



PULASKI COUNTY MEDICAL SOCIETY News

April 2026

2026 BOARD OF DIRECTORS

Pulaski County Medical Society

- Leticia Jones, MD – *President*
- Diane Wilder, MD – *Vice President*
- Ken Singleton, MD – *Immediate Past President*
- Courtney Bundrick, MD
- Anthony Johnson, MC
- Yara Robertson, MD
- Sarika Savajiyani, MD
- Brandon Walser, MD
- Richard Wirges, MD
- Jordan Marsh – *UAMS Student Representative*

2026 COMMITTEES

Pulaski County Medical Society

- Ken Singleton, MD
- Nominating & Credentialing Chair*

2026 BOARD OF DIRECTORS

Pulaski County Medical Exchange

- Jesse Abeler, MC
- Marvin Ashford, MD
- Inge Carter, MD
- Jeffery Hartsell, MHSA
- Will Henson
- Richard Wirges, MD
- Naveen Yarlagadda, MD

Pulaski County Medical Society
 500 S. University Avenue, Suite A14
 Little Rock, AR 72205
 Phone: 501.687.0039
 Email: derek@pulaskicms.org
 Website: www.pulaskicms.org

Articles represent the opinions of the authors and do not necessarily reflect the official policy of the PCMS or the institution with which the author is affiliated. Advertisements do not imply sponsorship by or endorsement of PCMS.

When you think professional, ethical, quality healthcare,
 think physicians of Pulaski County Medical Society.

UAMS College of Medicine Applauds Seniors Heading to Residencies in Arkansas, 30 Other States, D.C.



UAMS College of Medicine seniors Rylee Yarbrough, John Pablo-Kaiser and Noah Wood celebrate matching in emergency medicine at UAMS. Bryan Clifton Photographer

Soon-to-be graduates of the University of Arkansas for Medical Sciences (UAMS) College of Medicine were among thousands of senior medical students nationwide who learned during simultaneous ceremonies on March 20th where they will soon begin their residencies.

The UAMS Class of 2026 includes 164 students who will graduate with Doctor of Medicine degrees in May — 146 from the main campus in Little Rock and 18 from the Northwest Regional Campus in Fayetteville.

Continued on page 3

Medicare Proposes Physician Payment Increase for 2026: Key Changes Physicians Should Know

Elizabeth Woodcock, MBA, FACMPE, CPC

REPRINTED FROM THE SVMIC SENTINEL

In a significant policy reversal, Medicare's newly released 2026 proposed rule includes a 3.83% or 3.62% increase in physician payment rates, depending on participation in an Advanced Payment Model (APM) under the Quality Payment Program. Qualifying APM participants (QPs) will enjoy 3.83%, while non-QPs – the vast majority of physicians – will receive 3.62%. The payment update, driven largely by the recently enacted 2.5% increase in the current administration's "One Big Beautiful Bill," marks a shift from years of reductions. In 2025, the Centers for Medicare & Medicaid Services (CMS) finalized the current 2.83% reduction, the fifth consecutive year of cuts.

Announced on July 14, 2025, the revisions are proposals, yet provide a powerful signal as to the federal government's intention. Historically, many of the proposals move into permanent status later in the fall.

Few Changes to the Quality Payment Program

Physicians participating in the Merit-Based Incentive Payment Program (MIPS) will see minimal changes in 2026. The performance threshold remains at 75 points. The limited changes reflect a focus on program stability rather than new policy development, a welcome relief and perhaps a justified one as the program's potential payouts have been minimal with the exception of last year. However, limited changes are proposed. For example, ten quality measures are dropped and five new outcomes measures are planned including prescreening for diabetes.

New 'Efficiency Adjustment' Resuces RVUs for Many Codes

One of the most consequential proposals is the introduction of an "efficiency adjustment" to the Medicare Physician Fee Schedule (PFS). CMS is proposing a 2.5% reduction to intra-service time and work relative value units (RVUs) for nearly all non-time-based codes. This adjustment reflects presumed efficiencies gained over time, applying the cumulative Medicare Economic Index productivity adjustment from the past five years. Time-based codes and certain excluded services would not be affected, thereby effectively shifting the benefit to physicians who rely heavily on evaluation and management codes.

Practice Expense Methodology: Shift Toward Site Neutrality

CMS is proposing significant updates to its practice expense methodology, aimed at better recognizing indirect costs for office-based practitioners compared to those practicing in facility settings. The agency cites concerns about the surveys overseen by the American Medical Association that inform the changes; for example, sampling variation and low sample size. Specifically, the federal agency plans to reduce payment differentials by site of service – effectively tipping the scales away from facility-based practices (place of service [POS] 19 and 22) towards office practices (POS 11). With the proliferation of hospital-based clinics, this news comes as no surprise.

Using hospital cost data, CMS intends to calculate more accurate reimbursement rates for services typically delivered in facility settings. As a component of this assessment, the agency proposes to reduce the portion of facility practice expense RVUs allocated based on work RVUs to half the rate of non-facility RVUs starting in 2026.

Virtual Direct Supervision Becomes Permanent

Telemedicine remains a focus. CMS proposes to make permanent its current waiver allowing direct supervision through real-time audio/video communications. If finalized, this will permanently allow physicians to supervise services virtually. The exception for teaching physicians, however, will not be extended. Teaching physicians must maintain physical presence during critical portions of resident-furnished services to qualify for Medicare payment.

The clock is still ticking for telemedicine, as the March 2025 law that temporarily extended the telemedicine flexibilities—including reimbursement for services provided to patients in their homes, audio-only visits, expanded provider types, etc. – ends with the federal fiscal year of September 30, 2025.

An exception is proposed: federally qualified health centers (FQHCs) and rural health clinics (RHCs) would retain the ability to perform – and bill for – telemedicine services through 2026. Further, digital mental health treatment (DMHT) is proposed to expand for devices used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Ambulatory Specialty Care Model Targets Chronic Conditions

A notable proposal is the introduction of a mandatory Ambulatory Specialty Care Model. This payment model focuses on two key conditions: heart failure and low back pain.

Specialists frequently treating these conditions would be included in the model, which aims to improve care through better chronic disease management.

CMS noted the model's intent to "enhance quality of care by improving upstream chronic disease management." More details are expected in the final rule but cardiologists and orthopedic surgeons should be on the alert.

Skin Substitutes Reclassified to Reduce Spending

Another proposed change affects skin substitutes. CMS plans to classify these products as "incident-to supplies" rather than biologicals when used as part of a covered procedure. This reclassification – which effectively means that the products will no

longer be paid in certain circumstances – is intended to reduce Medicare spending on skin substitutes by nearly 90%, according to the agency's estimates. Spending rose to over \$10 billion in 2024, a nearly 40-fold increase in just five years.

Behavioral Health Integration Supported via New Add-On Codes

Addressing behavioral health needs, CMS proposes optional add-on codes to incorporate in the government's new Advanced Primary Care Management.

These codes are designed to facilitate integration of behavioral health services, particularly through the Collaborative Care Model.

Behavioral health conditions remain among the most common chronic diseases nationwide; CMS emphasized that these codes aim to strengthen care integration for patients with these conditions.

Looking Ahead

The 2026 Medicare Physician Fee Schedule signals CMS's dual priorities: stabilizing payment programs while introducing targeted changes that promote efficiency and care transformation. The 2.5% payment increase stands as the most immediate financial change for physicians. However, the efficiency adjustment and practice expense reforms suggest longer-term shifts away from procedures and hospital-based practices.

Physicians should review the proposed rule closely, as the cumulative effects of these changes may differ based on specialty and site of care. Public comments are open through September 9, 2025. The final rule is expected to be released on or around November 1.

For more information, visit: [cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-pfs-proposed-rule-cms-1832-ps](https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-pfs-proposed-rule-cms-1832-ps).

Conclusion

Cybersecurity is a collective responsibility that begins with leadership. A strong strategy combines administrative, physical, and technical safeguards to protect sensitive data and prevent unauthorized access. To be effective, this strategy must be actively maintained, regularly reviewed, and supported by ongoing staff education and collaboration with IT professionals. Cybersecurity requires continuous vigilance and commitment across the organization. *<https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool>

*Due to the current government shutdown, this website may be unavailable. If you have questions about HIPAA, cybersecurity, or access to SVMIC resources, call 800-342-2239 or email Contact@svmic.com.

If you experience a cybersecurity or other HIPAA related incident, contact SVMIC as soon as possible by calling 800-342-2239 and ask to speak with the Claims department.

Other individuals in your organization may benefit from these articles and resources, such as your administrator, privacy or security officer, or information technology professional. They can sign up for a Vantage account.



UAMS College of Medicine Applauds Seniors Heading to Residencies...

continued from page 1

Like most senior medical students across the globe preparing for the next step in their medical careers — including graduates of foreign medical schools and those seeking to be a Doctor of Osteopathic Medicine — most UAMS graduates participate in the National Resident Matching Program (NRMP). The service uses a mathematical algorithm to compare applicants ranked choices against each program’s ranked list of applicants, to match the seniors to a limited number of graduate medical education programs.

However, graduates who are seeking residencies in ophthalmology, urology or the military use separate, earlier match programs to determine where they will continue their medical education. Among the students set to graduate from the UAMS College of Medicine in May, just 12 of them participated in one of the earlier match programs.

Becky Latch, M.D., associate dean of student affairs for the UAMS College of Medicine, said 99% of UAMS seniors who participated in the NRMP found a match, as did every UAMS senior whose specialty led them to participate in an earlier match program.



Andrew Delo announces his residency in Internal Medicine and Pediatrics at UAMS.
Bryan Clifton Photographer

Depending on the specialty, the residencies last three to seven years.

The NRMP said it had 48,050 applicants this year for 41,126 available residency slots, which means those who didn’t match can try again in a year. Meanwhile, many of the graduates who didn’t match this year will participate in another program at their college for what is known as their “transitory year.”

Latch said that 74 UAMS seniors, or 45%, matched to residency programs in Arkansas, while 88 matched to residencies in other states.

She said 47%, or 76 students, are headed to residencies in a primary care specialty, which includes internal medicine, pediatrics, Med-Peds (half internal medicine and half pediatrics), family medicine and obstetrics/gynecology.

Another 16 seniors will be entering residencies in various surgical specialties, while 13 are headed to residencies in emergency medicine.



Class President Jarod Cononigo marks Stanford, CA on the map after he matched in pediatrics at Stanford Health Care. Bryan Clifton Photographer

Continued on page 4

UAMS College of Medicine Applauds Seniors Heading to Residencies...

continued from page 3

This year, 31 UAMS seniors are going into an internal medicine residency, while 18 are headed to a residency in family medicine, as a nationwide push continues to encourage medical students to specialize in primary care, where there is a noticeable shortage of physicians, particularly in rural areas.

At UAMS, internal medicine includes cardiovascular medicine, gastroenterology and hepatology, hematology and oncology, infectious diseases, nephrology, pulmonary and critical care, and rheumatology and immunology, among other sub-specialties.

UAMS seniors who went through the NRMP learned earlier this week, on March 16, whether they matched to one of their ranked choices. However, exact matches were kept secret until 11 a.m. today, when the seniors ripped open envelopes they had picked up moments earlier notifying them where they matched.



Evan Hicks sticks a pin in Rochester, MD after he matched in dermatology at the Mayo Clinic. Bryan Clifton Photographer

After learning Monday that she matched to a neurosurgery residency, a very competitive subspecialty that requires a seven-year residency, UAMS senior Lauren Banko said, "There are 14 different cities from Los Angeles to Boston that I could end up in," and that she would be happy in any one of them.

It's a difficult residency," she said, adding that she wants to continue to work in an academic environment.

The 26-year-old said she was especially fortunate that her boyfriend, who works in accounting and can work remotely, is willing to move with her, regardless of where she matched.

"It's his Match Day, too," she said.



Senior Haya Safar celebrates matching at Beth Israel Deaconess Medical Center-Harvard Medical School in Urology. Bryan Clifton Photographer

UAMS, University of Arkansas Launch Six-Year Bachelor's to Medical Degree Program

The University of Arkansas for Medical Sciences (UAMS) and the University of Arkansas, Fayetteville (U of A) recently announced plans for a new accelerated six-year Bachelor of Science to Doctor of Medicine (BS-MD) program, creating a direct pathway for exceptional students to progress from high school to a medical degree while reducing both training time and student debt.

When the program welcomes its inaugural cohort beginning in fall 2027, it will become only the third program in the United States to offer a six-year bachelor's-to-MD pathway.

"The collaboration between UAMS and the University of Arkansas reflects what is possible when two great institutions align around a shared purpose," said UAMS Chancellor C. Lowry Barnes, M.D. "We understand that the path to becoming a physician can be long and costly, and that creates real barriers for talented students and for the communities that need doctors most. This six-year program changes that equation, giving exceptional Arkansas students a faster, more affordable route to a medical degree and, ultimately, to the patients who need their care."

The innovative pathway, developed jointly by UAMS and the U of A, is designed to provide a streamlined educational track for highly motivated students who are certain they want to pursue careers in medicine.

Steven A. Webber, M.D., dean of the UAMS College of Medicine, was once one of those motivated students, and he initiated the conversation with the U of A about developing this program. Born in London, he went straight from high school into a five-year combined preclinical and clinical education for a medical degree. Five- and six-year combined programs are typical in most of Europe.

"UAMS has long been committed to developing Arkansas' future health care workforce, and this collaboration with the University of Arkansas is a natural extension of that mission," Webber said. "Students who are certain medicine is their calling will now have a uniquely direct and rigorous path to that goal, right here in Arkansas."

Preference will be given to Arkansas residents, followed by students from border states and then, potentially outstanding applicants from across the United States. The inaugural cohort will be limited to 20 students. For the first year, admission will be by invitation; students who apply to the U of A and demonstrate strong

alignment with the program's criteria will be identified and contacted directly.

"As a land-grant institution, the University of Arkansas is committed to improving the lives of Arkansans, and this partnership with UAMS helps us do just that," said Charles Robinson, U of A chancellor. "Together, we are creating a faster, more affordable path to a medical degree that will expand opportunity for exceptional students while strengthening health care statewide."

Students who are accepted into the program will spend their first two years at the U of A in Fayetteville, earning credit for a Bachelor of Science in Medical Science through the Fulbright College of Arts and Sciences. Upon successful completion of a rigorous pre-medical undergraduate curriculum, students will transition into the standard four-year College of Medicine curriculum at UAMS, the same program attended by all UAMS medical students. The medical school curriculum will remain unchanged, ensuring students meet the same rigorous academic and clinical standards required for physician training.

"This partnership between the University of Arkansas and UAMS represents an important step toward building Arkansas' future physician workforce," said Jim Gigantino, Ph.D., senior vice provost for academic affairs at the U of A. "By attracting outstanding students and providing an accelerated pathway into medicine, we can help retain talented Arkansans and encourage them to build their careers here."

A distinguishing feature of the program is that UAMS involvement begins on day one. Modeled after the nationally recognized "docent" curriculum pioneered by the University of Missouri-Kansas City, it will have UAMS faculty embedded in the program throughout years one and two. Small groups of students will receive early clinical skills training, mentorship, and direct patient exposure at UAMS clinics and other regional clinical partners, helping students build clinical knowledge and professional identity early in their training.

"Our faculty on the UAMS Northwest Regional Campus will be actively involved in the curriculum during the first two years to provide early clinical education and to show the correlations between what they are learning in college and what they will need to know as physicians," said John Spollen, M.D., associate dean of the UAMS College of Medicine on the Northwest Arkansas campus.

continued on page 6

UAMS, University of Arkansas Launch Six-Year Bachelor's to Medical Degree Program

Continued from page 5

The new program also addresses one of the most pressing challenges facing Arkansas and the nation: a looming physician shortage. The U.S. is projected to face a shortfall of up to 86,000 physicians by 2036. By compressing the traditional eight-year college-plus-medical-school timeline by two full years, UAMS and the U of A are providing a faster, more affordable route to producing the physicians that communities across the state need.

"This program is rooted in a shared commitment to supporting students. In Fulbright College, we're proud to provide a rigorous academic foundation while helping students grow into knowledgeable, caring future physicians," said Brian Raines, dean of Fulbright College of Arts & Sciences. "By creating a more direct and affordable pathway into medicine, we're expanding opportunity for talented students across Arkansas and helping meet critical workforce needs in our state."

UAMS Winthrop P. Rockefeller Cancer Institute Hosts Sixth Be A Part of the Cure Walk on May 2, 2026

Bachelor Alum Lesley Murphy Back as Emcee

The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences (UAMS) will hold its sixth Be A Part of the Cure Walk to support cancer patients, survivors, and families at 8 a.m. May 2 at War Memorial Stadium in Little Rock. Gates open at 6:30 a.m.

For the second year, the event will be emceed by Fort Smith native, "The Bachelor" alum, and travel journalist Lesley Murphy. Murphy underwent genetic testing at UAMS after her mother was diagnosed with breast cancer, and the results showed that Murphy carried the BRCA 1 gene mutation. She later had a preventive double mastectomy at UAMS.

This year's honoree is James Y. Suen, M.D., a facial plastic surgery otolaryngologist who co-founded the Arkansas Cancer Research Center, now the Winthrop P. Rockefeller Cancer Institute, with Kent Westbrook, M.D. Suen also served as a director of the Cancer Institute.

"This is a wonderful event that means so much to so many people," said Cancer Institute Director Michael Birrer, M.D., Ph.D. "We come together to remember those who lost their battle with cancer, honor those who are still in the fight, and celebrate the amazing team at the Winthrop P. Rockefeller Cancer Institute who provide outstanding cancer care."

Last year's event drew more than 1,700 walkers and volunteers and raised more than \$470,000 to support cancer research, clinical trials, and long-term survival studies at the Cancer Institute.

Walkers can choose a 1K or 5K route, both of which are wheelchair and stroller accessible. The 1K route is

conveniently located adjacent to War Memorial Stadium. The 5K route goes through War Memorial Stadium and outdoor golf course. Adult registration costs \$30 (\$25 before March 31) and includes an event T-shirt. Youth and student registration is \$10. Children 13 and under are free.

Participants can also enjoy drawings for prizes, light food offerings as well as dozens of vendors and entertainment groups at War Memorial Stadium during and after the walk, including a Kids Discovery Zone and a Growing Hope area for survivors.

To register, donate, or learn more, visit beapartofthecure.com.

The Founding sponsor for the Be A Part of the Cure Walk is Hickingbotham Investments, Inc. Other sponsors this year include Highlands Oncology (Diamond) and the UAMS Winthrop P. Rockefeller Cancer Institute's Board of Advisors (Visionary).

The Cancer Institute is seeking additional sponsors who would like to support the institute's research and treatment programs. Visit cancer.uams.edu/cure/sponsor/ for more information.

The UAMS Winthrop P. Rockefeller Cancer Institute is Arkansas' only academic cancer research and treatment center, offering the most advanced cancer therapies including Arkansas' only bone marrow transplant program; the largest number of cancer clinical trials, including the state's only Phase 1 Unit; and a statewide patient navigation and outreach program.

CARTI Receives National Recognition for Radiation Therapy Education Program

Responsible for Educating Majority of Radiation Therapists in Arkansas

CARTI recently received national recognition for its Radiation Therapy Education Program. Named one of Becker's Hospital Review's "Simulation and education programs to know," the majority of radiation therapists currently working in Arkansas's health care field are graduates of the not-for-profit's specialized clinical and academic education program.

"As cancer incidence rates continue to rise, so too does the demand for qualified, compassionate health care professionals," said Jeremy Land, senior vice president of regional operations. "Through forward-thinking initiatives like our Radiation Therapy Education Program, CARTI is leading the charge to grow the state's workforce and make trusted cancer care accessible."

CARTI's Radiation Therapy Education Program is accredited by the Joint Review Committee on Education

in Radiologic Technology. Established in 1979, it educates compassionate entry-level radiation therapists to meet the needs of today's changing health care community in an educational atmosphere of distinction. To be accepted, individuals must have completed two years of diagnostic imaging science education. At CARTI, students complete comprehensive classroom instruction at the CARTI Cancer Center in Little Rock and participate in clinical rotations three days a week for 12 consecutive months at five CARTI locations across the state under the supervision of registered radiation therapists. The education program covers oncology, pathology, patient care, psychology, radiobiology, radiation physics, radiation protection and safety, treatment planning and technical radiation therapy. Over the past five years, graduates reported a 100% pass rate on credentialing exams and a 100% job placement rate.

Dr. Faiza Khan Joins Baptist Health Cardiothoracic Surgery Clinic



Dr. Faiza Khan

Baptist Health Cardiothoracic Surgery Clinic recently welcomed Faiza Khan, MD. Dr. Khan, a native of Baton Rouge, Louisiana, received a Doctor of Medicine from the Louisiana State University Health Sciences Center in New Orleans, where she also completed a residency in General Surgery. She completed a cardiac research fellowship

at Weill Cornell in New York City, a cardiothoracic surgery fellowship at Emory University in Atlanta, and a heart transplant failure surgery fellowship at Texas Heart/Baylor in Houston.

"I believe in providing the best and most current cardiothoracic care for my patients and treat all my

patients the same as family," she said. "I strive to have excellent outcomes and am grateful for the immense responsibility patients and their families allow me to have when they choose me as their surgeon."

Baptist Health Cardiothoracic Surgery Clinic provides comprehensive surgical options, including bypass and heart transplant, delivered by surgeons with over 60 years of combined experience. They perform nearly all cardiac surgeries, elective or emergency, for heart valve disease, aortic aneurysm, coronary artery disease, arrhythmias and heart failure.

The team utilizes the newest techniques and equipment, such as minimally invasive, off-pump bypass, robotically assisted and percutaneous procedures.

For more information about Dr. Khan and the services she provides at Baptist Health Cardiothoracic Surgery Clinic, visit [Baptist-Health.org](https://www.baptist-health.org) or call (501) 223-2860. The clinic is located at 9601 Baptist Health Drive, Suite 200, in Medical Towers 1.

UAMS Raising Its Minimum Wage to \$16 an Hour

The University of Arkansas for Medical Sciences (UAMS) is raising its minimum wage from \$15 to \$16 an hour, effective April 12.

“At my first employee Town Hall as chancellor, I committed to raising the compensation of our lowest-paid employees,” said Chancellor C. Lowry Barnes, M.D. “I am pleased that we have been able to quickly implement this change for our employees.”

Barnes was named chancellor of UAMS by the University of Arkansas Board of Trustees on Feb. 5. He had served since July 2025 as interim chancellor.

The change will affect approximately 1,800 employees across 75 different positions, including instrument techs,

housekeepers, cooks, call center operators, parking ambassadors, access coordinators, customer service associates, and more.

Eligible employees are being notified by the UAMS Office of Human Resources and will see the adjustment reflected in their May 1 paychecks.

“This is the first of what I hope will be many pay increases for our hardworking employees,” Barnes said. “We aren’t yet in a financial position to be able to offer cost-of-living or merit-based increases for all employees, but we are growing our revenues as we work toward that goal.”

More information on job openings at UAMS and how to apply online can be found at hr.uams.edu.

Apply Now for 2026-2027 School Year at UAMS Head Start Centers

The University of Arkansas for Medical Sciences’ (UAMS) Head Start program is accepting applications for the 2026-2027 school year.

UAMS Head Start provides quality early childhood education services for children ages 6 weeks to 5 years with both center-based and home-based options and no out-of-pocket fees for qualifying families. UAMS operates six Head Start centers in Pulaski County.

The Pregnant Women program, which provides services to expectant mothers, fathers and families, is also accepting applications.

Applications are available at any of the UAMS Head Start locations in Pulaski County and online at headstart.uams.edu. Parents can also register at the Head Start Central Office, 8901 Kanis Road in Little Rock, between 8 a.m. and 4 p.m., Monday through Friday.

For more information, call 501-570-5000 or visit headstart.uams.edu.

pulaskicms.org

Second Annual Baptist Health Stroke Walk Set For Friday, May 29, In Little Rock



Join Baptist Health on Friday, May 29, from 10 a.m. to 1 p.m. for a walk celebrating stroke survivors, honoring loved ones and raising crucial awareness about stroke symptoms.

The second annual Step Out for Stroke Walk is a 2.2-mile walk on the campus of Baptist Health Medical Center-Little Rock will be a special day of hope, remembrance and community. It will also feature a dunking booth, food trucks, community health screenings and giveaways for attendees.

This free event is an opportunity to connect with fellow survivors, families, health care professionals and the caring community of central Arkansas.

Together, participants will walk in faith and solidarity, sharing stories and spreading hope. Whether you’re a survivor, a caregiver, or simply want to show your support, your presence makes a difference.

For details on how to register, visit baptist-health.com/step-out-for-stroke.

pulaskicms.org

8

501.687.0039