

THE Journal

OF THE ARKANSAS MEDICAL SOCIETY

VOL. 118 • NO. 1

JULY 2021



Danny Wilkerson, MD
2021-2022 AMS President

IN THIS ISSUE

Let There Be Fireworks!!!

Finding Your Happy During
Turbulent Times





Announcing the Arkansas Good Medicine Fellowship

A 12-week study program with a nine-month program development to make an impact on your community through a health care transformation project.

- Receive a \$1,200/mo. stipend for the year-long program

Gain knowledge through the program curriculum • Make a positive impact on your community

Program goals:

- Enhance leadership skills
- Improve understanding of how social factors affect health
- Disseminate strategies to implement trauma-informed care
- Teach methods to build team-based care
- Improve quality

Curriculum includes learning modules, case studies, assigned readings and discussions. The training will identify best practices for trauma-informed care for adverse childhood experiences (ACEs), opioid abuse, mental health care and childhood obesity.

Minimum requirements:

- Practicing two years as a MD, DO or PA
- Practice in the field of internal medicine, family medicine, general practice or pediatrics
- Medical license in good standing

Deadline to apply: **July 31, 2021** | Apply online: info.afmc.org/agm

Questions? ARgoodmedicine@afmc.org

ARKANSAS GOOD MEDICINE IS A COLLABORATIVE WORK OF THE ARKANSAS FOUNDATION OF MEDICAL CARE (AFMC), THE ARKANSAS COLLEGE OF OSTEOPATHIC MEDICINE (ARCOM) AND ARcare, A FEDERALLY QUALIFIED HEALTH CENTER. THE FELLOWSHIP IS GRANT FUNDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION.



ARKANSAS COLLEGE OF
OSTEOPATHIC MEDICINE



COVER STORY

Danny Wilkerson, MD
2021-2022 AMS President



6

David Wroten
Executive Vice President

Penny Henderson
*Executive Assistant
Journal Advertising*

Nicole Richards
Managing Editor

Laura Haywood
*Membership and Communications
Specialist*

EDITORIAL BOARD

Bala Simon, MD, DrPH, DipABOM, DipABLM, FFAFP
Family & Preventative Medicine/Public Health

Tim Paden, MD
Family Medicine

Sandra Johnson, MD
Dermatology

Issam Makhoul, MD
Oncology

Naveen Patil, MD, MHSA, MA, FIDSA
Internal Medicine/Infectious Disease

Benjamin Tharian, MD, MRCP, FACP, FRACP
Gastroenterologist/Hepatologist

Robert Zimmerman, MD
Urology

Tobias Vancil, MD
Internal Medicine

Darrell Over, MD
Family Medicine

EDITOR EMERITUS
Alfred Kahn Jr., MD (1916-2013)

Casey L. Penn

Commentary

Let There Be Fireworks!!!
Sandy Johnson, MD

4

Educational Session One

Finding Your Happy During Turbulent Times
with speaker Kim Hodous
Casey L. Penn

8

Educational Session Two

COVID-19 Vaccinations & Update
Speakers: Col. Robert Ator, Dr. Jose Romero
Casey L. Penn

10

Legislative Session

Disheartening Losses, Reassuring Compromises
AMS Faced Unique Challenges During a Unique Legislative Session
Casey L. Penn

14

Board of Trustees Meeting

Casey L. Penn

18

Doctor of the Day

Member Physicians Mask Up and Serve in the
93rd General Assembly as Doctor of the Day
Laura Haywood

20

**ARKANSAS MEDICAL SOCIETY
2021-2022 OFFICERS**

Danny Wilkerson, MD, Little Rock
President

Chad Rodgers, MD, Little Rock
Immediate Past President

Seth Barnes, MD, Hot Springs
President Elect

George Conner, MD, Forrest City
Vice President

Bradley Bibb, MD, Ash Flat
Secretary

Jacob Dickinson, MD, Mountain Home
Treasurer

Established 1880. Owned and edited by the Arkansas
Medical Society and published under the direction of the
Board of Trustees.

Advertising Information: Penny Henderson,
(501) 224-8967 or penny@arkmed.org.
#10 Corporate Hill Drive, Suite 300,
Little Rock, AR 72205.

Postmaster: Send address changes to:
The Journal of the Arkansas Medical Society,
P.O. Box 55088, Little Rock, AR 72215-5088.

Subscription rate: \$30.00 annually for domestic; \$40.00,
foreign. Single issue \$3.00.

The Journal of the Arkansas Medical Society (ISSN 0004-
1858) is published monthly by the Arkansas Medical Society:

#10 Corporate Hill Drive, Suite 300,
Little Rock, AR 72205
(501) 224-8967

Printed by The Ovid Bell Press Inc., Fulton, Missouri 65251.
Periodicals postage is paid at Little Rock, AR, and at
additional mailing offices.

Articles and advertisements published in The Journal are for
the interest of its readers and do not represent the official
position or endorsement of The Journal or the Arkansas
Medical Society. The Journal reserves the right to make the
final decision on all content and advertisements.

VISIT US ONLINE OR FOLLOW ON SOCIAL MEDIA



ARKMED.org



@ArkMedSociety



@ArkMedSoc



@ArkMedSoc

Medical Board Legal Issues?

Call
Pharmacist/Attorney
Darren O'Quinn
1-800-455-0581

www.DarrenOQuinn.com

The Law Offices Of

DARREN O'QUINN
PLLC

Little Rock, Arkansas

MAKE THE
SMART
CHOICE,



ADVERTISE IN:
THE
Journal
OF THE ARKANSAS MEDICAL SOCIETY

For more advertising information,
contact Penny Henderson at
501.224.8967 or penny@arkmed.org

COMMENTARY

BY SANDY JOHNSON, MD

Let There Be Fireworks!!!

Happy July, everyone. I hope all of us are celebrating. After all, at least at the time of writing this in April, there is a lot to celebrate—and hopefully now we have even more to celebrate. Life is better when we live it as a party. Life is better when we choose joy. Life is better when we count our blessings rather than our opportunities (or challenges, however you choose to look at it). Today I am thankful that the days are getting longer and warmer. I am thankful for the Covid vaccine. I am thankful to be a physician. I am thankful to be in health care. I am thankful to those who served and continue to serve on the front lines of the pandemic war. I am thankful to live in a state that responded well to the pandemic. I am thankful to live in the natural state where I was able to get outside and chase waterfalls while isolating from others. I am thankful to live where it is easy to keep physical distance. I am thankful for kindness.

I am thankful to live in the greatest country on earth—Happy Birthday, America. Let there be fireworks. I am thankful for life, liberty, and the pursuit of happiness. I am thankful for love. On July 4, we all will be celebrating our country's independence. I will also be celebrating my dependence and anniversary of being married to the man of my dreams. I am thankful for 22 years of marriage to a wonderful friend, partner, and lover. To learn more, check out the book, "Friends, Partners, Lovers," by Fort Smith's own Kevin Thompson. Kevin describes life in the Garden of Eden before the fig leaf, how Adam and Eve were happy and harmonious being friends enjoying each other's company, partners working together, and lovers. After the apple, however, life changed. Now a good marriage takes work on being friends, partners, and lovers (FPL)—but the work is worth it. Life is not always perfect. We are not perfect people. Therefore, most marriages are not perfect.

Kevin describes how most marriages fail because of apathy and not choosing to be an FPL to your spouse. In addition to marriage, most things in life fail or are worse because of apathy and not choosing to give our best. Marriages are better when we choose to love and care for each other in all aspects of marriage. I am blessed that Brad is probably the best man on earth—next to my dad. My life is better because of Brad—he is not only my life partner but also my business partner. In addition to celebrating a wedding anniversary, we are also celebrating 15 years of Johnson Dermatology in Fort Smith this month. Being Brad's business partner, creating a medical practice and providing a 4E JD experience (effective, efficient, empathic, and empowering) to patients brings me so much joy. Neither of us have a business background nor chose to go to medical school to be business owners. We chose medicine to provide medical care. Being able to work together to not only provide 4E care but also to create a successful business, with more than 60 team members, has exceeded either of our wildest dreams. We have so much to celebrate. We hope you will join us in celebrating. I am sure each of us can think of at least 10 things/people/memories/etc. for which to be thankful and to celebrate. If not, then think of Katy Perry, and let there be fireworks!! I think her song sums up well how many of us felt during the pandemic, but now it is time to ignite the light and let it shine. Some of the lyrics are included here for your enjoyment: "Do you ever feel already buried deep? Six feet under screams, but no one seems to hear a thing. Do you know that there's still a chance for you 'cause there's a spark in you? You just gotta ignite the light, and let it shine. Just own the night like the 4th of July. 'Cause, baby, you're a firework. Come on, show 'em what you're worth... If you only knew what the future holds. After a hurricane comes a rainbow." May your life be full of celebrations, fireworks, and rainbows. Cheers!!! Stay skintastic!!!

Thank You

The AMS Annual Membership Virtual Meeting and Virtual Exhibit Hall was a success thanks to our contributors. We are grateful for your support.



Danny Wilkerson, MD

Get to Know Your 2021-2022 AMS President



SUE ELLEN WILKERSON AND DANNY WILKERSON, MD

As a small child in Rogers, Arkansas, Danny Wilkerson learned early on that education is invaluable, that he wanted to be a doctor, and – incidentally – how to milk a cow.

All these years later, the new AMS President and MD resides with his wife Sue Ellen in Little Rock but still has cattle on a farm in Rogers. “I have come full circle,” reflected Dr. Wilkerson of his current life and returning to the lessons of his boyhood.

The youngest of three children, the future Dr. Wilkerson was taught to take school seriously. “My father always said an education was something that no one could take from you,” he recalled. He listened to that advice, graduating valedictorian from Rogers High School before going on to the University of Arkansas (Fayetteville) to earn a degree in chemistry. Medical school was his goal all along, though it took a little bit of waiting to get there. “I didn’t get accepted right out of college, so I went to graduate

school in chemistry. I did not finish that master’s program, however, since I was accepted to medical school. Interestingly, I accepted a job as a quality control chemist at Arkansas Nuclear One just weeks before I found out I got into medical school. I had to call and quit the job before I started. It would have been phenomenal, but not nearly so as a career in medicine.”

The Path to Choosing Medicine and a Specialty

Dr. Wilkerson’s choice of medicine as a career stemmed greatly from the influence of his family’s physician, John Clower, MD. “Since I was a small child, he was a role model I aspired to emulate,” recalled Dr. Wilkerson. “He was always taking care of patients with caring and compassion and, to me, seemed to know everything. I asked him one time how he remembered everything that he needed to know. He

pointed to his bookshelves and said, ‘I can’t. That’s what books are for. I’m always learning something.’ I decided that was something I wanted to do: lifelong learning, taking care of others.”

Dr. Wilkerson’s choice of a specialty came much later – during his third year of medical school. Like many students, he struggled to find the right fit. That all changed when he started his anesthesiology rotation. “I remember my first day on the rotation like it was yesterday,” he said. “I walked into the operating room, saw what the anesthesia resident was doing, and fell in awe. I left that day looking forward to the next day.

“As a senior medical student, I did a month of anesthesia and it confirmed my desire to do a residency in anesthesia. The senior level residents all were mentors, but my biggest influence in choosing anesthesiology was Dola S. Thompson, MD, the chair of the Department

during my residency. Other mentors were Richard B. Clark, MD (director of Obstetric Anesthesiology), Astride Seifen, MD, and Carmelita S. Pablo, MD.”

Dr. Wilkerson completed medical school in 1983 and by 1986 had completed his transitional internship and anesthesiology residency. While still in training, he met his future wife. “[Sue Ellen] and I are both from Rogers. Growing up, I knew her brother but did not know her,” he said. “She and I met in the basement pharmacy at the old VA on Roosevelt Road in Little Rock. She was in pharmacy school, and I was an intern. After we finished our training, we lived in Rogers for 14 years before moving back to Little Rock.”

Dr. Wilkerson practiced first at St. Mary – Rogers Memorial Hospital (where he was born) and since 2000, has practiced at UAMS. Today, he practices primarily as a professor in the Department of Anesthesiology at UAMS, with a secondary appointment as Professor in the Department of Obstetrics and Gynecology. He is Board Certified in Anesthesiology by the American Board of Anesthesiology and is a fellow in the American Society of Anesthesiologists. “My primary practice for many years was high-risk obstetric anesthesia,” he said. “I also served as the adult division director and the medical director for Surgical Services. Since 2017, I have been in the Anesthesia Preoperative Evaluation Clinic.”

As a teaching professor, he has led many medical students through anesthesiology residencies—among them, his colleague and friend in the Medical Society, James Hunt, MD. “What I appreciated about Danny—Professor Wilkerson—from day one, and what I continue to appreciate about him today, is his direct, ‘no fluff’ approach—whether helping new moms welcome their babies safely into the world or managing the rapid-fire complexities of trauma patients,” shared Dr. Hunt. “Keeping cool and staying focused in scenarios such as trauma surgery is always easier when working with someone who is *also* cool and focused: I always enjoyed working in difficult cases with Danny because I knew I could trust his judgment and his skills.”

A Proven Leader

As Dr. Wilkerson steps into his new role as president of the Arkansas Medical Society, he brings to it a reputation for leadership and ser-

vice to his profession and to organized medicine. “Dr. Wilkerson is already a great leader for our organization,” said Dr. Hunt. “I’m excited about getting to work with him on behalf on the Arkansas Medical Society!”

Stacy Zimmerman, MD, knows Dr. Wilkerson best through his role as an active Arkansas Foundation for Medical Care board member. “Dr. Wilkerson is an amazing physician. I appreciate his reflective character, thoughtfulness, and measured opinions that consider all viewpoints,” she said. “His contributions as AMS president will create an inclusive environment for all members, thereby increasing our strength as a society.”

In addition to being active in the Society and several other professional organizations, Dr. Wilkerson has been chairman of the AMS Board of Trustees for three years and has also served on the AMS Finance and Audit Committee. He’s a past president of the Arkansas Society of Anesthesiologists, the Pulaski County Medical Society, and the Benton County Medical Society. He is currently the vice chairman and chairman elect of the Board of Trustees of the Arkansas Foundation for Medical Care and the current president of the Arkansas Medical Foundation Board of Trustees. Dr. Wilkerson is the director from Arkansas on the Board of Directors of the American Society of Anesthesiologists, a fellow in the American Society of Anesthesiologists, and a diplomate of the American Board of Anesthesiology.

Where does his zeal for service come from? Pertaining to AMS, he said, “In my early years, I was not as active as I am now. There is a need for us all to be involved. When I joined the Society, I really wanted to be a part of organized medicine. We can accomplish things through organized medicine that we can’t accomplish individually. With that in mind, it’s so valuable to the health of our state.”

A Focus on Service

As president of AMS, Dr. Wilkerson wants to continue the work done by his predecessor, Chad Rodgers, MD. “I want to focus on health care disparities across the state and how we can help address those as a Society,” he said. “I also want to focus on a campaign to decrease stigma attached to those that are marginalized by chronic, debilitating diseases such as substance use disorder, alcohol use disorder, psychiatric issues, and obesity. Given the current COVID-19 pandemic, AMS will continue to work with state officials, clinicians, and members to help vaccinate Arkansans

“I want to focus on health care disparities across the state and how we can help address those as a Society.”

– Dr. Danny Wilkerson

and, at the same time, care for those currently with the infection and those suffering lasting effects from the disease. As can be seen, we have a lot of work ahead of us.”

Other areas of focus for AMS President Wilkerson will include continuing the fight against scope-of-practice issues; promoting education, PPE availability, vaccinations related to COVID-19; and working with state officials to continue to curb opioid and substance abuse.

Service during a continuing pandemic will be a challenge, but it’s one the Society can handle, even with the trials and changes that less in-person events create, according to Dr. Wilkerson. “The side bar conversations, the food, and the travel have been replaced by remote meetings, but I think we have continued to address issues, confront problems, find answers, and enjoy each other’s company. We plan to meet remotely for now and get back to in-person meetings as soon as possible.”

During his virtual swearing in, Dr. Wilkerson enjoyed having family at his side. “It was different in that it wasn’t the big to-do that it usually is,” he said, “I wish my son would have been able to be there, but it was great that my wife was there. She supports me in everything and always has. She stood and held the bible that I put my hand on during the induction. My wife’s father is a retired Presbyterian minister, so that was a special moment for us.”

In reaction to the induction itself, Dr. Wilkerson humbly thanked his colleagues. “It was a special moment, and I’m just humbled to have the membership have the confidence in me to elect me as president. I was proud to be honored in this way and to stand on the shoulders of the presidents that came before.”

As his colleagues have attested, Dr. Wilkerson’s history of leadership, advocacy, fairness, and a cool head amid emergencies make him a natural fit for the current term as AMS president. His skills and style will surely prove a presidential tenure to be watched, valued, and admired.

Finding Your HAPPY During TURBULENT Times



“For more than 20 years, Kim has been on a mission to help people all over the world be happy and work happy,” said AMS outgoing president Chad Rodgers, MD, in introduction. “She inspires people to take charge of their happiness at home and at work.”

An award-winning businesswoman, author, and speaker, Hodous is the author of “Show Up, Be Bold, Play Big: 33 Strategies for Outrageous Success and Lasting Happiness from a Former Stay-at-Home Mom Who Built a 7-Figure Business from Her Kitchen Table.”

Hodous began her talk by illustrating how just one simple action can change a person’s level of happiness. “There was this university professor, and he was studying happiness,” she began. “He got together a group of students who diagnosed themselves as *severely* depressed. He gave them one activity: at the end of each day, recall and write down three good things that had happened. It could be anything – I mean, it could be ‘I got out of bed today,’ or ‘I didn’t get eaten by a lion today.’ After 14 days, 94% of those students recategorized themselves as either *moderately* or even *mildly* depressed.

“You see? Just one simple action can completely shift our level of happiness. We need to be happier because there are a lot

of miserable people out there,” she said, sharing that happy people are healthier, more attractive, more productive and creative, and better for the people around them.

“Our nation is in a happiness crisis,” said Hodous, whose quest to reconnect to her own “happy” began after she experienced great tragedy in her own life – that of losing a child. “We are 19th among all nations in happiness, although we are second in consumption of goods. So, clearly, having all this stuff is not making us happier ... Our forefathers wrote about life, liberty, and the pursuit of happiness. They put those [things] right there next to each other ... but the happiness piece has been left off the map, so I’m here to bring it back. Focusing on happiness is not a selfish pursuit because emotions are contagious. When one of us gets lifted up, we all get lifted up.”

To help us lift ourselves and, by extension, others, Hodous defined *happiness* and shared a series of habits to help us get and stay happier. “*Happiness* is not a destination that you can get and say, ‘I’m happy now.’ It’s a practice and a mindset,” she said. “I love that because many of you have medical practices – you practice [medicine]. It’s something you’re continually crafting and getting better at. Happiness is a series of habits and thoughts you can work on to raise your level of happiness.”

One-Minute Happiness Exercise

Throughout her presentation, Hodous worked in the following exercises that, when combined, take just one minute and can make a real difference in your happiness level.

- 1) **Breathe, Smile, Engage.** Fully engage and be present, without distractions (our cell phones are a big distraction).
- 2) **Think of Something Positive.** We’ve become a negative society, and the Journal of Psychology says that 85% of the information we hear is negative. Negativity is a pattern that is invasive. So instead, Hodous recommends thinking of something positive to raise your level of happy. “I believe whether we are positive or negative is a choice.”
- 3) **Focus on One Action You Can Take.** Eighty percent of people never set goals. One percent of people write goals down and review them regularly. “Research shows that you don’t even have to make your goal to be happier for having set goals,” she pointed out. “Find a way to set some goals to get what you want.”
- 4) **Decide Who You Will Connect with Today.** Connection is more challenging for men than women, according to Hodous, but it’s important for all of us. “We connect in those ‘special’ moments with others,” she said. It could be through words of kindness, through a fun event that doesn’t need to be expensive, or through a celebration of another’s achievements.
- 5) **Think of Three Things You’re Grateful For.** “We don’t grow when we’re on vacation,” said Hodous. “We grow when we’re in the middle of the muck. Be grateful for *all* we get to experience! That’s when life takes on such magic – such happiness.”

Kim Hodous makes her home in Arkansas and has done more than 500 presentations on happiness. For more information on her mission to spread happiness, check out her website at: <http://kimhodous.com>.

D3-50™ Vitamin D3

50,000 IU (Cholecalciferol)
Trusted affordable
product since year 2000

BIO  TECH®
PHARMACAL, INC.
ENERGY=HEALTH



**Arkansas Blue Cross and Blue Shield Formulary
Includes Cholecalciferol 50,000 on Many of Its Plans**

**OVER 100
RESEARCH
AFFILIATIONS**

- Dry, water-soluble (taste-free, odor-free, hypoallergenic) preparation of natural Vitamin D3 (cholecalciferol)
- Bio-Tech Pharmacal D3-50,000 IU is prescribed by many physicians and dispensed by many pharmacies
- More potent than Vitamin D2 for raising Vitamin D blood levels*
- Supports bone, cardiovascular, neuromuscular, and immune health*
- Adequate calcium and Vitamin D may reduce the risk of osteoporosis*

AVAILABLE THROUGH WHOLESALERS:

- McKesson
- Cardinal Health
- AmerisourceBergen
- Smith Drug
- Morris & Dickson
- Dakota
- Etc.

BIO  TECH®
PHARMACAL, INC.
ENERGY=HEALTH

Providing Many Quality Products since 1984

cGMP / FDA Registered Facility

► For more details about products, visit www.BioTechPharmacal.com

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

COVID-19 Vaccinations & Update

Speakers: Col. Robert Ator, Dr. Jose Romero

During the second educational session of the day, attendees heard updates in relation to COVID-19 vaccinations and variants from both Col. Robert Ator, the program manager for the state's COVID-19 deployment, and Jose Romero, MD, Secretary of the Arkansas Department of Health.

COVID-19 Vaccination Deployment Update

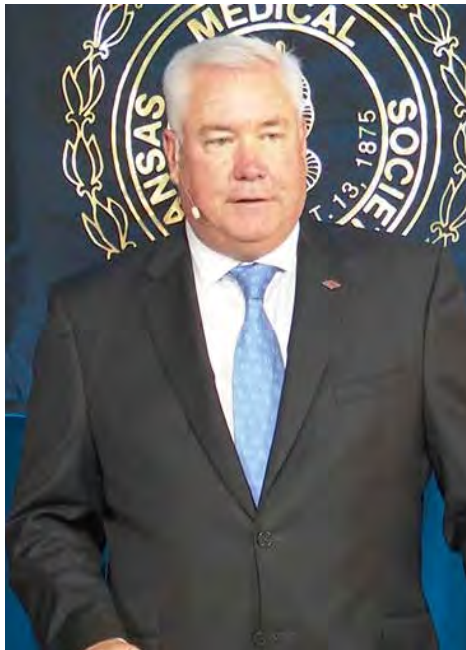
Col. Ator was appointed by Gov. Hutchinson in January of this year to help with vaccine deployment in the state. During his recent presentation to physician members, he summarized the timeline of events from when the state first began receiving and distributing vaccines until presentation date (May 14). He shared some positives along with lessons learned, covered how the state is doing according to the CDC, and explained to physicians what comes next and their role.

Taking listeners back to December 2020, the start of the vaccination program in Arkansas, Col. Ator recalled how the state had to start small, with just 25,000 doses administered per week. "This week, we're seeing about 104,000 doses," he said.

The state took a phased approach to prioritize who got the vaccine. That's not necessarily easy, Col. Ator indicated, "One of the things that I felt challenged by [was] you have two competing interests: you want to take care of the most vulnerable members of the state, and on the other hand, make sure that society moves forward. There was that balancing act that we had to pay attention to."

Initially, the state had more demand than supply. "We had more requests from people who wanted to help than we had resourcing to be able to let them help," he recalled, noting that at the time, it was all about just trying to get the vaccine out there to meet the demand.

As far as different vaccines, the Colonel said that Pfizer and Moderna have been pretty con-



COL. ROBERT ATOR

sistent with product flow into the state, while the Johnson & Johnson vaccine has been sporadic in its consistency.

Some of the best news that Col. Ator shared was that Arkansas leads the nation in vaccine distribution equity, according to April's Centers for Disease Control key performance indicators. The indicators showed that Arkansas was above the mean for the U.S. in equity, and not only that, but also in ordering, inventory, and administration. "Our strategies are working," said Col. Ator. "Arkansas is doing a good job."

The Approach Moving Forward

Now that we're a few months into distribution in the state, the challenges are changing. Col. Ator shared thoughts on the greatest challenge now and how he is addressing it. "Since the vaccination has been available to most everybody, the demand has fallen off," he said, noting, however, that the decline is softening somewhat. "We are hopeful. The whole point of what we're doing now is 'ease of access – in depth.' I want vaccine in every place I can get it because we're working on what I'm terming 'the moveable middle.'"

"The ones that were early adopters, that wanted the vaccine, they're taken care of. Then we have a sizeable portion of the population that wants nothing to do with the vaccine. That's going to be a hard fight to get them [on board]. But we do have those folks in the middle that can be persuaded. And if we make it as easy as possible and we stay within pathways of trust, to be able to advocate for it effectively, then I think we stand our best chance."

Col. Ator noted that as he's working to help the state get vaccine everywhere – in pop-up clinics, doctors' offices, and places where people are coming together – doctors will play a key role. "The advocacy of looking someone in the eye and telling them they need the vaccine, that is going to be key to getting us past this hesitancy," he said.

Where in the past, Col. Ator learned from giving medical offices more vaccine than they could handle at once, now he is moving more toward what he called "a hub and spoke model," which involves getting plentiful quantities of the different vaccines into each county and then allowing doctors and clinics to come and get what they need.

Col. Ator ended his talk with gratitude to the physicians. "For all that you have done, for taking care of our fellow citizens," he stressed, "I can't thank you enough."

As program manager for the state's COVID-19 Vaccine Deployment, Col. Robert Ator manages logistics related to vaccine distribution and serves as liaison to other state agencies to assist with sharing information and data collection. A retired Air Force wing commander, he also serves as the director of military affairs in the Arkansas Department of Commerce. His military logistics and supply-chain experience uniquely equip him for this task. Col. Ator retired after serving as commander of the 189th Airlift Wing of the Arkansas Air National Guard, the largest Air National Guard C-130 Wing in the U.S.

(CONTINUED ON PAGE 12)

NEW SITE SAME GREAT NEW FEATURES SERVICE



ARKMED.org now has a fresh look designed with YOU in mind. With its mobile-friendly layout, you'll find the information you need easier. We also have a brand new online password-protected community for our members, the AMS Info Hub.

The AMS Info Hub is a place where you can easily access membership resources and benefits, update your profile, and set up automatic billing.

You'll also be able to:

- **Use your membership with us to network,**
- **View member-only events,**
- **Share your contact information with other members for networking,**
- **Access vital resources,**
- **Use our site to advertise news, events, deals,**
- **Recruit new employees!**

Visit ARKMED.org for all the details!



JOSE ROMERO, MD



Col. Ator is a veteran of several major combat operations including Operation Desert Shield and Operation Desert Storm in Saudi Arabia, Iraq, and Kuwait. A respected pilot, he was honored with the Air Mobility and Air Education and Training Commands' prestigious McKay Trophy and Jabra Awards.

COVID-19 Update with Arkansas Department of Health

Dr. Romero presented an update on work done by the ADH and data pertaining to the virus in its variant strains, vaccines, and vaccine uptake. Beginning by expressing gratitude to physicians, he said, "I want to thank practicing physicians in this state for all the work you're doing to bring this pandemic under control."

Giving a recap of the pandemic, Dr. Romero shared that it blossomed last year into a worldwide problem with currently over 161 million cases and 3.3 million deaths. In the U.S., there are currently more than 32,800,000 plus cases and more than 584,487 deaths. The country has lost roughly \$2 billion in gross domestic product during this epidemic (May 14 data).

Bringing it local, he gave a recap of Arkansas's experiences so far and honed in on the number of cases and the effects on health care workers. The first case in Arkansas occurred on March 11, 2020, and as of May 14, we have had just over 338,000 cases. Of those, health care workers account for 5.4% of those cases. "You can see that the nurses, because they are at the bedside, have born the brunt of this," said Dr. Romero. "About one-third of all cases affect RNs and CRNs. For physicians, it's about 450 individuals. Hospitalizations

statewide are at about 16,000, and we continue to see between two and seven deaths a day, but I can tell you that the number of deaths has plummeted since we began vaccinations."

Dr. Romero took a few moments to describe the viruses themselves and how the different vaccines work, and focused on related challenges that are coming up for our state. "First and foremost, I think the variants are most important because that has an impact on our vaccination strategy and our need to become vaccinated."

Arkansas started with 11 variants in early April and is now at 32. Dr. Romero concentrated on "variants of concern" for their evidence of increased transmissibility, more severe disease, significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic failures. These include Variants B.1.1.7 from the UK, B. 1.135 from South Africa, and P. 151 from Brazilian origin. Some variants are more successful at overcoming the effects of a vaccine, particularly the Brazilian variant.

In our area, B.1.1.7 is the dominant mutant, but there are other mutants listed here also. "Any of these [mutants] can jockey into a higher position depending on the number of individuals they're able to infect," noted Dr. Romero. "That is why we want to get everybody vaccinated as soon as possible. Each individual person that is not vaccinated serves as a vessel, if you will, to develop a new variant or to spread the new variant effectively."

Vaccines and Adverse Effects

Dr. Romero summarized the Emergency Use Authorization (EUA, not FDA) approved vaccines in the U.S. – the Pfizer Biontech mRNA vaccine, the Moderna mRNA vaccine, and the Johnson & Johnson Adenovirus vector vaccine. The Pfizer is 95% effective, good against almost all strains. Moderna has an efficacy of 94.1%, good against most strains. In describing the Johnson & Johnson vaccine, he said, "What's interesting about the efficacy is that it reflects the variants that are circulating in each country. So, overall the efficacy is 66%, but in the United States, it's 72% total, but 100% for hospitalization and death. In South Africa, where the predominant strain is the B.135 strain, it's 66% and it's further decreased in South America, where the P. 151 strain is primarily found. So, if [these, referring to the mentioned variants] take hold here, we will lose the efficacy of our vaccines."

He talked through some of the adverse effects of the vaccines, of which physicians will already be aware. Adverse effects for Pfizer and Moderna include anaphylaxis, he noted, adding that they typically occur primarily in young women, within 30 minutes after receiving the vaccine. "There have been no fatalities due to these [at last check]," he said. "Physicians should be prepared for these types of reactions and have epinephrine, Benadryl, and hydrocortisone around to deal with it. We know that this is a rare event, but our patients should know."

Recently, for the Johnson & Johnson vaccine, we have the adverse effect of Thrombosis with Thrombocytopenia Syndrome (TTS). This

also tends to affect women from ages 18-49. Physicians should understand this and keep a high index of suspicion or they could miss this one. When this is seen, physicians should make sure not to treat with Heparin. “Unlike traditional thrombotic events, Heparin is contraindicated in this, so we should use a non-Heparin anticoagulant. Avoid platelet transfusions in this, because they just feed the fire.”

Vaccination Uptake

After covering vaccine efficacy and how well vaccines stand up against variants, Dr. Romero moved to the subject of vaccination uptake. Referring to slide data showing uptake by age group, he said, “What’s important to see is the end of the curve, which has flattened. I’m very curious to see what happens next as 12-to-16-year-olds become eligible for this and accept it. I’m hoping to see an increase in [uptake from that]. Again, the pediatrician, the family practitioner ... you all are the trusted source of information for the parent. They’re going to come to you and ask you questions about the vaccine and whether the child should receive it.”

In Arkansas, the older individuals (65 and up) have the highest uptake (70%) followed by individuals 18-64. “We’re doing better in older

individuals, but we really need to start getting to those people who are working and the young now that we have the 12-years-old and up [availability].”

Regarding the state’s progress in equity of vaccine dissemination, Dr. Romero reiterated, “The colonel spoke about our work carried out here in the state about race/ethnicity equity, how that we’re doing very well regarding that. The Latino/Hispanic population has the highest uptake, followed by African Americans ... we’re topping the nation in this area.”

Concerns Moving Forward

Dr. Romero shared some surprising news about who has and hasn’t been fully vaccinated. Referring to slide data showing vaccination rates by certain groups, he said, “Here in Arkansas, we have data on 90% of our recipients, and we can tell you the uptake within specific groups. Focusing on the full series, you can see that, for health care workers and first responders – those individuals that were in group 1A, only 38.4% have been fully vaccinated. If you look at those in long-term care facilities, only 35-36% have been fully vaccinated. And even though the governor was way ahead of the curve when he said, ‘we need to immunize teachers first – we need to protect

them.’ [Even though] we offered them the vaccine before any other state in the union did, we only have about 47% of that group fully immunized and the uptake has not been good. So, there is a lot of ground to cover. We need to educate and tell people that it is important that we continue to receive the vaccine.”

Dr. Romero was named secretary of the Arkansas Department of Health in August 2020. He is a member of the governor’s cabinet and provides senior scientific and executive leadership for the agency. He is currently the chairman of the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), which is providing guidance nationally on the prioritization and distribution of a COVID-19 vaccine. Dr. Romero was section director of Pediatric Infectious Diseases at UAMS and Arkansas Children’s Hospital from 2008-2020. He is a professor of pediatrics in the Department of Pediatrics at UAMS and has board certification in pediatrics and pediatric infectious diseases. Dr. Romero’s research interests include molecular pathogenesis, epidemiology, and diagnosis of enteroviral infections, clinical and therapeutic aspects of enterovirus, herpes virus, cytomegalovirus, pediatric tuberculosis, and pneumococcal infections.

YOU TAKE CARE OF ARKANSAS

WE TAKE CARE OF YOU

Security / HIPAA - Compliance - Medicare & Medicaid Audits
 Transactions - Medical Malpractice - Fraud & Abuse
 Physician Contracts & Compensation - Operations & Management
 Employment Matters - Private Wealth Services - Employee Benefits

www.FridayFirm.com

FRIDAY | ELDRIDGE & CLARK LLP
 Little Rock - Rogers

Disheartening Losses, Reassuring Compromises

AMS Faced Unique Challenges During a Unique Legislative Session

The practice of medicine, as it pertains to physicians and patients, took some punches during the 2021 Legislative Session. However, the hard work of the Arkansas Medical Society and a handful of medical-minded legislators helped mitigate the potentially detrimental effects of what the Society considered “bad bills.”

“To state the obvious, this was unlike any session we’ve had,” said Scott Smith, JD, AMS governmental affairs director. “No two sessions are alike, but COVID-19 restrictions brought a number of new challenges, such as limitations on how many people could be in a room. We know that a room full of physicians in white coats has a substantial impact on legislators, but there was none of that this year.”

In addition to the pandemic-associated difficulties presented this year, there were scope-of-practice battle scars waiting to happen. “As you know, our most contentious issues are scope-of-practice issues,” Smith continued. “There are groups that we’ve been fighting for 16 years— such as CRNAs and APRNs. They come back year after year wanting to practice medicine without going to medical school. And, while we have been winning all these years, we had a significant loss and some big scares last session. And each time we win, as David Wroten has put it, ‘We’re losing an arm and a leg.’”

“We finally got to the point where there was no stopping some of these bills. It was extraordinarily difficult. Compared to previous sessions, this one was disheartening because we had some true losses—the CRNA bill, the bill requiring Medicaid to recognize APRNs as primary care providers ... those were real losses.”

There is a bright side, however. “The result of that situation was that while we were not going to be successful at stopping some bills, we were extremely successful at working out com-



H. SCOTT SMITH, JD

promises on many critical issues,” said David Wroten, AMS executive director.

Compromising is never easy, and it can be impossible if all parties don’t leave the table feeling that they gained something. To achieve this, the AMS staff worked closely with physicians, legislators, and others—among them the Arkansas Academy of Family Physicians; AMS Counsel, Mitchell, Blackstock, Ivers, & Sneddon, PLLC; Representatives Lee Johnson, MD-R, Joe Cloud, MD-R, Deborah Ferguson-D, Denise Garner-D, Stephen Magie, MD-D; and Senators Cecile Bledsoe-R, Missy Irvin-R, and Jonathan Dismang-R.

“Dr. Johnson was particularly helpful during this session,” credited Smith. “An emergency-room physician in his second term, Rep. Johnson is well-liked and highly respected, and he was able to work in some very good amendments this year.”

Fighting Against Bad Medicine

Here is an overview of bills that AMS fought outright or supported only after compromises/protective language was added.

Arkansas State Medical Board Appointments (SB 570) This bill, sponsored by Sen. Dan Sullivan, would have ended every Medical Board member’s term by December 31, 2021, and would have changed how future appointments would have been made. The bill failed on the Senate floor. “This bill was simply a malicious attempt to lessen the governor’s appointment authority and to limit his consultation with AMS on medical-board appointments,” said Wroten, noting that all other licensing boards are appointed in the same manner as the Medical Board.

Corporate Practice of Medicine (SB 572) The Society stood against another Sullivan-sponsored bill that was defeated. “This was a bad bill that would have allowed anybody to own a medical practice, amending the corporate practice of medicine statute,” explained Smith. “Essentially, venture capital firms could have owned and managed medical practices, with no oversight. We mounted a vigorous campaign against the bill, and though it made it through the Senate Public Health Committee, we were able to defeat it on the Senate floor ... twice.”

Soft Drink Tax Repeal (HB 1546) Sponsored by Rep. Lanny Fite and a host of others, this was an attempt to repeal a tax that serves as a savings account of sorts for the state’s Medicaid program. “This was the first real effort by legislators to repeal the soda pop tax and replace that revenue with ‘general’ revenue,” said Wroten, adding that the bill dates back to a huge deficit left in the Medicaid budget after Gov. Bill Clinton left office.

Wroten asked, hypothetically, “What happens if there’s a shortfall in *general* revenue? The soda pop tax is a consistent source of supplemen-

tal funding because people aren't suddenly going to stop drinking soft drinks."

Giving a little more background on the tax, he explained, "The state was facing a shortfall in Medicaid funding. To make up the money, they first tried to cut physician reimbursement. AMS and other organizations responded by filing a lawsuit – that resulted in the AMS vs. Reynolds Consent Decree that has been in place since. The governor still had to do something to cover the shortfall, so the Legislature passed a small tax—comparable to two cents per can of soft drinks—to go into a trust fund that supplies supplemental funding for Medicaid. It's been in place for 25 years. After the Legislature adopted it, the bottling industry filed a referendum to repeal it in the General Election. In a surprise to them, the public strongly supported the tax, and because it was passed through a General Election, it now takes 2/3's vote of the Legislature to repeal it. We fought and beat this bill, even though it had several sponsors and had already been worked by the other side."

Medicaid Recognizing APRNs as PCPs (HB 1254/Act 569) AMS opposed this because it will require Medicaid to recognize an APRN as a "primary care provider authorized to carry out the

duties of a primary care case manager, including as the team leader of family practice professionals and the patient-centered medical home." The bill was amended to prohibit an APRN from owning a patient-centered medical home. The bill passed.

CRNA "In Consultation" (HB 1198/Act 449) AMS opposed this bill that changes the requirement that CRNAs administer anesthetics "under the supervision of" a physician to administering anesthetics "in consultation with" a physician. The bill passed. Arkansas was not alone in its supervision requirements (21 other states have "supervision of" or "under direction of"). "We are now somewhere in the middle as far as where we fit with other states," said Smith. "A full 28 states mention neither 'under supervision of' nor 'under direction of.' This bill passed, and we were not in favor of it."

Pharmacist Oral Contraceptive Dispensing (HB1069/Act 408) The Society had soft opposition to the bill because the American College of OBGYN supported it. This legislation allows pharmacists to dispense oral contraceptives without a doctor's prescription. Wroten reminds physicians, however, that "they can dispense oral contraceptives from their offices as well."

Certified Nurse Midwife Independent Practice (HB1215/Act 607) The Society opposed the bill until amending it to be neutral. The American College of OBGYN supported the bill. "Under current law, certified nurse midwives must practice with a physician consultant – someone who practices obstetrics," said Wroten. "This bill, as passed, removes that requirement. It doesn't expand anything else, and it includes language – that the Society insisted on – saying that if a nurse midwife is going to do a birth someplace other than an accredited facility, they must have a transfer agreement."

For the Win

The following bills passed with Society support and/or participation.

ARHome/Arkansas Works/Private Option (SB 55/Act 843) "This is always a hard one," said Smith of the Society's continued support for the perennial appropriation that maintains Medicaid expansion. "Getting 75% of the vote is always hard. It took five votes in the House to pass it."

Physicians may remember that years ago, the Medicaid expansion issue went to the U.S. Supreme Court. After being allowed to stand,

(CONTINUED ON PAGE 16)

Member Only Savings



Join NOW for Free!

www.buygility.com | 501.400.6765
contact@buygility.com

Arkansas addressed this through the private option and Arkansas Works, and most recently the ARHOME Plan. “There aren’t good fiscal reasons to fight it,” said Smith. “That’s why it took a few votes. The holdouts wanted to be able to go back home and say they voted against it, voted against it, voted against it, but then they had to vote for it. Legislators know it’s a good deal for Arkansas (paid for largely by the federal government) that supplies health insurance to 300,000 Arkansans who otherwise wouldn’t have health insurance.”

Coverage of Breast Cancer Diagnostic Examinations (SB 290/Act 553) AMS supported this legislation, which adds a definition of “breast magnetic resonance imaging” and states that a “healthcare insurer shall ensure that an individual’s cost-sharing requirement under a health benefit plan that is applicable to a diagnostic examination for breast cancer, including breast magnetic resonance imaging, is no less favorable than the cost-sharing requirement that is applicable to a screening examination for breast cancer.”

Medicaid Diagnostic and Radiology Services Cap (SB 395/Act 891) This Society-supported bill, sponsored by Sen. Missy Irvin, will change the current \$500 cap for diagnostic and radiology services to have two separate \$500 caps, one for diagnostic services and the other for radiology services. “It’s important to note that the cap language (‘at least’) is a floor,” said Smith. “Any laboratory or diagnostic procedure considered an essential health benefit does not count toward the cap.”

Compromising for the Sake of Patients

Here is a look at bills that passed only after the Society was involved in adding considerable compromises made to protect physicians or patients.

APRN Full Practice Pathway (HB 1258/Act 412) This bill represents a pathway to full practice authority for APRNs. AMS worked closely with the Arkansas Academy of Family Physicians on this. Eventually, after discussions with Rep. Lee Johnson, MD, who sponsored and was able to amend the bill, the Society’s position was neutral. “It’s important to know what we started with,” explained Wroten. “We started with another bill (SB 186 by Sen. Kim Hammer) that would have allowed APRNs to have independent practice and full prescribing authority after just 1,000 hours of collaborative practice with a physician or another APRN.



DAVID WROTEN, AMS EXECUTIVE VICE PRESIDENT

“We ended up with a bill that allows APRNs, after 6,240 hours practicing under a collaborative agreement, to apply to a panel of eight – four physicians, four APRNs – who will decide if the applicant should be granted full practice authority. If approved, it allows them to practice without a collaborative agreement. It doesn’t convey anything else to them, and even this privilege can be revoked if they don’t meet the requirements set forth by the committee. The first bill would’ve applied to all categories of APRNs, but Dr. Johnson’s bill applied only to certified nurse practitioners.”

Wroten also stated that associated committees were stacked with legislators favoring scope-of-practice expansion. “In fact,” he said, “one legislator made the comment that he would support giving a license to witch doctors. That tells you what we were up against. Thankfully, Dr. Johnson did an excellent job at relaying the importance of putting safeguards in place related to this bill.”

Pharmacists Treating Health Conditions (HB 1246/Act 503) “This started as an awful bill,” said Smith, “but by the time amendments were made, we were able to support it. Family physicians were engaged with the APRN bills, and they were engaged in this pharmacy bill as well. We had concerns from many kinds of physicians on this.”

Originally sponsored by Rep. Ken Bragg, the bill would have allowed pharmacists to diagnose

and treat for flu, strep, skin conditions, lice, allergic rhinitis, motion sickness, and more. That long list of conditions was removed, with only flu and strep remaining.

“This bill is a good example of the importance of physicians being involved in the Legislature,” said Smith. “Once again, Dr. Johnson was a catalyst. He told Bragg, ‘I can’t support it, let’s work out a compromise,’ and he was able to work with AMS to formulate suitable compromise legislation that allows pharmacists to diagnose and treat flu and strep only through CLIA-waived tests, and then only under protocol developed jointly by the Medical Board and the Pharmacy Board.”

Wroten added, “The revised bill allows only flu and strep; it does create a pathway for other CLIA-waived tests, but only with the approval of the Medical and Pharmacy Boards. In return, we were able to get an expanded level of physician dispensing. Currently, physicians must have a special permit from the Medical Board to be able to dispense from their office. Current law allows them to dispense oral contraceptives, topical medications, and Naloxone without going through hoops to show need. Through this legislation, we have added acute care medications (to treat infections, inflammation, nausea, allergies, and cough) and initial treatment for maintenance medication for hypertension, diabetes, and high cholesterol.”

AMS also agreed to amend Arkansas’s current therapeutic substitution statute to treat therapeutic substitution the same as generic substitution. This means that pharmacists may make a one-time substitution of a therapeutically equivalent product “if” it saves the patient money. Physicians remain in control of these substitutions simply by writing “do not substitute” on the prescription. Previous law allowed therapeutic substitution only if the physician authorized it on the prescription. After these changes, AMS supported the bill.

Clear Face Mask Mandate (HB 1502/Act 697) AMS initially opposed this bill that would have required clear face masks for all physicians and staff, hospital employees and volunteers, fire fighters, and police when encountering those who are Deaf, deaf, or hard-of-hearing. “Rep. Charlene Fite came to us with a draft bill and asked for our input,” said Wroten. “We suggested

language that allows for a more reasonable approach but still brings needed awareness to this very real issue.” After amendments were made, AMS was able to be neutral.

The language, as passed, states, “shall wear upon request a clear face covering, a partially clear face covering, a face shield, or briefly remove the face covering or face shield if no other means of reasonable accommodation are available.”

The Telemedicine Act (HB 1063/Act 829)
Again, AMS ended up being neutral after final amendments were made. The bill amends the Telemedicine Act by extending the Governor’s Executive Order from last spring when AMS had requested that a medical record maintained by a physician be available if a telephone was going to be used to establish the physician/patient relationship.

“The crux of the argument has been how to establish the physician-patient relationship – you have to see the patient,” reviewed Smith. “So, the progression has been to allow audio-visual that would give you the same information as an

in-person visit. But when COVID-19 arrived, Gov. Hutchinson and governors around the country were stressing that we’ve got to use telemedicine as a tool to service people and get people care. As a result, Gov. Hutchinson’s executive order allowed that physician-relationship to be established by any means, including the telephone.

“His original order included language, at the Society’s request, that you could use those other methods provided that you had access to the patient’s medical record. This bill codifies that order and retains the medical record language. It’s broader than we would prefer; however, we were also able to get language in the bill that requires insurers to pay for covered services that are provided over the telephone as long as that service is substantially the same as what would have been done in an in-person visit. It solidifies what carriers have been doing during COVID, which is providing payment for telephone office visits.”

A third part of the bill had to do with insurance companies not providing incentives for an enrollee to use a commercial telemedicine vendor at the exclusion of their local physician. “We

weren’t able to address that satisfactorily,” said Wroten. “We’ll probably try to come back and address it in a couple of years.”

Physician Assistants (SB 152/Act 634)

AMS was neutral *after* amendatory language was accepted. The bill adds a physician assistant to the Arkansas State Medical Board, changes prescription authority to mirror APRNs on schedule II, and allows pronouncement of death and other supervision clarifications.

It was clearly a session that included some disappointment, but the staff of the Arkansas Medical Society worked – and will continue to work – tirelessly for the sake of physicians and patients of Arkansas. They need your help next session – and right now. “Our job is to interact with legislators and try to develop relationships,” said Smith. “That was difficult to do during COVID-19, but we have a chance moving forward to do that. We encourage you to reach out to and get to know your legislators so that you can share your insight and medical expertise regarding crucial issues that will come up.”

For more information on the 2021 session, call Scott Smith at AMS (501-224-8967). Find the full text of any bill or act at arkleg.state.ar.us.



PUT YOUR BUSINESS IN FRONT OF DOCTORS ALL ACROSS ARKANSAS!

FOR MORE ADVERTISING INFORMATION, CONTACT PENNY HENDERSON AT 501.224.8967 OR PENNY@ARKMED.ORG

THE Journal
OF THE ARKANSAS MEDICAL SOCIETY

ARKMED.ORG



2021-2022 AMS PRESIDENT DANNY WILKERSON, MD

Following the educational sessions, the Society held a virtual meeting of the AMS Board of Trustees, with Chairman Danny Wilkerson, MD, presiding. It was an eventful meeting that included committee updates, regular and new business, elections of officers, and the induction of incoming president Danny Wilkerson, MD.

Outgoing board members were recognized, including Erick Messias, MD; Gary Wheeler, MD; Bala Simon, MD; Joseph Miller, MD; Jeremy Saul, MD; and Joshua Haygood (student).

In his remarks as outgoing president, Chad Rodgers, MD, thanked all AMS members for allowing him to represent the physicians of Arkansas. “It’s been an unprecedented year [that has] shown us more than ever the importance



NEW AMS PRESIDENT DANNY WILKERSON, MD, HONORS IMMEDIATE PAST PRESIDENT CHAD RODGERS, MD WITH JOURNAL COVER.

of belonging to the Arkansas Medical Society – and the importance of being involved,” said Dr. Rodgers. Before passing the gavel to incoming president Danny Wilkerson, MD, Dr. Rodgers commended the AMS staff for its recent work at the Capitol and ended with a plea for members to stay engaged with the Society and to practice self-care for the sake of themselves and their families.

After being sworn in, Dr. Wilkerson thanked members for allowing him to serve and expressed his gratitude for those willing to serve alongside him in organized medicine in all its levels. He shared that, as president, he’d like to continue the work of those before him to address issues like the opioid crisis, education and vaccination, PPE distribution, and health disparities. Speaking about those in our state who feel marginalized because of disparities, he said, “If we take care of these people, it will make health care better, it will make us better, it will make outcomes better, and we’ll have a happier, healthier population.”

For more on Dr. Wilkerson, see our presidential profile on page 8.

Following all business, Dr. Wilkerson announced next meetings to be held and the meeting adjourned. For more information on upcoming meetings, items discussed, or getting involved in the work being done by the Medical Society or AMS membership, please contact AMS at (501) 224-8967 or visit ARKMED.org.



GEORGE CONNER, MD; CHAD RODGERS, MD; DANNY WILKERSON, MD; JACOB DICKINSON, MD; SUE ELLEN WILKERSON



OUTGOING AMS PRESIDENT CHAD RODGERS, MD PASSES THE GAVEL TO 2021-2022 AMS PRESIDENT DANNY WILKERSON, MD. WITH SUE ELLEN WILKERSON

**“If we take care of these people,
it will make health care better, it
will make us better, it will make
outcomes better, and we’ll have a
happier, healthier population.”**

– Dr. Danny Wilkerson



CHAD RODGERS, MD

Member Physicians Mask Up and Serve in the 93rd General Assembly as Doctor of the Day

During the legislative session, the Arkansas Medical Society has the unique opportunity to provide a physician member to serve as Doctor of the Day for the Arkansas State Legislature. Physicians volunteer to serve at the Capitol that day, giving them an opportunity to connect with legislators one-on-one and get a first-hand look at the legislative process and how it affects the practice of medicine.

As a part of this long-standing program, Doctor of the Day physicians are granted floor privileges to both chambers of the Arkansas Legislature and are introduced in the House and the Senate. Typically, they also have the opportunity to attend committee meetings, such as Public Health, Welfare, and Labor, where many of our front-line advocacy takes place, but this year was a little different. Due to COVID restrictions, participation in the committee rooms was limited due to social distancing requirements; however, physicians still masked up and were able to serve.

Regardless of the restrictions, the Doctors of the Day had many opportunities to provide health care to members of the Legislature, legislative employees, and other guests who were at the Capitol on that day. The Legislative Infirmary features its very own exam room equipped with basic exam equipment, and physician coverage is scheduled each day the Legislature is in session, typically January through April. It is also staffed with two experienced nurses to assist in any minor medical situation that may arise.

After experiencing a minor medical issue, Rep. Mark McElroy reminded the House of the importance of having the Doctor of the Day on site. He said, "They took care of me like I was one of their own. You don't realize how much stress we have on us down here, and we really need them here. I want to say a personal thank you to them," McElroy said. If situations become serious, MEMS is also available to help the doctors if necessary.



Omar Atiq, MD, greets Rep. Andrew Collins on the floor of the House of Representatives on the day he served at the Capitol as Doctor of the Day.

Doctors of the Day represent a diverse audience of different specialties and organizations. "Many of our Doctors of the Day have served year after year," says AMS Legislative Support Specialist and Doctor of the Day Program Coordinator Laura Hawkins, "but we've added some new faces to the list this year. It's always exciting to share this experience with someone who hasn't seen firsthand the proceedings of state government."

"The Doctor of the Day program is a gem for Arkansas physicians," said Rep. Steve Magie, MD, "People respect the doctors who come to the Capitol to serve, and it's a great way for members to get involved."

It's so important for our members to have a physical presence at the Capitol during legislative session in order to bring the voice of medicine to the Arkansas legislators. We appreciate all of our volunteers who have served our legislators, employees, and guests during this session.



The Arkansas Medical Society and the Arkansas Department of Health would like to share our sincere gratitude to the Capitol Infirmary nurses, Brenda Huett, RN, and Sherry Barnard, RN, for their service during the 93rd General Assembly. Barnard and Huett have served in this capacity for seven years. *From right: Huett, Jeffrey Kirsch, MD, and Barnard.*

AMS
Benefits, Inc.

exclusive insurance coverage for Arkansas physicians

COMPREHENSIVE INSURANCE

CUSTOM MADE FOR YOU

COVERAGE INCLUDES

Group Health
Individual Health
Group Disability
Individual Disability
Health Savings Account Plans
Business Overhead
Life Insurance
Dental Insurance
Vision Insurance

AMS Benefits was created by the Arkansas Medical Society to deliver quality insurance coverage to Arkansas physicians, their families, and their staff. We understand your busy schedule and will work to give you the protection you need to focus on your patients.

Alanna Scheffer, AMS Plan Administrator
amsbenf@arkmed.org
ARKMED.org/resources/AMSBenefits
501-224-8967
Agency NPN# 1650351
NPN# 1653222
AR License #100112594





1. Rep. Jamie Scott and Dr. Gloria Richard-Davis
2. Dr. Kayla Mohr
3. Rep. Mark Perry and Dr. Thomas DeGraff, III
4. Rep. Steve Magie, MD, and Dr. Willard Burks
5. Dr. Teresa Bau, Rep. Mark McElroy, Brenda Huett, RN, and Sherry Barnard, RN
6. Dr. Priya Mendiratta and Sen. Clarke Tucker
7. Dr. Patrick Fraley and Rep. Spencer Hawks



Pinnacle Pointe

BEHAVIORAL HEALTHCARE SYSTEM

Specializing in mental health
treatment for children and adolescents

Pinnacle Pointe Behavioral Healthcare System is located in Little Rock and is one of Arkansas' largest behavioral health facilities. We offer acute inpatient and residential services for children and adolescents ages 5-17 who are struggling with emotional or behavioral health issues.

We Provide a Full Continuum of Behavioral Healthcare Services

- Residential inpatient care
- Day treatment services
- School-based services
- Partial hospitalization
- Acute inpatient care
- Outpatient services

11501 Financial Centre Parkway
Little Rock, Arkansas 72211
501.223.3322 | 800.880.3322

PinnaclePointe
Hospital.com

TRICARE®
Certified



We have your back, so you can move forward.

When a problem occurs, you need a proactive partner that can navigate unforeseen challenges and help you solve the tough legal issues that come with practicing medicine. In our collaborative claims process, our in-house attorneys and our roster of local defense attorneys help you – our valued members – to be ready for what lies ahead.

Move forward with us at
www.svmic.com

