained staff are better equipped to approach patients empathetically and attentively, leading to more comprehensive and compassionate care. Listening without judgment and validating a patient's experience can significantly improve the therapeutic relationship and treatment adherence.

### Strengthening Team Support and Workplace Wellness

Healthcare environments are demanding, and the risk of burnout is high. MHFA training not only equips staff to support patients but also prepares them to notice signs of emotional strain in their colleagues and themselves. Promoting mental well-being within the team fosters a culture of resilience, reduces stigma, and encourages early intervention when staff members experience distress.

## Improving Crisis Management Skills

In provider settings, staff may occasionally need to respond to patients in acute emotional or psychological distress. MHFA training provides practical tools for

de-escalating crises, maintaining safety, and connecting individuals to appropriate emergency or psychiatric services. This can reduce reliance on emergency departments and improve patient outcomes.

continued on page 24

# Supplemental Retirement Plan for Medicaid Providers!

Medicaid providers can defer Medicaid income on a pre-tax basis into the State of Arkansas Deferred Compensation Plan, commonly referred to as the Arkansas Diamond Plan. Providers practicing in group settings, as well as individual private practice, are eligible to participate.

Medicaid deferrals may be made in addition to any contributions you are making to your current retirement plan established by your professional group or individual practice.

Medicaid providers enrolled in the Plan can defer up to \$23,500 of Medicaid income for calendar year 2025. Medicaid providers that are age 50 or older in 2025 can defer up to \$31,000 of Medicaid income for calendar year 2025.

Over the past few years, hundreds of Medicaid providers have enrolled in the Arkansas Diamond Plan to take advantage of the opportunity to defer a portion of their Medicaid income. The Plan has been available for more than 40 years.

For additional information regarding participation in the Arkansas Diamond Plan contact **Robert Jones of Stephens Inc.** at **501-377-8112**.



**Stephens Inc.**

Investment Bankers  
Broker of Record  
Member NYSE, SIPC  
stephens.com

## What MHFA Training Looks Like

Training sessions typically last eight hours and can be delivered in person or online. Participants engage in:

- Simulation exercises to practice responding to various mental health situations
- Scenarios that apply the ALGEE framework
- Group reflections that deepen understanding and reduce stigma

Courses are tailored to specific populations. For example, Adult MHFA focuses on adult-to-adult interactions—ideal for physician practices—while Youth MHFA supports those working with adolescents, such as in pediatric or family medicine settings.

## Strategic Benefits for Providers

Integrating MHFA training into a clinical setting enhances overall care

delivery and aligns with organizational goals such as:

- Meeting patient-centered care standards
- Supporting whole-person care and behavioral health integration
- Reducing unnecessary hospital visits through early intervention

It contributes to quality improvement initiatives and can be cited in compliance or accreditation documentation.

## MHFA in Action: A Local Example

AFMC, a healthcare organization in Arkansas, is implementing MHFA training through the Arkansas Project AWARE initiative, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Their approach includes statewide MHFA sessions for educators and healthcare providers and a dedicated website providing access to digital mental health resources. AFMC has also developed a new resource, the teacher support helpline,

connecting educators with trained peer listeners who have lived teaching experience and understand the unique challenges faced by educators.

This model shows how MHFA training can be scaled to support patients and staff, improving mental health literacy and responsiveness across care systems.

## Conclusion: A Necessary Investment in Health Care

Incorporating Mental Health First Aid training into provider settings is a smart, proactive step toward a more resilient, informed, and responsive healthcare workforce. It empowers physicians and staff to recognize and address mental health needs with the same urgency and competence as physical health concerns. As the demand for behavioral health services continues to grow, MHFA training ensures that every member of the healthcare team can play a role in supporting mental well-being, making it not just important, but essential.

# LIVE OUT YOUR PASSION

## Family Medicine Opportunities

### Seeking BE/BC physicians

**Details**

- Outpatient, hospitalist, or urgent care settings
- Choice of metro, suburban, or rural locations
- Teaching, leadership, and career growth opportunities

**Benefits**

- Competitive salary and comprehensive benefits
- Sign-on bonus and relocation allowance
- Loan repayment
- Low cost of living, highly rated schools, and abundant outdoor activities



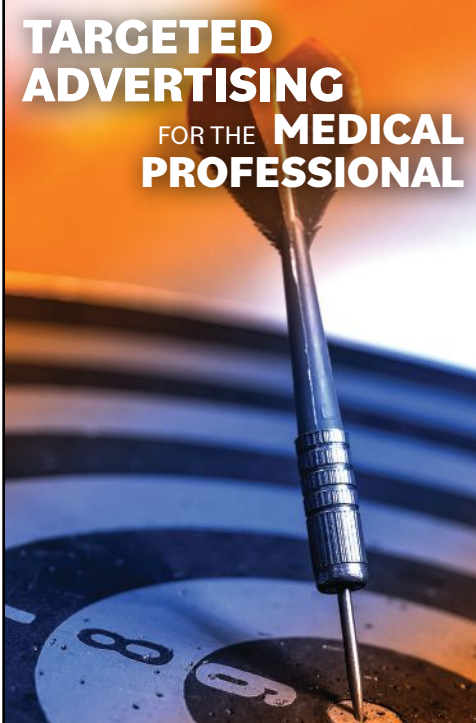
LEARN MORE


417-619-3139  
michelle.freeman1@coxhealth.com



## TARGETED ADVERTISING

FOR THE **MEDICAL PROFESSIONAL**



Advertise HERE

Contact Michelle Gilbert  
at 501-725-3561  
mgilbert@pcipublishing.com



# REGISTER NOW

## 9TH ANNUAL ACES & RESILIENCE SUMMIT

### BRING IT ALL HOME – A CLOSER LOOK AT ACES



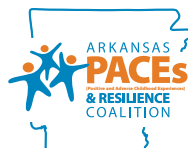
VISIT  
**AFMC.ORG/  
ACESUMMIT**  
FOR MORE  
INFORMATION



## ACEs25

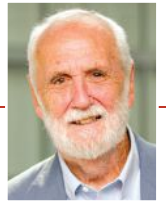
### Thursday July 31st, 2025

The Venue at Westwind  
7318 Windsong Dr.  
North Little Rock, AR 72113



# POLITICS AND HEALTH CARE

## PART II



Sam Taggart, M.D.  
Family Physician and  
Author

### The Twentieth Century Begins

At the beginning of the 20<sup>th</sup> century, the Progressive Era had made its way to Arkansas. In 1903, the Arkansas Medical Society and the legislature helped to enact a number of legislative acts pertaining to state certification for physicians, professional ethics and the beginnings of state-wide public health efforts.

### Pharmaceuticals and Politics

In the immediate Post Civil War Era, local apothecary shops and pharmaceuticals began to play an increasing role in daily life. In addition to a variable flood of new drugs coming onto the market, advances in technology such as “pill” machines allowed for the mass production of pills, gel-caps and capsules. Many of the large multi-national drug companies of today came from local apothecary shops in that era including Glaxo-Smith-Kline, Abbott Laboratories, Eli Lilly and Upjohn. The mainstay of this new industry was patent medicines. These preparations offered a double-edged sword for those who devoted themselves less to the practice of medicine and more to drug sales and to the general public. There were no regulations as to who could sell these products and there were no labeling requirements. With medicine shows, itinerant peddlers with the gift of gab and a flare for theatrics could bite into the business of the local store owners. There were no requirements as to labeling of the contents of patent medicines and many of these products contained significant amounts of narcotics. According to a survey done by the Arkansas Medical Society in 1878, six to seven hundred Arkansans a year died from patent medicines.



In 1882, the Arkansas Pharmacists Association was created with the hope of reining in the rouge peddlers and purveyors of poison. Dr. John Bond of Little Rock was one of the influential leaders of this group. Most of the early members of this group were physicians who had made the decision to devote their time and efforts to the manufacturing and sale of pharmaceuticals. There were several legislative attempts at forcing the labeling of products and defining who could and who couldn't sell these products; most of these efforts failed. For the next twenty years, the state association found itself at odds with the non-affiliated druggists of Arkansas, the Arkansas Medical Society and the newspapers. The patent medicine industry provided a great deal of advertising to the national and local press. Routinely the Association would create a bill that would answer their biggest concerns only to find the bill stalled out in a sub-committee of a sub-committee of the legislature.



The National Pure Food and Drug Act of 1906 went a long way toward fortifying the Association's standing in the medical community. The Act was a piece of Progressive Era legislation that began the process of forcing drug manufacturers into accurate labeling of the contents of the products that were sold to the public in interstate commerce. The act also specified that the purity levels could not fall below that of the USP-NF. (United States Pharmacopeia-National Formulary) Soon after the federal legislation was passed, the Arkansas Medical Society began an effort to “require all patent and proprietary medicines sold in the state to have their formula printed on the label.” Despite their reluctance, Dr. Bond and AAP joined forces with the medical society. The first bill

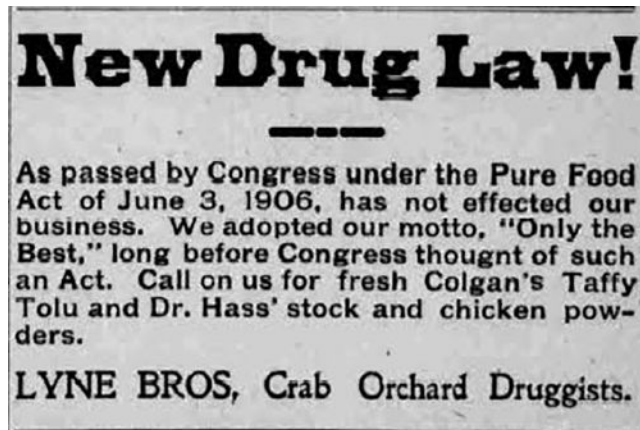


before the legislature called the Patterson-Black Bill caused a split between the two societies and was defeated in the legislature and a second, more conservative bill, the Greenhaw Bill, proposed by Senator Frank Greenhaw closely followed the Federal Pure Food and Drug Act. It required that all medicinal preparations be labeled to disclose the amount of alcohol, opium, morphine and other drugs unless the drug was prescribed by a physician or was on the National Formulary. What the law did not accomplish was require the manufacturer to list a formula of the active ingredients in the product. In fact, the law was far more conservative than the Patterson-Black Bill; it was more reform than regulation.

The Federal Harrison Narcotic Act of 1914 was the next major step in regulating the manufacture, distribution, sale and use of potentially narcotic dangerous drugs. In the 19<sup>th</sup> century, opiates and cocaine were completely unregulated. By 1911, opiate addiction had become a major problem in the United States and in Arkansas; three out of four of these addicts were women who used physician or pharmacist prescribed drugs for “female complaints.” The law was an attempt to reduce the use and distribution of narcotics and cocaine. A clause in the act allowed for the distribution by physicians of these products “in the course of professional practice only.” Clearly, limiting the prescribing of these products to physician prescription only was not the primary focus of this law but it went a long way in instilling that tradition in our medical world.

### Journalism and healthcare

By the middle of the 19<sup>th</sup> century, literacy rates had begun to rise in the United States and newspapers/journalism were playing an increasingly important role in day-to-day life. There were several national newspaper brands that were considered Papers of Record where the reporting and editorial sections were well-researched and independent of the advertising/subscription departments. Among these papers were The New York Times, The Los Angeles Times, The Wall Street Journal, and The Washington Post. In addition to the national papers, local and regional papers carried similar weight, among those was the Arkansas Gazette.



*The National Pure Food and Drug Act of 1906 went a long way toward fortifying the Association's standing in the medical community. The Act was a piece of Progressive Era legislation that began the process of forcing drug manufacturers into accurate labeling of the contents of the products that were sold to the public in interstate commerce.*

As early as the mid-19<sup>th</sup> century, Yellow Journalism was a factor that society had to contend with. Generally, it is defined as a form of journalism that uses attention-grabbing headlines and sensationalism with little or no substance or documentation to get attention, mold opinion, sell newspapers/viewership and, more importantly, sell advertising. In the 19<sup>th</sup> century, it was primarily newspapers, pamphlets, grocery store tabloids and drugstore novels. In the early to mid-20<sup>th</sup> century, radio and television entered the fray and, now, we have the internet and social media, which often act like yellow print journalism on steroids.

# CHAPTER LEADERS STRENGTHEN SKILLS AND CONNECTIONS AT AAFP'S ACLF/NCCL LEADERSHIP FORUM

Our chapter was proud to be well represented at this year's AAFP Annual Chapter Leader Forum (ACLF) and National Conference of Constituency Leaders (NCCL), held in Kansas City. The forum brings together physician leaders and chapter staff from across the country for a focused, high-impact leadership development experience. With board development, advocacy, and equity at the core, both tracks offered powerful tools and renewed inspiration for our chapter's leadership team.

## Advancing Board Excellence at ACLF

President Nicole Lawson, President-Elect Justin Voris, MD, and Executive Director Mary Beth Rogers attended the ACLF track, a two-day program designed to strengthen chapter governance and leadership. This year's ACLF was built around the theme of board excellence—how to lead with clarity, collaborate effectively, and drive meaningful action at the chapter level.

From the start, our team dove into sessions that examined everything from strategic planning and succession to board roles and responsibilities. One of the key takeaways? Effective boards don't just meet—they lead. We left with a stronger understanding of what high-functioning boards look like and how to apply that framework to support our chapter's mission and long-term goals.

## Empowering Change at NCCL

We were also honored to have Stephen Foster, MD; Brittany Vaughn, MD; and Tasha Starks, MD represent us at the National Conference of Constituency Leaders (NCCL). NCCL is more than

just a leadership conference—it's a launchpad for physician leaders from historically underrepresented constituencies. It brings together new voices, new perspectives, and new energy, with the goal of strengthening the future of family medicine.

Each delegate plays a key role at NCCL, participating in resolution drafting, elections, and business sessions, while also attending tailored workshops designed to sharpen leadership skills. Delegates are grouped by constituency—women, minorities, new physicians, international medical graduates, and LGBTQ+ physicians—creating a unique space where each voice is heard and valued.

Drs. Foster, Vaughn, and Starks engaged in these constituency groups, collaborating with fellow attendees to address policy issues, share personal leadership journeys, and work on resolutions that could shape AAFP's direction. These resolutions reflect the real-world concerns family physicians face—from patient care access to equity in leadership—and the discussions behind them are where much of NCCL's transformative power lies.

## Why It Matters

Both ACLF and NCCL serve different, but equally vital, roles in developing leaders within AAFP. ACLF ensures that chapter boards operate with strategic clarity and purpose, while NCCL ignites grassroots leadership to drive change from the ground up. When chapter officers and delegates attend together, the result is a synergy that strengthens not just individuals, but the entire organization.

The impact isn't just personal—it's organizational. Leadership development isn't a one-time workshop; it's a continuous investment. The ideas and insights gained at these forums help our chapter grow stronger, more inclusive, and more effective in serving our members and advocating for our patients.

As we look ahead, we're excited to apply what we learned. From revisiting our board structure to supporting emerging leaders and amplifying the voices of our diverse membership, this year's ACLF/NCCL has given us both the tools and the motivation to keep pushing forward.

We are incredibly grateful to our delegates for representing our chapter with passion and purpose. We look forward to building on this momentum—and to seeing even more of our members get involved in future leadership opportunities.





# PREDIABETES CAPTURES 1-IN-3 ADULTS. BUT YOU CAN ESCAPE.



You can reverse  
prediabetes and prevent  
or delay type 2 diabetes.  
Take the 1-minute risk  
test today.

Be your own hero at  
[DoIHavePrediabetes.org](http://DoIHavePrediabetes.org)



## SUCCESSFUL 2025 TRANSITION-TO-PRACTICE RESIDENT RETREAT IN HOT SPRINGS



The 2nd Annual Transition-to-Practice Resident Retreat, held in Hot Springs, Arkansas, brought together 29 family medicine residents for a meaningful weekend focused on professional development, wellness, and connection. Designed to ease the shift from residency to independent practice, the retreat offered practical sessions and opportunities for personal renewal.

The retreat opened Friday with sessions on contract negotiation, malpractice coverage, and investment strategies—critical components of transitioning into the workforce. Saturday shifted focus to physician wellness and explored the diverse dimensions of a career in family medicine, highlighting the importance of maintaining balance in a demanding profession.

Attendees also enjoyed ample free time to unwind and experience the charm of Hot Springs. Activities included leisurely walks along historic Bathhouse Row, a relaxing boat cruise on Lake Hamilton, and thrilling moments at the Oaklawn horse races.

The weekend combined professional enrichment with restorative recreation, embodying the very principles it sought to promote. As the Transition-to-Practice Retreat grows, it continues to empower residents with knowledge, confidence, and community as they take the next steps in their medical careers.

Special thanks to the speakers who shared their time and expertise at the Resident Retreat. Attorney Mike Mitchell presented “Physician Contracts 101,” offering key insights into contract fundamentals. Julie Loomis, SVMIC AVP of Risk Management, discussed “Tips to Risk-Proof Your Records,” helping attendees better understand documentation practices. G. Pierson Callahan, SVP with Merrill Lynch, guided residents through financial planning with “I’m Making Money, Now What?” Dr. Clark Trapp addressed physician wellness in his session on well-being. We also appreciate the valuable perspectives shared during the panel discussion by Drs. Nicole Lawson, Dwight Johnson, Tasha Starks, Justin Voris, and Clark Trapp.





# The Core Content Review of Family Medicine

## *Why Choose Core Content Review?*

- Online and Print Editions Available
- Cost Effective CME with No Travel
- Stay Medically Relevant - Make sure you are ready for the new FMCLA (Family Medicine Certification Longitudinal Assessment) Exam alternative
- 98% Board Exam Pass Rate - Pass or get your Money Back
- For Family Physicians by Family Physicians
- Core is produced by the CT Academy of Family Physicians



**The Core  
Content Review  
of Family Medicine**

## *North America's most widely recognized program for:*

- Family Medicine CME
- ABFM Board Preparation

## *Ordering is Easy*

- Visit [www.CoreContent.com](http://www.CoreContent.com)
- Call 888-343-CORE (2673)



**Follow us on Facebook:**

**Core Content Review of Family Medicine**

Arkansas Academy of Family Physicians  
2101 Congo Road  
Building D2, Suite 500  
Benton, AR 72015

PRESORTED  
STANDARD  
U.S. POSTAGE  
**PAID**  
LITTLE ROCK, AR  
PERMIT NO. 563



# Jefferson Regional Urology Associates



Nathan Green, MD   Nick Scherzer, MD   Jordan Hanberry, MD

1601 W. 40th Ave., Ste. 301C, Pine Bluff, AR 71603

**Appointments: 870-541-6060**

**Acute Kidney Stone Hotline: 870-541-6062**



# Arkansas

## FAMILY PHYSICIAN

### ADVERTISE HERE!

contact Michelle Gilbert  
mgilbert@pcipublishing.com  
501-725-3561

Family Physician Publications available in the following states:

Arizona	Illinois	Nebraska	Rhode Island
Arkansas	Indiana	Nevada	South Carolina
California	Kentucky	New Jersey	Texas DO
Delaware	Louisiana	Ohio	Uniformed Services
Florida	Michigan	Oregon	Virginia
Idaho	Montana	Pennsylvania	Washington

 **Publishing**  
**PCI Concepts, Inc.**