Hasbro joins nationwide study on long-term effects of COVID-19 in children

PROVIDENCE – With more than 30 percent of new COVID-19 cases occurring in children, understanding the long-term impact of this illness on their health, development, and well-being is critical. A team of interdisciplinary researchers at Rhode Island's Hasbro Children's Hospital, NYU Langone Health, Virginia Commonwealth University, Northeastern University, and the Translational Genomics Research Institute will play an integral role in the recently announced $470 million NIH REsearching COVID to Enhance Recovery (RECOVER) Initiative to study the impact of Long COVID in infants, children, and adolescents – a condition that has potential long-term consequences on children's ability to learn and play, but is poorly understood.

As part of this nationwide study, **DR. SEAN DEONI**, an associate professor of diagnostic imaging and pediatrics at the Warren Alpert Medical School of Brown University, is joined by colleagues **DR. MORIAH THOMASON**, at NYU Langone Health, **DR. AMY SALISBURY** and **DR. PATRICIA KINSER** at Virginia Commonwealth University (VCU), **DR. LAUREL GABARD-DURNAM** at Northeastern University, and **DR. MATT HUENTELMAN** at Arizona's Translational Genomics Research Institute (TGen). Together, they will lead the LEGACI study, with specific focus on individuals under age 25.

"While children appear to be resilient against COVID-19, and are much less likely to have severe illness or death, we don't know how COVID-19 affects their long-term health and development, and it's something we need to answer quickly," said Dr. Deoni. Preliminary work from Dr. Thomason's group at NYU Langone suggests that up to 14 percent of children who had COVID-19 illness continue to suffer from lingering symptoms. Thomason said, "We need to understand what children infected with COVID-19 are experiencing and need to identify factors that predict better or worse outcomes. This will help us to develop better ways to care for and counsel families." The most common symptoms include pain, headaches, fatigue, "brain fog," shortness of breath, anxiety, depression, fever, chronic cough, and sleep problems. These symptoms can impact a child's ability to perform at school or take part in everyday activities and sports.

While COVID-19 has affected almost every family, "We have learned that minority families have been particularly affected," said Dr. Salisbury of VCU. "Unfortunately, these are also families that have traditionally been excluded from research," added Dr. Kinser of VCU. To address this, the team will use a series of mobile laboratories, complete with neuroimaging facilities, to bring the research to involved families. "Families want to participate in this research, but they often are unable to take time away from work, school, or other responsibilities to come into a hospital or university research lab," said Dr. Huentelman, an expert in population genomics who has built a US-wide virtual study cohort using online testing and social media. In addition, "We will build local networks of people affected by long COVID and representatives from advocacy organizations to help build links to affected families and communiques, and to quickly disseminate information back to them," said Dr. Gabard-Durnam of Northeastern.

Together with the larger RECOVER initiative, the LEGACI study will add to the unique multidisciplinary research community inclusive of diverse research participants that are critical to informing the treatment and prevention of the long-term effects of COVID-19. Specifically, the LEGACI will:

- Enroll patients during the acute as well as post-acute phases of the SARS-CoV-2 infection;
- Use mobile health technologies, such as smartphone apps and wearable devices, which will gather real-world data in real time;
- Characterize the incidence and prevalence of long-term effects from SARS- CoV-2 infection in infants children, and adolescents, including the range of symptoms, underlying causes, risk factors, and outcomes;
- Address potential strategies for treatment and prevention.

"This is an important opportunity to answer important questions about the impact of COVID-19 infection and Long COVID illness in children, and we will need everyone's help," said Dr. Deoni. "Effects of COVID could have lifelong impact, so it is important to understand these effects and identify potential opportunities to minimize them."

Families with children affected by COVID-19 who are interested in participating can learn more at: www.legacistudy.org. ❖

Brown School of Public Health launches Long Covid initiative

PROVIDENCE – The Brown University School of Public Health is launching a Long Covid initiative.

"The pandemic's devastating death toll has meant that we have at times been slow to acknowledge the growing number of people living with continued complications from COVID-19," says **ASHISH K. JHA, MD, MPH**, Dean of the Brown School of Public Health. "Every third Covid-19 patient still experiences at least one symptom weeks or months after becoming infected. For some people, Long Covid is so disruptive they can no longer work or manage family responsibilities. We urgently need a better understanding of how Long Covid affects people and systems, so our programs and policies can meet this new reality."

Led by Dean Jha and fellow pandemic expert and Associate Dean for Strategy & Innovation **DR. MEGAN RANNEY**, the Long Covid initiative will partner with the Warren Alpert Medical School, its affiliated hospitals, and the Rhode Island Department of Health. It expands on a recent initiative by the National Institutes of Health, which focuses on studying the clinical aspects of Long Covid, and acknowledgments such as the Biden administration's July announcement that people with Long Covid can qualify for disability under federal law.

"I see Long Covid patients frequently in the ER – although they don't know to call it that. The lasting effects of this disease can be life altering," says Dr. Ranney. "Long Covid will have a profound impact on our society for years, if not for generations. By investing in closing knowledge gaps, adapting clinical approaches and workplace policies, and improving attention to equity, we can improve our collective ability to more effectively manage the long-term effects of the pandemic."

Funding for the first year of the Long Covid initiative has been provided by the Hassenfeld Foundation. The Brown School of Public Health is committed to expanding the scope and funding of this important work as part of its larger efforts on pandemic preparedness and responses.

"The pandemic will end, but Long Covid is here to stay," said co-director **ORESTIS PANAGIOTOU**, assistant professor of health services, policy and practice. "It is essential we study it, understand who is affected, and what the direct and indirect impacts will be for patients, their families and caregivers, and health systems." ❖

Men, jobless and people with mental health diagnoses most vulnerable in 2020 overdose spike

PROVIDENCE [BROWN UNIVERSITY] – At the same time as COVID-19 has claimed more than 600,000 lives across the United States, drug overdose deaths across the nation reached unprecedented heights. Rhode Island has been particularly affected: In December 2020, the state had the highest rate in the country of COVID-19 cases and deaths relevant to population; during the first eight months of 2020, the rate of unintentional drug overdose deaths in Rhode Island increased 28% relative to the same period in the prior year.

Researchers at Brown University's School of Public Health wanted to learn more about the causes of the overdoses during the pandemic, as well as the people affected by them, as scant data were available. They analyzed two years of health data to look for trends and patterns.

According to their study, published on Friday, September 17, in JAMA Network Open, men, individuals who had lost jobs and people with mental health diagnoses experienced the largest increases in rates of overdose deaths during the pandemic. The researchers also found increases in deaths involving synthetic opioids and in deaths occurring in personal residences (compared to a hospital or elsewhere).

"Our motivation for this study was to understand more about the causes and characteristics of these overdose deaths and to identify some of the groups of people who are at heightened risk of overdose during the pandemic," said **ALEXANDRIA MACMADU**, a study co-author and Ph.D. candidate in epidemiology at Brown.

"We already know that many people were socially and physically isolated during the early months of the pandemic. Our findings show that, as a result of the pandemic, a significant number of people are using drugs alone right now – which means there's no bystander available to intervene or call 911. This greatly increases overdose risk."

—Brandon Marshall, PhD

The team analyzed information from four statewide databases linked via the Rhode Island Data Ecosystem. They compared the characteristics of 264 adults in the state who died from an overdose during the first eight months of 2020 to those of 206 adults who died from an overdose during the same period in the year prior, examining variables such

as age, sex, race and ethnicity, as well as the type of drug contributing to death, location of death and socioeconomic factors such as housing insecurity, job loss and wages.

"These linked statewide databases really allowed us to take a deeper dive into this topic," Macmadu said. "For example, by using data from the state Department of Labor and Training, we were able to correlate overdose deaths and recent job loss; using Medicaid data, we were able to correlate overdose deaths with mental health diagnosis, to the level that we could identify, say, people in their 50s with anxiety as having elevated risk."

The findings show that overdoses increased significantly among males (who accounted for 72% of deaths in 2019 vs. 77% in 2020), people using synthetic opioids (71% vs. 76%) and occurring in personal residences (45% vs. 53%). People experiencing job loss represented a greater portion of overdose deaths (who accounted for 8% of deaths in 2019 vs. 16% in 2020), and there was an increase in overdoses in subgroups of people with mental health diagnoses.

The researchers hypothesized that men and women would be affected by overdose deaths at the same rates, said **BRANDON MARSHALL, PhD**, study corresponding author and an associate professor of epidemiology at Brown's School of Public Health.

"To see the significant increase in overdose deaths among men was surprising," Marshall said. "I don't think we have a good explanation for that at this time, and it's something that requires further research."

The researchers note that differences between overdose deaths in 2020 compared to 2019 correspond to changes that occurred during the pandemic, including increased isolation, an onslaught of mental health stressors, widespread economic insecurity and the lethality of the drug supply. The new findings provide guidance for clinicians, public health officials, scientists, policymakers and others who hope to stem the tide of overdose deaths, the researchers said.

As an example, they cite the finding that a significant number of people were pronounced dead from an overdose in their personal residence.

"We already know that many people were socially and physically isolated during the early months of the pandemic," Marshall said. "Our findings show that, as a result of the pandemic, a significant number of people are using drugs alone right now – which means there's no bystander available to intervene or call 911. This greatly increases overdose risk."

Recommendations

The researchers offer a number of recommendations to address this risk, including the strengthening of Good Samaritan law protections for those who call 911; state establishment of pilot harm reduction centers to provide a safer, supervised environment for drug use; and safely prioritizing in-person recovery services to enhance support for socially isolated individuals at high risk of overdose.

These recommendations for interventions to reduce overdose deaths will still be highly applicable to a post-pandemic world, Macmadu said. In fact, some of the changes that have been made in response to the pandemic, including audio-only telehealth consultations to begin addiction treatment with buprenorphine, will be highly beneficial even when the world opens up and returns to a new normal.

The authors said it's notable and timely that Rhode Island recently became the first state to authorize overdose prevention sites, or "harm reduction centers" – places where people can safely use drugs under medical supervision, and where trained staff can connect them to evidence-based harm reduction strategies and programs. Creating these sites is a step in the right direction in battling the opioid epidemic, they said.

"Continued expansion of access to evidence-based treatment and harm reduction programs for people who use drugs will be critical in addressing the epidemic of overdose deaths, during a viral pandemic as well as in the future," Macmadu said.

Contributors to this study included, among others, **KIMBERLY PAULL** from the Rhode Island Executive Office of Health and Human Services and **MAGDALENA CERDÁ**, an associate professor and director of the Center for Opioid Epidemiology and Policy at the Department of Population Health at New York University's Grossman School of Medicine.

This research was supported by the National Institute on Drug Abuse (F31DA052971 and R01DA046620); the Center for Biomedical Research Excellence (COBRE) on Opioids and Overdose, funded by the National Institute of General Medical Sciences (P20GM125507); and an Institutional Development Award from the National Institute of General Medical Sciences of the National Institutes of Health (U54GM115677), which funds Advance Clinical and Translational Research (Advance-CTR). ❖

CDC to invest $2.1B to protect patients and healthcare workers from COVID-19 and future infectious diseases

WASHINGTON, D.C. – The Biden-Harris Administration announced in September a $2.1 billion investment to improve infection prevention and control activities across the U.S. public health and healthcare sectors. The Biden-Harris Administration, working through the Centers for Disease Control and Prevention (CDC), is investing American Rescue Plan funding to strengthen and equip state, local, and territorial public health departments and other partner organizations with the resources needed to better fight infections in U.S. healthcare facilities, including COVID-19 and other known and emerging infectious diseases.

Over the next 3 years, CDC will issue $1.25 billion of the total to 64 state, local, and territorial health departments to support this work. Initial awards totaling $885 million will be made in October 2021 to these jurisdictional health departments. CDC will use the majority of this initial funding in October, $500 million, to support a new force in the fight against COVID-19 to protect our most disproportionately affected population:

- **State-based nursing home and long-term care strike teams.** This funding from CDC, in partnership with the Centers for Medicare & Medicaid Services (CMS), will allow state and other jurisdictional health departments to staff, train, and deploy strike teams to assist skilled nursing facilities, nursing homes, and other long-term care facilities with known or suspected COVID-19 outbreaks. The strike teams will allow jurisdictions to provide surge capacity to facilities for clinical services; address staffing shortages at facilities; and strengthen infection prevention and control (IPC) activities to prevent, detect, and contain outbreaks, including support for COVID-19 vaccine boosters.

The remaining $385 million to be awarded in October 2021 will go to state, local, and territorial health departments to strengthen five critical areas:

- **Strengthening state capacity to prevent, detect, and contain infectious disease threats across healthcare settings:** CDC will provide significant infection prevention and control assistance to public health departments to work with healthcare facilities to improve the quality of healthcare; strengthen interventions for the prevention and containment of infectious diseases to minimize the spread of infection in a variety of healthcare settings; identify, address, and monitor healthcare-related disparities and health equity; and increase capacity to investigate outbreaks of healthcare-associated infections.
- **Laboratory capacity for healthcare:** Funds provided will also increase state and regional laboratory capacity to conduct surveillance for emerging pathogens to better identify patients infected with or carrying infectious disease threats, such as antibiotic-resistant germs like "nightmare bacteria" carbapenem-resistant Enterobacterales (CRE) and *Candida auris*. Throughout the pandemic, there have been outbreaks of antibiotic-resistant pathogens in COVID-19 units and other healthcare settings.
- **Project Firstline:** Funds will expand on efforts to design and implement effective infection prevention and control training and education to frontline healthcare staff, leveraging a unique collaborative of healthcare, public health, and academic partners. Project Firstline aims to meet the various education needs of its diverse healthcare workforce; ensure they have the knowledge they need to protect themselves, their coworkers, and their patients; and develop training and education that addresses disparities across U.S. healthcare personnel. In its first year, CDC's Project Firstline and its partners developed more than 130 educational products and hosted more than 200 educational events on infection prevention and control, engaging approximately 16,300 healthcare workers from professions ranging from environmental services workers, to nurses, to physicians. Its infection prevention and control messages reached millions of individuals through more than 1,700 social media posts shared on CDC and partner channels.
- **National Healthcare Safety Network (NHSN):** CDC will increase data and monitoring through NHSN to determine where and when infections occur in healthcare settings and target IPC interventions. Funds will support state efforts to improve the NHSN data collection from healthcare facilities. This includes state coordination, expansion in reporting, and providing greater technical assistance to facilities that are reporting healthcare quality and preparedness-related data.
- **Antibiotic Stewardship:** Funds will support state data analyses of antibiotic use and implement programs to improve antibiotic prescribing across communities, including addressing health disparities related to antibiotic use. Despite being ineffective against COVID-19, antibiotics have been commonly prescribed to patients during the pandemic, increasing the risk of antibiotic resistance.

In addition to amounts provided to state, local and territorial health departments, $880 million will be used over several years to support healthcare partners, academic institutions, and other nonprofit partners to develop new prevention interventions and capacities for infection prevention and control training, data collection, and technical assistance. ❖

Governor, RIDOH announce enforcement strategy for Oct. 1 healthcare worker and healthcare facility COVID-19 vaccination requirements

PROVIDENCE – Gov. **DAN MCKEE** and the Rhode Island Department of Health (RIDOH) announced an enforcement strategy for Rhode Island's COVID-19 vaccination requirement for healthcare workers. The enforcement strategy will help safeguard patients, residents, and staff by holding health professionals and facilities accountable to the October 1 vaccination requirement, while also preventing disruptions to care in Rhode Island as healthcare facilities work toward full compliance.

"This enforcement strategy is not intended to be an extension or exemption of the original vaccination requirement," said Director of Health **NICOLE ALEXANDER-SCOTT, MD, MPH**. "On October 1, anyone that is non-compliant is subject to enforcement. If there is a risk to quality of care and an unvaccinated worker must continue to work beyond October 1 to mitigate that risk, the employer has 30 days to ensure that role is fulfilled by a fully vaccinated healthcare worker."

The COVID-19 vaccine is one of many vaccines that healthcare providers are required to receive. Rhode Island regulations require healthcare workers to be vaccinated against COVID-19 by October 1. Similar to other vaccines, healthcare facilities will be asked to report on their COVID-19 vaccination rates for their healthcare workers. Facilities may also be required to develop COVID-19 Vaccination Corrective Action Plans to ensure full compliance if they have not met the provisions of the regulation. These plans will:

- Specify the healthcare facility's plan to ensure that all remaining healthcare workers will become vaccinated against COVID-19 within 30 days.
- Demonstrate that any unvaccinated staff who are still working after October 1 are doing so to mitigate a risk to quality of patient care.
- Specify the temporary infection prevention measures that the facility will implement for unvaccinated staff who are critically necessary to the facility's operation.
- Outline the facility's procedure to ensure that any new hires are vaccinated against COVID-19.

More information about these plans, including information on deadlines for the submission of data and COVID-19 Vaccination Corrective Action Plans, will be shared directly with healthcare leadership across Rhode Island in the coming days. Plans will be due on October 1.

Rhode Island's healthcare worker vaccination regulations apply to approximately 57,600 workers. Rhode Island currently has an overall healthcare facility vaccination rate of approximately 87%, up 10 percentage points from 77% in early September.

Rhode Island's healthcare worker vaccination regulations overlap purposefully with organizational and federal vaccination requirements. For example, hospital systems in Rhode Island have required employees to be vaccinated, and President Biden announced last week vaccination requirements for workers at organizations with more than 100 employees, federal workers, and workers at many facilities that receive funding from the Centers for Medicare and Medicaid Services (CMS). ❖

CNE statement on healthcare workforce vaccinations

"Care New England's healthcare workforce has passed 95% vaccinated. This number continues to climb by the day and the hour. As of the October 1st deadline, Care New England will be 100% compliant with the RI DOH's vaccine mandate. As healthcare workers, we are committed to providing an environment that is safe and healthy for patients, as well as staff. As of October 1, any Care New England healthcare worker who is not vaccinated will not be allowed to work. Our healthcare system has contingency plans in place should any healthcare worker choose not to work after the deadline."

— James E. Fanale, MD
President and CEO, Care New England Health System.

Gov. McKee signs legislation to require T-CPR training

PROVIDENCE – Governor **DAN McKEE** recently signed a bill that improves over-the-phone CPR instructions.

The legislation (2021-H 5629, 2021-S 0385aa) requires all 911 system operators be trained in telecommunicator cardiopulmonary resuscitation (T-CPR) and establishes a call review and quality improvement program for emergency telephone systems.

The legislation was introduced following incidents where bystanders did not receive proper instruction from 911 dispatchers to perform CPR during a medical emergency. ❖

Gov. McKee signs prescription drug affordability bills

PROVIDENCE – Governor **DAN McKEE** recently held a ceremonial signing for two pieces of legislation that make prescription drugs more affordable for Rhode Islanders.

The first piece of legislation (2021-S 0170B, 2021-H 5196A) requires insurers to cap the total cost that covered patients' pay for insulin at $40 for a 30-day supply. Under the legislation, that coverage cannot be subject to any deductible. The law does allow insurers to charge less than the $40 threshold. It takes effect January 1, 2022.

The second bill (2021-S 0497A, 2021-H 6477A) prohibits clauses in pharmacy contracts that prevent pharmacists from offering customers more affordable prescription options. It states that a plan sponsor, health insurance carrier, or pharmacy benefit manager cannot prohibit pharmacists from telling insured customers how much they will pay for a prescription drug. The legislation also prohibits a pharmacy or pharmacist from being penalized for offering a lower-priced drug to customers. ❖

Legislation signed to reclassify certain drug possession charges

PROVIDENCE – Governor **DAN McKEE**, joined by Attorney General **PETER F. NERONHA**, Senate Majority Leader **MICHAEL J. McCAFFREY**, Representative **SCOTT A. SLATER** and community advocates ceremonially signed legislation on Tuesday that amends the Uniform Controlled Substances Act to reclassify simple possession of 10 grams or less of certain controlled substances as a misdemeanor charge, punishable up to two years, rather than a felony.

The ceremonial bill signing ceremony took place at Project Weber/RENEW, a local non-profit that provides recovery support as well as harm reduction and other services to at-risk members of the community.

"Increasingly we understand substance use to be a health condition that requires support, and that criminalizing people for their medical condition is counterproductive," said **ANNAJANE YOLKEN**, Director of Programs at Project Weber/RENEW. "This law takes a bold step towards that paradigm shift. By providing people with the opportunity to better access employment, education, and housing, we will better support Rhode Islanders' recovery and well-being."

"This legislation is about breaking the cycle and getting help for those suffering from addiction," said Gov. McKee. "It's a matter of public health to allow individuals to get treatment, not prison time. We are giving Rhode Islanders the opportunity to lead meaningful lives, and that is something we can all support. I thank Attorney General Neronha and the bill sponsors for bringing this life-changing legislation to the table."

The legislation (2021-S 0188A, 2021-H 6083A), supported by Attorney General Neronha, changes simple possession of a controlled substance for personal use from a felony to a misdemeanor, allowing individuals suffering from addiction to get treatment rather than end up in prison and continue a cycle of drug use and arrests.

"I believe that possession of small amounts of drugs for personal use is much more of a public health issue than a law enforcement one," said Attorney General Neronha. "Over-criminalizing such conduct diverted our law enforcement focus away from where it plainly belongs: on the drug traffickers who profit in dealing misery to others and who often engage in the violence that regularly comes with drug dealing. Make no mistake, we are as committed as we have ever been to prosecuting drug dealers as felons – and this new law does nothing to protect them. But those who simply possess drugs – who are addicted and cannot escape the cycle of addiction – faced barriers to employment, housing, and other opportunities to turn their lives around because they had a felony hanging around their neck. To me, that does more harm than good. We've already charged the new law in over 80 cases and, over time, we will see a real impact on Rhode Islanders." ❖

Several health-related bills signed into law

PROVIDENCE – Gov. Dan McKee on Sept. 24th ceremonially signed several health-related bills into law.

2021-S 0016B, 2021-H 5245A: Sponsored by Senator Joshua Miller and Representative John Edwards, this legislation enables the state to explore establishing a pilot program to create harm reduction centers to help prevent drug overdose deaths.

2021-S 0065A, 2021-H 6328: Sponsored by Senator Joshua Miller and Representative John Edwards, this legislation decriminalizes buprenorphine.

2021-S 0256Aaa, 2021-H 5098A: Sponsored by Senator Joshua Miller and Representative Deborah Fellela, this legislation creates penalties for irresponsible prescription practices to help combat the opioid epidemic.

2021-S 0004Baa, 2021-H 6032Aaa: Sponsored by Senator Joshua Miller and Representative Stephen Casey, this legislation expands telemedicine coverage requirements for insurers and requires that all Rhode Island Medicaid programs cover telemedicine visits. ❖

RI delegation secures $500,000 to prevent childhood lead exposure

WASHINGTON, DC – U.S. Senators Jack Reed and Sheldon Whitehouse and Congressmen Jim Langevin and David Cicilline this week announced that the Rhode Island Department of Health will be receiving $500,000 from the Centers for Disease Control and Prevention (CDC) to reduce lead exposure in children.

Specifically, the Childhood Lead Poisoning Prevention Program funding will support increased lead testing and reporting among high-risk children, improved data collection and surveillance, tailored and community-based interventions, and enhanced processes for connecting children exposed to lead with the appropriate medical services. ❖

ACOG leads groundbreaking coalition in Dobbs v. Jackson Women's Health Organization

WASHINGTON, DC – The American College of Obstetricians and Gynecologists (ACOG), joined by 24 medical organizations, submitted an amicus brief to the United States Supreme Court in the case of Dobbs v. Jackson Women's Health Organization, a case challenging the Mississippi law imposing a ban on the provision of abortion after 15 weeks of pregnancy for most individuals.

The amicus brief represents an unprecedented level of support from a diverse group of physicians, nurses, and other health care professionals, which demonstrates the concrete medical consensus of opposition to abortion restriction legislation such as the law at the heart of Dobbs v. Jackson.

The brief asks the Court to recognize that Mississippi's attempt to ban nearly all abortions after 15 weeks of pregnancy is fundamentally at odds with the provision of safe and essential health care, with scientific evidence, and with medical ethics. In part, the brief states, "The Ban dangerously limits the ability of women at or near 15 weeks' gestation to obtain the health care they need: some will be forced to travel outside the State to obtain an abortion; others will attempt self-induced abortion; and others still will be forced to carry their pregnancy to term. Each of these outcomes increases the likelihood of negative consequences to a woman's physical and psychological health that could be avoided if care were available."

This ban is not grounded on medical evidence and threatens the health and well-being of pregnant individuals, with a disproportionate impact on people from communities of color; those without ample financial resources; and those in rural areas without close proximity to safe, effective reproductive health care. By preventing clinicians from providing patients with necessary medical care, the ban represents gross interference in the patient-clinician relationship and impedes on a clinician's medical ethics by forcing them to choose between what is right for their patients and adherence to an unscientific, harmful law.

"ACOG has a long history of working within the judiciary system to help protect constitutional rights and the patient-physician relationship. This law is an example of harmful legislative interference into the practice of medicine. The amicus brief represents the strong medical consensus in opposition to this constitutional challenge. ACOG is hopeful the justices of the Supreme Court will value the message in the amicus brief and uphold legal precedent," said ACOG President **J. MARTIN TUCKER, MD, FACOG**, speaking on behalf of ACOG.

"Mississippi's attempt to restrict physicians' ability to provide safe and effective clinical care in consultation with their patients about their choice of health care options is a direct attack on the patient-physician relationship," said **GERALD E. HARMON, MD**, president of the American Medical Association (AMA), which signed the amicus brief. "The AMA will always stand up against unnecessary government intrusion into the medical examination room. Failure to strike down this unconstitutional law will not only severely compromise patient access to safe reproductive care, particularly for our most marginalized patients, but will jeopardize the overall health of the nation." ❖

New $19.9M grant will expand hub for translational science, biomedical research in Rhode Island

PROVIDENCE – The federally funded Advance Clinical and Translational Research program recently received a $19.9 million grant from the National Institute of General Medical Sciences to fund the program's expansion into a second five-year phase.

Advance-CTR is a statewide partnership that consists of the host institution, Brown University, URI, Care New England, Lifespan, the Veterans Affairs Providence Healthcare System and the Rhode Island Quality Institute. Since 2016, the program has supported biomedical and public health scholars across Rhode Island who are working to turn scientific discoveries into solutions that can directly improve the lives of patients.

Researchers apply directly to the Advance-CTR program, whose local directors decide on project funding and disburse the funds directly. The partnership across the major research institutions in the state has resulted in a surge in translational research. During its first five years, Advance-CTR has become a model for scientific collaboration that crosses academic disciplines, builds on the strengths of multiple partners and ultimately makes a difference for patients and communities.

After its 2016 launch, Advance-CTR leaders surveyed clinical and translational researchers in Rhode Island and learned that pilot funding for new research projects, as well as training in key skill sets were the most in-demand resources. In response, the program was structured to include a pilot projects award program, a professional development core, and an array of trainings and workshops. Advance-CTR faculty and staff provide research consultations in biomedical informatics and cyberinfrastructure work, epidemiology, biostatistics, community engagement and more.

Advance-CTR has awarded funding to 85 investigators with funding for research that addresses community health priorities in Rhode Island and have the potential for direct benefits to patients. ❖

Brown Surgical Associates' Dr. Sean Monaghan tapped as principal investigator in $1.98M sepsis research grant at Rhode Island Hospital

PROVIDENCE – Brown Surgical Associates' trauma and critical care surgeon **SEAN MONAGHAN, MD**, will serve as principal investigator in a 5-year research grant looking into potential new treatments for sepsis.

With nearly $2 million in grant money procured by Rhode Island Hospital, Dr. Monaghan and Lifespan's Director of Critical Care Medicine **DR. MITCHELL LEVY** will perform RNA sequencing on 75 patients with sepsis and 75 control patients. Researchers will then use computational methods to better diagnose patients with sepsis and hopefully find new treatments.

"When it comes to sepsis treatment, time is vital. The sooner we can diagnose sepsis, the sooner we can get the infection under control, either with antibiotics or surgery," Dr. Monaghan said. "We have previously obtained RNA sequencing from 15 patients with COVID-19. This grant will allow us to study a larger group and hopefully make a bigger impact by improving diagnostic capabilities which will, in turn, save lives."

Through previous grants from Brown University, The American College of Surgeons, the National Institutes of Health through the CardioPulmonary Vascular Biology Center of Biomedical Research Excellence, and Brown Physicians, Inc, and the support of Brown Surgical Associates and Rhode Island Hospital, Dr. Monaghan was able to build computational infrastructure to perform this research while keeping patient data secure. ❖

CharterCARE Health Partners introduces new digital resuscitation education system

PROVIDENCE – CharterCARE Health Partners recently announced the implementation of Resuscitation Quality Improvement® (RQI)®, a program co-developed by the American Heart Association and Laerdal Medical, to help clinicians at the network's acute care hospitals achieve sustained mastery of high-quality CPR skills and competence, leading to improved patient outcomes.

CharterCARE is one of the first health systems in Rhode Island to launch the program, introducing RQI at Roger Williams Medical Center and Our Lady of Fatima Hospital and enrolling nearly 2,000 learners. Each hospital is deploying two RQI simulation stations, to deliver Basic Life Support, Advanced Life Support, and Pediatric Advanced Life Support course instruction. The stations are positioned throughout the hospitals, affording learners greater flexibility and 24/7 access to resuscitation education.

RQI is self-directed, simulation-based mastery learning and performance provided through cognitive and hands-on CPR quality improvement sessions that measure and verify competence. The program employs a "low-dose, high-frequency" model requiring healthcare providers to complete course assignments in short sessions every quarter. In 2018, the American Heart Association, the world's leading voluntary organization dedicated to a world of longer, healthier lives, and Laerdal Medical, the world leader in medical simulation and resuscitation training, called for a new standard of care by shifting resuscitation practice from training once every two years to verified CPR competence for healthcare professionals.

To learn more about the RQI program visit heart.org, www.laerdal.com and www.rqipartners.com. ❖

AMA Report: Sharp decreases in opioid prescribing and increases in drug-related overdose and death

CHICAGO – The American Medical Association (AMA) issued a report recently showing a 44.4 percent decrease in opioid prescribing nationwide in the past decade. At the same time, the country is facing a worsening drug-related overdose and death epidemic.

To address this continuing epidemic, the AMA is urging policymakers to join physicians to reduce mortality and improve patient outcomes by removing barriers to evidence-based care. The report shows that overdose and deaths are spiking even as physicians have greatly increased the use of prescription drug monitoring programs (PDMPs), which are electronic databases that track controlled substance prescriptions and help identify patients who may be receiving multiple prescriptions from multiple prescribers. The report shows that physicians and others used state PDMPs more than 910 million times in 2020. In 2019, physicians and others used state PDMPs about 750 million times.

Yet, the nation continues to see increases in overdose mainly due to illicit fentanyl, fentanyl analogs, methamphetamine and cocaine, according to the U.S. Centers for Disease Control and Prevention. In addition, state public health, media and other reports compiled by the AMA show that the drug-related overdose and death have worsened across the nation. Research and data from the National Institutes of Health, U.S. Substance Abuse and Mental Health Services Administration, and Indian Health Serviceunderscore the continued challenges and inequities for Black, Latinx and American Indian/Native Alaskan populations.

Opioid prescriptions have decreased by 44.4 percent between 2011–2020, including a 6.9 percent decrease from 2019–2020. Along with the sharp decreases in opioid prescriptions, new AMA data also show that physicians and other health care professionals used the state PDMP more than 910 million times in 2020. The report also highlights that more than 104,000 physicians and other health care professionals have an "X-waiver" to allow them to prescribe buprenorphine for the treatment of opioid use disorder. This is an increase of 70,000 providers since 2017, yet 80 to 90 percent of people with a substance use disorder receive no treatment.

"The nation's drug overdose and death epidemic has never just been about prescription opioids," said AMA President **GERALD E. HARMON, MD**. "Physicians, have become more cautious about prescribing opioids, are trained to treat opioid use disorder and support evidence-based harm reduction strategies. We use PDMPs as a tool, but they are not a panacea. Patients need policymakers, health insurance plans, national pharmacy chains and other stakeholders to change their focus and help us remove barriers to evidence-based care."

Actions that states can take

The AMA is urging policymakers to act now:

- Stop prior authorization for medications to treat opioid use disorder. Prior authorization is a cost-control process that health insurance companies and other payers use that requires providers to obtain prior approval from the insurer or payer before performing a service or obtaining a prescription. It is used to deny and delay services – including life-saving ones – as physicians are required to fill out burdensome forms and patients are forced to wait for approval.
- Ensure access to affordable, evidence-based care for patients with pain, including opioid therapy when indicated. While opioid prescriptions have decreased, the AMA is greatly concerned by widespread reports of patients with pain being denied care because of arbitrary restrictions on opioid therapy or a lack of access to affordable non-opioid pain care.
- Take action to better support harm reduction services such as naloxone and needle and syringe exchange services. These proven harm reduction strategies save lives but are often stigmatized.
- Improve the data by collecting adequate, standardized data to identify and treat at-risk populations and better understand the issues facing communities. Effective public health interventions require robust data, and there are too many gaps to implement widespread interventions that work. ❖

VA annual report shows decrease in Veteran suicides

WASHINGTON, DC – New data included in the Department of Veterans Affairs 2021 National Veteran Suicide Prevention Annual Report notably shows a decrease from 2018 to 2019 in the total number of Veteran suicide deaths, and a decrease in the rate of Veteran suicides per 100,000.

This drop is noteworthy when compared to the generally rising rates observed in earlier years.

This latest report provides the most comprehensive data to date regarding suicide among U.S. Veterans from 2001-2019.

Key findings include:

- In 2019, there were 6,261 Veteran suicide deaths, 399 fewer than in 2018.
- In 2019, the Veteran suicide rate was 31.6 per 100,000, substantially higher than the rate among non-Veteran U.S. adults (16.8 per 100,000).
- Adjusting for age- and sex-differences, the suicide rate among Veterans in 2019 was 52.3% higher than for non-Veteran U.S. adults. The suicide rate difference between Veterans and the non-Veteran U.S. population was highest in 2017 at 66.3%.
- From 2018 to 2019, there was a 7.2% overall decrease in the age- and sex-adjusted Veteran suicide mortality rate in 2019, while among non-Veteran U.S. adults, the adjusted suicide mortality rate fell by 1.8%.
- The age-adjusted suicide rate for male Veterans decreased 3.8% in 2019 from 2018 while the age-adjusted suicide rate for female Veterans decreased 14.9% in 2019 from 2018.
- Firearms were more often involved in Veteran suicides in 2019 than in 2018 (among Veteran men who died from suicide: 69.6% in 2018, 70.2% in 2019; among Veteran women who died from suicide: 41.1% in 2018, 49.8% in 2019).

"Suicide prevention remains a top priority for VA, with the most significant amount of resources ever appropriated and apportioned to VA suicide prevention," said VA Secretary Denis McDonough. "Suicide is preventable, and everyone has a role to play in saving lives. VA continues to implement its 10-year strategy – as outlined in the 2018 National Strategy for Preventing Veteran Suicide – to end Veteran suicide through a public health approach combining both community-based and clinically-based strategies across prevention, intervention and postvention areas of focus."

To date, VA has not observed increases in VHA documented suicide-related indicators during the COVID-19 pandemic. VA will examine suicide mortality when national death certificate data becomes available.

VA continues to implement its 10-year vision specifically through the department's strategic plan focused on efforts such as the Suicide Prevention 2.0 initiative; Suicide Prevention Now initiative; the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS); 988 and Veterans Crisis Line expansion. ❖

VA enhances geriatric emergency care for older Veterans

WASHINGTON, DC – The Department of Veterans Affairs launched a Geriatric Emergency Department initiative within all of VA's 18 Veterans Integrated Service Networks through a standardized, comprehensive care model, becoming the nation's largest integrated health network with specialized geriatric emergency care.

This initiative equips VA emergency departments with the ability to treat older Veterans with complex conditions, catch unmet care needs and develop teamwork strategies throughout VA to better coordinate ED and follow-up care.

VA has partnered with the American College of Emergency Physicians, The John A. Hartford Foundation and the West Health Institute to ensure elderly Veterans continue to be afforded the best possible emergency care and person-centered health services.

The evidence-based approach to caring for older adults includes screenings to identify seniors at risk for cognitive impairment, delirium, fall risk, functional decline, and caregiver burden.

"Nearly half of the nation's 19.5 million Veterans are over 65 years old and account for more than 45% of ED visits at VA hospitals – more than double the rate for seniors nationwide," said VA Acting Under Secretary for Health **STEVEN L. LIEBERMAN, MD**. "Our goal is to lower this number by ensuring VA's elderly population receives age-friendly emergency care, while improving care coordination in communities across the nation."

VA continues to promote and augment transitions of care through an interdisciplinary team approach from various services throughout facilities. This is achieved through connecting with social work and VA home/community resources, geriatric education for emergency department staff and supporting geriatric Veterans in the community to prevent avoidable admissions.

The partnership aims to establish 70 VA emergency departments as geriatric EDs eligible for accreditation in alignment with ACEP's GED Accreditation by December 2022.

Accreditation includes three levels that each have specific education criteria for clinicians and nurses, creating EDs that are more expertly equipped to treat older Veterans with complex conditions and social needs through interdisciplinary service coordination across a hospital. ❖