

Study shows pharmacists can safely, effectively start treatment for patients with opioid use disorder

First-of-its-kind pilot study published in New England Journal of Medicine shows patients can safely start care in community pharmacies without physician visit

KINGSTON (URI) – Researchers at the University of Rhode Island College of Pharmacy, Rhode Island Hospital and Brown University found that pharmacists – not just physicians and clinicians at doctors’ offices – can safely and effectively start patients with opioid use disorder on lifesaving treatments without a prior visit to a physician. With more than 100,000 people dying in 2022 from overdose deaths and an ongoing opioid crisis stretching across the country, improving access to medications for opioid use disorder such as buprenorphine through pharmacists is a critical step.

The first-of-its-kind study, described in a letter to the editor in the Jan. 12th edition of the *New England Journal of Medicine*, documents the experience of 100 patients who started on the evidence-based medication buprenorphine by coming to a specially trained pharmacist for their care. Once stabilized on the medication, 58 patients were randomized to receive either continued care in the pharmacy or usual care in a clinic or physician’s office. After one month, the patients in the pharmacy group showed dramatically higher rates of retention in care: 25 (89 percent) continued in the pharmacy compared to just 5 (17 percent) in the usual care (physician or clinic) group.

“We have a serious treatment gap. We are missing 90 percent of the people with opioid use disorder who need and want treatment,” said **JEFFREY BRATBERG**, a clinical professor of pharmacy practice at the URI College of Pharmacy and an investigator on the study. “Pharmacists are an underutilized partner in the healthcare workforce, especially the behavioral healthcare workforce. There is a pharmacy within 5 miles of where 95 percent of Americans live.”

For the study, researchers visited addiction medicine specialists around the state to recruit patients, many of whom; were not being adequately served by the health care community, and were not being treated for their opioid use disorder. Many participants were unemployed, unstably housed, or otherwise lacking access to care. The study gave them the opportunity to receive safe, convenient same-day treatment at times that were convenient for them, helping maintain their adherence to the program.

“This is a population that’s not being served that should be served, and this is one way we can help do that,” Bratberg said. “A great majority had already been on medication, and for whatever reason, couldn’t stay on treatment, largely because of the social determinants of health. Worldwide, this is the first time someone can walk into a pharmacy and get buprenorphine without a physician visit, expanding their access to care. We found patients who get started in the pharmacy really like that care, and they tend to stick with it. Compared to no care, it’s a dramatic difference in quality of life for them.”

Genoa Healthcare, whose six pharmacies in Rhode Island were involved in the study, supported a team of 21 pharmacists to be trained in how to provide the induction and buprenorphine care. **LINDA ROWE-VARONE**, a clinical pharmacist who participated in the study and earned her doctorate of pharmacy at URI, said one of her patients is a mother who lives near the Genoa Healthcare pharmacy in Providence. This woman finds the pharmacy hours much more convenient than the clinic she previously visited and, in contrast with the clinic, the pharmacy feels so safe that she brings her children to appointments. Rowe-Varone said she loved participating in the study.

“I met people who could be my family members, my neighbors, people I work with, people I pass walking on the street, and they would come into our pharmacy for help,” she said. “They wanted to become healthy again. I feel as if we’re right there for them.”



Six Genoa Pharmacies around Rhode Island, the inside of one depicted here, participated in the study, helping support a team of 21 pharmacists to be trained in how to provide the induction and buprenorphine care.

The unique collaboration between Genoa Healthcare, the researchers, and state leadership at the Rhode Island Department of Health and the Department of Behavioral Health, Developmental Disabilities and Hospitals created the legal and policy infrastructure to support the study and test out the pharmacy care model.

“Treatment with medications can only work if it is available and accessible in the community,” explains **DR. JOSIAH D. RICH**, a study physician and professor of medicine at Brown School of Medicine. “This disease kills by stigma and isolation. Our study showed that a diverse patient population could benefit from treatments offered in a community pharmacy.”

The opportunity to open up the pharmacy for addiction treatment is set for 2023: Changes President Joe Biden signed into

law eliminate the X waiver, which was previously required to prescribe buprenorphine. Currently, 10 states allow pharmacists to obtain Drug Enforcement Agency authorization to prescribe controlled substances, which means use of the study's findings could be swift.

"Dramatically increasing capacity to provide good, lifesaving treatment for people with opioid use disorder through pharmacies is an approach that could be ramped up today," said **DR. TRACI GREEN**, the study's principal investigator and co-director

of Rhode Island Hospital's Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose. "It's a gamechanger."

Green, who led the study, is an epidemiologist and an adjunct associate professor of emergency medicine and epidemiology at Brown University's Warren Alpert Medical School. She, along with Rich and Bratberg also serve as expert advisors to the Rhode Island Governor's Overdose Prevention and Intervention Task Force. ❖

American Lung Association report gives Rhode Island mixed grades for tobacco control policies

PROVIDENCE – Rhode Island's progress on its policies to prevent and reduce tobacco use has slowed, according to the American Lung Association's 21st annual "State of Tobacco Control" report, released January 25th.

The "State of Tobacco Control" report evaluates state and federal policies on actions taken to eliminate tobacco use and recommends proven-effective tobacco control laws and policies to save lives. This is critical, as tobacco use remains the leading cause of preventable death and disease in America and takes the lives of 1,780 Rhode Island residents each year.

"Unlike our neighbors in Massachusetts, Rhode Island is now lagging behind when it comes to tobacco control policies," said Daniel Fitzgerald, Director of Advocacy at the American Lung Association in Rhode Island. "Our legislators have an important opportunity to improve the health of our state through proven policies, such as adequately funding the State's Tobacco Control Program, ending the sale of all flavored tobacco products, and ensuring that casinos are a smokefree workplace and venue for all Rhode Islanders."

Rhode Island's Grades

The "State of Tobacco Control" report grades states and the District of Columbia in five areas that have been proven to prevent and reduce tobacco use and save lives. In the 2023 report, Rhode Island received the following grades:

1. Funding for State Tobacco Prevention Programs – Grade F
2. Strength of Smokefree Workplace Laws – Grade A
3. Level of State Tobacco Taxes – Grade B
4. Coverage and Access to Services to Quit Tobacco – Grade B
5. Ending the Sale of All Flavored Tobacco Products – Grade D

This year's report noted the need for Rhode Island policymakers to focus on increasing funding for tobacco prevention and quit smoking programs. An investment in prevention is especially important given the ongoing youth vaping epidemic. Despite Rhode Island receiving \$200 million in tobacco taxes, the state's tobacco control efforts are only funded at 14% of the

level recommended by the Centers for Disease Control and Prevention (CDC). The Lung Association believes the funds should be used to support the health of our communities and to prevent tobacco use and help people quit, and not switch to e-cigarettes. These programs are also critical for helping to end tobacco-related health disparities.

In addition, Rhode Island leaders must act to create tax parity for all tobacco products, comprehensive smokefree workplace legislation that includes casinos, and legislation that established pharmacists prescribing authority for FDA-approved cessation medication.

Federal Grades Overview

The report also grades the federal government on their efforts to eliminate tobacco use. This year, there were new steps taken by the government to prevent and reduce tobacco use, including proposed rules to end the sale of menthol cigarettes and flavored cigars, Congress passing a law requiring the FDA to regulate tobacco products made with synthetic nicotine, and increased federal enforcement of the Tobacco Control Act. As a result of these steps forward, the federal government's grade for "Federal Regulation of Tobacco Products" improved from a "D" grade last year, to a "C" grade in the 2023 report.

The 2023 "State of Tobacco Control" report grades the federal government in five areas:

- Federal Government Regulation of Tobacco Products – Grade C
- Federal Coverage of Quit Smoking Treatments – Grade D
- Level of Federal Tobacco Taxes – Grade F
- Federal Mass Media Campaigns to Prevent and Reduce Tobacco Use – Grade A
- Federal Minimum Age of Sale for Tobacco Products to 21 – Incomplete

FDA is overdue in publishing the final Tobacco 21 regulations as required by statute, which is why it earns an "incomplete."

To learn more about this year's "State of Tobacco Control" grades and take action, visit [Lung.org/sotc](https://www.lung.org/sotc). ❖

Reed joins Hasbro Children's Hospital & American Cancer Society to celebrate Childhood Cancer STAR Reauthorization Act signed into law

PROVIDENCE – Each year, about 15,000 children in the United States are diagnosed with cancer. Hasbro Children's Hospital treats between 60 and 70 children annually who are newly diagnosed with cancer. And thanks to doctors, hospital staff, and researchers, there have been significant improvements in cancer treatment and pediatric cancer outcomes over the last decade.

To accelerate that progress, boost pediatric cancer research, and expand child-focused cancer treatments and resources for families affected by childhood cancer, President Biden signed into law U.S. Senator Jack Reed's (D-RI) Childhood Cancer STAR Reauthorization Act (S. 4120) on January 5th, 2023. The STAR stands for: Survivorship, Treatment, Access, and Research.



Senator Reed recently joined leading pediatric cancer doctors at Hasbro Children's Hospital and childhood cancer community advocates to celebrate passage of the Childhood Cancer STAR Reauthorization Act.

Senator Reed recently joined leading pediatric cancer doctors at Hasbro Children's Hospital and childhood cancer community advocates to celebrate passage of the Childhood Cancer STAR Reauthorization Act. This new law expands opportunities for childhood cancer research, improves efforts to identify and track childhood cancer incidences, and enhances the quality of life for childhood cancer survivors.

"The funding that Sen. Reed has worked hard to secure through the STAR Act reauthorization has a very significant impact here at Hasbro Children's Hospital as we strive to fulfill our mission to continue to deliver better care, better cures and longer survival for our patients. I'm proud to say that we have over 50 different clinical trials that are active here at Hasbro Children's at any given time, and this important trial work cannot happen without the STAR Act reauthorization and the people who help make it a reality. The impact of this law and its efforts to make childhood cancer a priority is truly a valued effort that is felt nationally, locally and individually," said **RISHI LULLA, MD, MS**, chief of pediatric hematology/oncology at Hasbro Children's Hospital.

Since Reed's original Childhood Cancer STAR Act was first introduced in 2015 and was passed and signed into law five years ago, in 2018. Since then, it has helped deliver over \$150 million to fund promising childhood cancer research, assist patients and families battling cancer, and streamline biobanking projects.

Childhood cancer research has progressed in recent years, but after accidents, cancer is still the second leading cause of death in children ages 1 to 14, according to the American Cancer Society. ❖

RI Delegation announces \$2M to boost local vaccination efforts

Community health centers receive grants from new HRSA initiative

PROVIDENCE – Several Rhode Island community health organizations are getting a boost from a new U.S. Department of Health and Human Services program meant to increase vaccination rates for COVID-19 in underserved populations. In an effort to combat a winter surge of illness, U.S. Senators Jack Reed and Sheldon Whitehouse and Congressmen Jim Langevin and David Cicilline announced that eight Rhode Island community health centers are set to receive \$2,086,664 in federal funding to increase access to vaccines and improve outreach to vulnerable communities. This funding will help get more shots into arms and help lower barriers to care for Rhode Islanders hardest hit by COVID-19.

The funding for these community health centers comes from a new \$350 million initiative administered by the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), that delivers support to community-based organizations in their efforts to increase vaccination rates, with a specific focus on underserved populations. This initiative also encourages health centers to support mobile, drive-up, walk-up, or community-based vaccination events. Furthermore, this HRSA funding will help support health centers implementing extended hours and new off-site vaccination locations.

The community health centers in Rhode Island set to receive federal funds include:

- Blackstone Valley Community Health Care, Inc. (Pawtucket): \$229,180
- Comprehensive Community Action, Inc. (Cranston): \$205,879
- East Bay Community Action Program (Newport): \$137,299
- Northwest Community Health Center (Pascoag): \$195,313
- Providence Community Health Centers, Inc. (Providence): \$576,832
- Thundermist Health Center (Woonsocket): \$517,522
- Tri-County Community Action Agency (Johnston): \$112,513
- Wood River Health Services, Inc. (Hope Valley): \$112,126 ❖

Encompass Health announces plans to build a 50-bed inpatient rehabilitation hospital in Johnston

BIRMINGHAM, ALA. – Encompass Health Corp. (NYSE: EHC) today announced it plans to build a freestanding, 50-bed inpatient rehabilitation hospital in Johnston, Rhode Island. The hospital will be located at 2109 Hartford Avenue and is expected to begin serving patients in 2024.

“We are excited to expand our rehabilitation services in the Northeast through this project, which will serve as Encompass Health’s first hospital in the state of Rhode Island,” said **PAT TUER**, president

of Encompass Health’s Northeast region. “We look forward to improving access to high-quality, individualized rehabilitative care and allowing more residents to receive specialized care close to home.”

Complementing local acute care services, this hospital will serve patients recovering from debilitating illnesses and injuries, including strokes and other neurological disorders, brain injuries, spinal cord injuries, amputations and complex orthopedic conditions. In addition to

24-hour nursing care, this hospital will offer physical, occupational and speech therapies to restore functional ability and quality of life. Care will be provided by highly specialized nurses, therapists and physicians.

The hospital will feature all private patient rooms, a spacious therapy gym with advanced rehabilitation technologies and an activities of daily living suite, cafeteria, pharmacy and therapy courtyard. ❖

Behavioral health organizations announce charity hockey event for summer 2023

Funds raised to support local mental health, suicide prevention & substance use efforts

EAST PROVIDENCE – The seven behavioral health organizations that make up Horizon Healthcare Partners (HHP) announce their upcoming Check the Stigma Hockey Classic Charity Hockey Event to be played in the Summer of 2023.

Child & Family RI, CODAC, Community Care Alliance, Galilee Mission, Newport Mental Health, Tides Family Services and Thrive Behavioral Health are the seven behavioral health and substance use organizations that comprise HHP and serve the mental health and substance use needs of Rhode Islanders across the state.

The Inaugural Check the Stigma Hockey Classic is scheduled for Saturday, July 15, 2023, at Providence College Schneider Arena. Two teams of hockey players and legends will take the ice at Schneider Arena for an action-packed game with exciting activities for fans including chuck-a-puck, 50/50 tickets, meet and greets, and giveaways.

Event Chairman **TOBY O'BRIEN**, President of Overspeed Hockey, will gather a group of former and present professional players, coaches, and hockey luminaries to participate. The Event Committee includes former NHL players Brian Boucher, Bobby Farnham, Brian Flynn and current pros Tommy Cross, Brian Lemos, Ryan Fitzgerald, Tim Schaller, and Janine Webber. Additional members include Tom Fitzgerald GM of the New Jersey Devils, Parker Ford of Providence College, and two-time Olympian Sarah Decosta to name a few!

A special Basin WaterFire will kick off the Check the Stigma Hockey Classic Fundraising Weekend on Friday, July 14th. Tickets for the Hockey Classic will be on sale in early 2023 through www.checkthestigma.org. ❖

Butler, Brown launch study aimed at developing methods for early, accurate Alzheimer’s diagnosis

PROVIDENCE – The Memory and Aging Program at Butler Hospital, with support from the Warren Alpert Foundation and Carney Institute for Brain Science at Brown University, has launched a new research study to evaluate methods for early and accurate Alzheimer’s disease (AD) diagnosis. The BioFinder-Brown Study aims to validate new blood tests in individuals who are healthy, yet may have a higher risk for developing AD. The study will also use these and other metrics to better predict the risk and progression of Alzheimer’s disease.

“Developing easy-to-use blood tests will lead to early diagnosis and treatment and be a game changer in the fight against Alzheimer’s disease,” said **DR. STEPHEN SALLOWAY**, Principal Investigator of the BioFinder-Brown site.

The study is being conducted in collaboration with the Swedish BIOFINDER Study based at Lund University under the leadership of **OSKAR HANSSON, MD, PhD**. BIOFINDER, which stands for BIOMarkers For Identifying Neurodegenerative Disorders Early and Reliably, collaborates with leading scientists, universities, and companies worldwide to discover key pathological mechanisms in Alzheimer’s disease.

The BioFinder-Brown study is now enrolling approximately 200 participants of diverse ethnicities who are between the ages of 50 and 80 years old and perform normally and have no significant memory impairment. Four hundred participants will be enrolled in Sweden using the same protocol. Participation in the five-year study will involve procedures such as blood testing, memory, and thinking assessments, Magnetic Resonance Imaging (MRI) scans, Positron Emission Tomography (PET) scan, and Retinal (Eye) Imaging scans. Some procedures such as additional PET scans and learning about the individual risk for AD will be optional for interested individuals. ❖

Officials discuss fentanyl crisis to plan effective solutions to stop manufacturing, trafficking & distribution

PROVIDENCE – U.S. Senator **JACK REED** recently joined Rhode Island Attorney General **PETER NERONHA**; Chief **SIDNEY WORDELL** of the Rhode Island Police Chiefs' Association; and leading experts and researchers at the Brown University School of Public Health, including deputy dean **DR. MEGAN L. RANNEY**, to discuss efforts to combat the crisis and urge strategic, coordinated, urgent action at every level of government to help save lives and prevent these illicit drugs from plaguing communities.

During the discussion, Brown researchers pointed out that a drug used to put animals to sleep is being linked to deadly overdoses in Rhode Island and other states. New research from the Brown University School of Public Health's testRI (Toxicological and Ethnographic Drug Surveillance Testing in Rhode Island) found 44 percent of its samples tested contained xylazine – commonly known by the street names “tranq” or “tranq dope.” It's an animal tranquilizer most often used in horses and cattle, and it's being mixed into street drugs.

Medications like naloxone, designed to reverse drug overdoses from opioids, don't work against xylazine. testRI's preliminary results, published in December, covered 90 different samples to analyze Rhode Island's local drug supply. The study also found high amounts of illicit fentanyl in many of the samples, showing more signs of concern for those who use stimulants like crystal meth and cocaine.

“This challenge is clear and urgent. Here at the Brown University School of Public Health, our faculty and researchers are forging new paths with new thinking and new approaches to reduce overdoses, reduce stigma, save lives, and promote recovery,” said Dr. Megan L. Ranney, Deputy Dean of Brown University School of Public Health.

According to the U.S. Centers for Disease Control and Prevention (CDC), illicitly manufactured fentanyl is available on the drug market in different forms, including liquid and powder.

The CDC reports that 107,375 people in the United States died of drug overdoses and drug poisonings in the 12-month period ending in January 2022, including 435 Rhode Island residents. The CDC says about two-thirds of those deaths involved synthetic opioids like fentanyl.

As illicit drug manufacturers and traffickers develop evolving methods to flood communities with poison, Senator Reed says the federal government needs to step up and evolve its response, education, outreach, and enforcement strategies.

Reed, the Chairman of the Senate Armed Services Committee

and a senior member of the Appropriations Committee, helped include several provisions in the newly signed 2023 National Defense Authorization Act (NDAA) an omnibus appropriations law to keep fentanyl off our streets, crack down on drug traffickers, and help prevent fentanyl-related overdoses.

“This is a crisis that is trending in the wrong direction and the federal government needs to step up and be a reliable partner,” said Senator Reed, noting a pair of provisions in the NDAA law designed to help crack down on fentanyl traffickers:

The Fighting Emerging Narcotics Through Additional Nations to Yield Lasting (FENTANYL) Results Act, which directs the U.S. State Department to build foreign law enforcement capacity to detect synthetic drugs and carry out an international exchange program for drug demand reduction experts.

The Protecting America's Borders Against Fentanyl Act, which requires that the U.S. Department of Homeland Security (DHS) work with other agencies to research additional technologies to target and detect illicit fentanyl, including the chemicals used to make it. The provision also requires the Office of National Drug Control Policy to develop strategies to effectively evaluate region-specific goals to interdict drug trafficking.

Additionally, the omnibus appropriations law Reed supported will boost funding for the CDC to support community-based overdose prevention activities. Overall, the law provides \$4.9 billion to address opioid abuse, an increase of over \$345 million above fiscal year 2022 levels. This funding includes: nearly \$1.6 billion to states to address the opioid epidemic through the State Opioid Response Grant program; a \$100 million increase for the Substance Abuse Prevention and Treatment Block Grant; \$111 million for medication assisted treatment; \$505 million for opioid overdose surveillance and prevention at CDC; and \$80 million to address the needs of children affected by the opioid crisis.

The law also extends the emergency scheduling of fentanyl analogues through December 31, 2024. This extension of the classification of fentanyl as a Schedule 1 substance enables law enforcement to prosecute criminals who make and distribute the drug.

“The Biden Administration is surging more resources to help combat the fentanyl crisis and prevent overdoses. We've got to be smart and strategic. We can't just hand out naloxone kits and call it a day. We've got to get at the root causes of this crisis, strengthen education, outreach, and enforcement, and go hard after the people who are profiting from poisoning our communities,” said Reed. ❖

RI leaders, coalition commemorate 50th anniversary of Roe v. Wade

Call for the passage of the Equality in Abortion Coverage Act (EACA)

PROVIDENCE – On January 24th, Governor **DAN MCKEE** along with Lieutenant Governor **SABINA MATOS**, Secretary of State **GREGG M. AMORE**, General Treasurer **JAMES DIOSSA** and legislative leaders joined the Rhode Island Coalition for Reproductive Freedom to mark the 50th anniversary of the Roe v. Wade Supreme Court decision and made the case for why it is time for the General Assembly to pass the Equality in Abortion Coverage Protection Act (EACA) at an event held at the State House.

The EACA will add coverage of abortion to Rhode Island's state Medicaid program, which covers over 315,000 Rhode Island residents, and eliminate harmful laws that prevent people enrolled in Medicaid and more than 17,000 state employees (and their dependents) from using their insurance to cover abortion. Passing the EACA would impact nearly 80,000 people covered by Medicaid and 6,500 state employees who are of reproductive age.

Governor Dan McKee stated, "After Roe was overturned, Rhode Island stepped up. We added more protections for patients and providers – and now it's time to step up again. We included the Equality in Abortion Coverage Act in our FY24 budget to increase access to critical reproductive services for those who need it. Let's get the EACA passed this session, I'm ready to sign it into law."

Lieutenant Governor Sabina Matos said, "As states across the nation peel back our hard-won right to choose, Rhode Island must lead by example and reckon with our own outdated laws around abortion. The RI Ready budget includes the funding necessary to pass the EACA and dismantle barriers to reproductive health care. This is our year – let's get it done."

Several members of the General Assembly leadership also expressed their support for passing the EACA, including the bill sponsors in both the House and the Senate. House Majority Whip **KATHERINE KAZARIAN** (District 63) said, "I am grateful that we have codified into Rhode Island state law that protections



that were once guaranteed under Roe v. Wade. However, rights are only as meaningful as they are accessible. Unless an individual is able to pay the costs out of pocket or is on private insurance, these essential healthcare services are still out of reach for too many Rhode Islanders. That's why I was proud to introduce the Equality in Abortion Coverage Act (2023-H 5006) this year along with 42 co-sponsors. This critical policy will provide total equality for everyone in Rhode Island who needs reproductive health services access."

Senator **BRIDGET VALVERDE** (District 35) said, "For the fourth year in a row, I introduced the Equality in Abortion Coverage Act (2023-S0032) because we have more work to do in Rhode Island to ensure all people are able to access the health care they need. People who rely on Medicaid or a state health plan are still prevented from using their health coverage to pay for abortion. That's wrong and we have a responsibility to end these discriminatory bans that overwhelmingly

affect low-income communities and people with disabilities."

Speaking on behalf of the Rhode Island Coalition for Reproductive Freedom, Chair **NICOLE JELLINEK** said that, "The overturning of Roe with last year's Dobbs decision, six months shy of its 50th anniversary, is not only a travesty for reproductive freedom everywhere, it is also a portent of what's to come. We must take action. In Rhode Island, we must use the momentum generated by this national outrage make all reproductive health care services, including abortion, available to those who seek them; we must ensure that private and public health care covers the full range of reproductive health care services. Our Coalition of 24 members will continue to work to protect and advance access to all reproductive health care through advocacy and legislative activism."

Other members of the coalition, including **DR. BETH CRONIN**, RI Section Chair of The American College of Obstetricians and Gynecologists (ACOG), spoke at the

event. Dr. Cronin said: “We are fortunate, living in Rhode Island, as abortion was codified into state law.” She added, however, “that the cost of an abortion without insurance coverage is significant,” and said “the average cost of an abortion, surgical or medical, at approximately 10 weeks of pregnancy is about \$650. In addition, patients often must pay out of pocket for additional non-medical costs, such as transportation and child care.”

Coalition member and Vice President of Public Policy, Advocacy, and Organizing for Planned Parenthood Votes! Rhode Island **GRETCHEN RAFFA** stated that, “While the anniversary marks a reminder of what we’ve lost, this is also a reminder that Roe was always the floor – not the ceiling. Roe never actually guaranteed that people could get an abortion. And as our General Assembly gets back to work this session we are excited to

work alongside our reproductive rights champions in the legislature and the administration and finally pass the Equality in Abortion Coverage Act, which we also know that two thirds of Rhode Island voters support and want. The fight for reproductive freedom will take all of us. Passing the EACA this year is a critical step towards a future where every individual’s personal decision about their pregnancy is respected and valued.” ❖

BCBSRI expands access to urgent and pediatric behavioral healthcare services

PROVIDENCE – Blue Cross & Blue Shield of Rhode Island (BCBSRI) has substantially expanded access to behavioral healthcare for its members in response to a critical shortage of mental health services in Rhode Island and across the country.

Thanks to its collaborative relationships with a comprehensive network of providers and health systems, BCBSRI has finalized agreements to enhance access for an array of behavioral health services, including pediatric and urgent appointments.

“We have to take action now, as we face a nationwide and statewide mental healthcare crisis,” said **ROSALY CUEVAS**, BCBSRI manager of behavioral health quality. “As we grapple with unprecedented demand for these services amid the ongoing pandemic, BCBSRI is expanding access to care when it’s most critical – when children and families urgently need professional help.”

The expanded access, which became effective in late 2022, is available at the following:

- **Providence Behavioral Health:** With locations in Providence and East Greenwich, this provider offers appointments for children, adolescents, and adults in urgent need of child psychiatry, adult psychiatry, or therapy. Staff is comprised of psychiatrists, psychiatric nurses, psychologists, social workers, mental health counselors and wellness practitioners. Appointments are available for BCBSRI commercial and Medicare members.
- **Rhode Island Center for Cognitive Behavioral Therapy (RICBT):** Urgent pediatric and adolescent appointments available through its Rapid Respond Program, with locations in East Providence, North Kingstown, Barrington, Lincoln, and Warwick. Staff includes psychologists, psychiatrists, psychiatric nurse practitioners, physician assistants, social workers, and mental health counselors.

Since 2019, BCBSRI has also collaborated with **JAMES ANDRIOTIS, MD**, of Child and Family Psychiatry Inc. dba LifeStance Health, to provide increased access to psychiatry services for children and adolescents. The practice provides urgent appointments for BCBSRI pediatric members in need of an evaluation with a child and adolescent psychiatrist.

Each of these three practices can provide urgent appointments for BCBSRI members.

Access to Butler Hospital’s HealthPath expanded

BCBSRI has also expanded access to HealthPath, an innovative program through Butler Hospital offering comprehensive behavioral health services. Previously available to BCBSRI commercial members, it is now also available to Medicare Advantage members.

HealthPath is designed to serve adults in Rhode Island, who have experienced one or more instances of greater than outpatient level of care in the last three years and could benefit from intensive, community-based, wrap-around services, care, and support. HealthPath provides individualized office, home, or community-based services depending on the patient’s identified needs. HealthPath offers access to psychiatric care, counseling, case management, health and wellness care, life skills support (including vocational and educational training), medication management, transportation to and from medical appointments as needed, flexible appointment dates and times as well as weekend and holiday emergency care.

HealthPath Connect offers members the same array of services as HealthPath but is intended for members who may need less intensive or less frequent services. HealthPath Connect also serves as a step-down from full HealthPath intervention for those who have completed full HealthPath, but still need additional support. ❖

Women and Infants Hospital, General Biomics form collaborative clinical agreement to study the role of the human microbiome in diseases of infants in the NICU

PROVIDENCE – Women and Infants Hospital (WIHRI) and General Biomics, Inc., recently announced a collaborative agreement to study the role of the human microbiome in diseases found in neonatal intensive care units (NICUs).

The study will be co-managed by **DR. GEORGE WEINSTOCK**, EVP & CSO of General Biomics, and **DR. JILL MARON**, Pediatrician-in-Chief at WIHRI and the William and Mary A. Oh/Anna Elsa Zopfi Professorship in Pediatrics for Perinatal Research, Warren Alpert Medical School of Brown University. Under the terms of the agreement, WIHRI will collect samples from NICU patients, which will be transferred to General Biomics for analysis, and develop novel tests to predict major maladies affecting neonates. General Biomics will fund the effort at WIHRI and obtain commercial rights to the output of the study.

General Biomics, located in the University of Connecticut Technology Incubator Program in Farmington, was founded in 2020 by Dr. Weinstock and **DR. YANJIAO ZHOU**, assistant professor at UConn Health researching human disease relations to the microbiome. The company's vision is to deliver multi-omic solutions to human health with information from the microbiome.

"The microbiome is a crucial key in our understanding of human disease. Our work showed many ties between the microbiome and disease," said Dr. Weinstock. "General Biomics is pleased to be able to collaborate with Dr. Maron and WIHRI. This joint project is an outstanding opportunity to move this toward clinical application, enabling us to develop novel, patentable tests, which will greatly reduce the costs of hospitalization and dramatically reduce the mortality and morbidity in these patients."

Dr. Maron, has, for the past sixteen years, been researching integrating innovative diagnostic platforms into newborn care. Specifically, she has explored salivary protein and gene expression in premature newborns to better understand development and infection risk in this vulnerable population. She also oversees a national multi-site trial for the integration of rapid genomic sequencing for critically ill neonates.

She is a member of the American Pediatric Society, the Pediatric Research Society, and the Perinatal Research Society. Dr. Maron is also the Co-Editor-in-Chief of *Clinical Therapeutics*, an international peer-reviewed journal that publishes emerging therapies and diagnostics across the field of medicine and is the current Chair of the Pregnancy & Neonatology Study Section of NIH and has been funded by NIH for her research since 2009. ❖