

W&I holds groundbreaking ceremony for Brown University Labor and Delivery Center

PROVIDENCE – Women & Infants Hospital broke ground on the Brown University Labor and Delivery Center at Women & Infants Hospital on May 10th. The event marked the first phase in the construction project to build the region’s preeminent labor & delivery center, along with the Women’s Health Research Institute.

Dimeo Construction Company has been selected to create the space, with an expected completion date of December 2024. The new unit will enhance birthing options, enlarge delivery rooms, and provide an equitable, state-of-the-art environment in which families can deliver their babies.

“I am so proud of our generous community whose continued philanthropic gifts have made this project a reality for local families. But we still need help. For decades, patients have turned to Women & Infants Hospital for high-quality care, especially in delivering their children safely into the world. But to care for future generations, it is imperative that we upgrade our facilities, so those who trust us to provide them with expert care receive the medically advanced environment they’ve come to expect and deserve from Women & Infants Hospital,” said **SHANNON SULLIVAN**, W&I president and COO.



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Plans for the new Brown University Labor & Delivery Center include larger rooms to accommodate a greater variety of birthing practices. And, the Women’s Health Research Institute will tackle important projects including much-needed health equity research. Ultimately, the new unit will help meet Women & Infants Hospital’s goal of eliminating disparities of care, as well as elevate every mother’s birthing experience.



Outside rendering of the new center. The project will be comprised of a three-story addition including 20 labor and delivery rooms, as well as nurses’ stations, a staff lounge, a locker room, and management offices.



A model of the new labor and delivery rooms. [PHOTOS COURTESY OF WOMEN & INFANTS HOSPITAL]

During the event, Brown University President **CHRISTINA H. PAXSON** said, “What we’re doing here matters for Rhode Island families. It matters because improved resources for clinicians and care providers translates into excellent patient and medical outcomes. And it means a more personalized birth experience for the families who come here, which is really important.”

Gov. **DANIEL MCKEE** called it a key step toward creating 21st century health care and investing in the future of Rhode Island. “This state-of-the-art facility will provide many new, good-paying job opportunities right here in our state, while contributing to a healthier Rhode Island.” ❖

Researchers at Brown, NYU Langone, will measure impact of overdose prevention centers

NEW YORK CITY & PROVIDENCE – NYU Langone Health and Brown University's School of Public Health today announced a grant award from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), to conduct research to measure the impact of some of the first publicly recognized overdose prevention centers (OPCs) in the United States, located in New York City and Providence, Rhode Island.

As part of this first-of-its kind research project, the interdisciplinary team of researchers will conduct a rigorous and comprehensive evaluation of the first publicly recognized OPCs in the country: two sites in New York City and one site that will open in Providence in 2024. The study seeks to enroll 1,000 participants in both New York and Providence over the age of 18 who already use drugs and have visited an OPC or other site providing harm reduction services.

According to the Centers for Disease Control and Prevention, more than 106,000 Americans died from drug overdoses in 2021 – the highest number in recorded history, reflecting a rate that has doubled since 2015. There are more than 200 overdose prevention centers in 14 countries globally, and international research shows they are associated with fewer overdoses, reductions in emergency department visits, increased access to addiction treatment, and improved public order.

There is an urgent need for data to determine the impact of overdose prevention centers in the United States, which has distinct healthcare delivery systems, social policies, and policing practices. The current U.S. overdose crisis is driven largely by fentanyl, a synthetic opioid up to 50 times more potent than heroin. Fentanyl is involved in about two-thirds of all U.S. overdoses.

“We have an unprecedented opportunity to study the first publicly recognized overdose prevention centers in the country across two different states, as well as the impact on the communities in which they operate,” said **MAGDALENA CERDÁ, DrPH**, professor in the Department of Population Health at NYU Langone, director of its Center for Opioid Epidemiology and Policy, and one of the study's two lead investigators. “This research is urgently needed to inform policies that can best support public health, as more jurisdictions across the country consider implementing OPCs.”

“The overdose crisis has touched every community across America. From coast to coast and across age, gender, and race/ethnicity – people are dying,” said **BRANDON D.L. MARSHALL, PhD**, professor of epidemiology at the Brown University School of Public Health and the founding director of the People, Place & Health Collective at Brown University. “This groundbreaking study will help us determine whether and how OPCs are an effective public health tool as part of a more compassionate, evidence-based response to this crisis in the U.S.”

From 2023 to 2027, a multidisciplinary team of researchers will conduct a multi-method, individual- and community-level

evaluation of OPCs in New York City and Rhode Island. They will do the following:

- investigate whether enrolled participants who visit OPCs experience lower rates of fatal or nonfatal overdoses, drug-related health problems, and emergency department visits, and whether they are more likely to enter treatment for substance use disorders compared to people who use drugs but do not visit OPCs
- examine the community impact of OPCs by assessing whether neighborhoods surrounding OPCs experience a greater change in overdoses, public disorder such as drug-related litter, arrests and noise complaints, and economic activity compared to similar neighborhood blocks that do not have an OPC
- estimate the operational costs of OPCs and the potential cost savings to the healthcare and criminal justice systems associated with OPC use

No funds from the National Institutes of Health will be used to support the operation of overdose prevention centers. Grantees at NYU Langone and Brown will study the impact of sites already in operation to elucidate the study aims.

The study will involve repeated assessments over 4 years of the 1,000 study participants, with half from New York City sites and half from Providence, as well as qualitative and ethnographic methods and cost-effectiveness analysis.

“Overdose prevention centers have saved lives over the past year,” said **ASHWIN VASAN, MD, PhD**, commissioner of the New York City Department of Health and Mental Hygiene. “Their operation in New York City also offers a unique opportunity in the years ahead to learn about their clients, the services offered, and their wider impact on the communities served. We look forward to partnering with NYU Langone, OnPoint, and the State of Rhode Island on a robust, long-term study. The findings, when they're ready, could have national implications as we all fight the rising tide of overdose deaths in the U.S. In the meantime, we will proudly continue to work with our partners at OnPoint, as they bring lifesaving resources to New Yorkers.”

“We are so proud of the work we are doing in the first two overdose prevention centers in the U.S., and we look forward to providing access to the teams at NYU Langone and Brown to rigorously evaluate our services and related outcomes,” said **SAM RIVERA**, executive director of OnPoint. OnPoint and Project Weber/RENEW are operating the OPCs in each jurisdiction but will not receive NIH funding as part of this study.

This study will be a part of the NIH Harm Reduction Research Network, which was established in 2022 to test harm reduction strategies in different community settings to inform efforts to help save lives.

Funding for the study was provided by the National Institute on Drug Abuse, part of the National Institutes of Health, under grant number R01DA058277. ❖

New data show health care spending in Rhode Island rebounded in 2021 after pandemic-driven declines

Office of the Health Insurance Commissioner's findings underscore need to remain vigilant about state health spending

CRANSTON – Overall health care spending in Rhode Island rebounded in 2021 following an increase in utilization of health care services that were delayed or canceled in 2020 at the height of the COVID-19 pandemic, according to new data from the Office of the Health Insurance Commissioner (OHIC). The data show that health care spending increased most significantly in the commercial market (9.7%) followed by Medicare (8.0%) during 2021 after a 2.9% decline in overall spending per person the year prior. On average, health care spending increased from \$7,887 to \$8,262 per person in the state.

Spending growth was driven by increased spending on hospital outpatient services (10.2%), professional physician services (7.9%), and other professional services (13.1%).

These findings come on the heels of research from the Health Care Cost Institute showing a 15% increase in health care spending nationwide for people with commercial health insurance in 2021. In addition to falling below the national average for spending growth, Rhode Island had lower commercial health care spending growth than other states with publicly available cost growth data, including Connecticut, Delaware, and Massachusetts.

“Rising health care spending in the commercial market erodes wage growth and places significant financial burdens on working Rhode Islanders,” said Acting Health Insurance Commissioner **CORY KING**. “With the costs of housing, utilities, and other necessities rising, it is imperative that we attain insight into the drivers of health care spending growth,” he continued. “This insight will guide policy to allocate our health care dollars more wisely so that we are able to make strategic investments in the health care workforce that are necessary to support the health and wellbeing of Rhode Islanders, while promoting affordability.”

The new health care spending data are collected through OHIC’s Health Spending Accountability and Transparency Program. OHIC will use the data to monitor the performance of the health care system and shape solutions to contain rising health care costs to promote more affordable, high-quality care for Rhode Islanders. In addition to the Health Spending Accountability and Transparency Program, OHIC convenes the Cost Trends Steering Committee, which is comprised of leaders from health care provider organizations, employers, academia, consumer advocates, and payers who are committed to producing more sustainable health care costs and improving the health care system more broadly.

The new OHIC analysis compares health care spending growth in 2021 to a “benchmark” that was determined in collaboration with health care leaders to keep increasing costs in check. The benchmark for health care spending growth in 2021 was 3.2 – equivalent to the long-term forecasted growth of Rhode Island’s economy. In 2021, commercial spending grew three times faster than the benchmark at a rate of 9.7%. ❖

AMA applauds FDA committee on recommending over-the-counter birth control

JACK RESNECK JR., MD
PRESIDENT, AMERICAN MEDICAL
ASSOCIATION

“The AMA strongly supports removing the prescription-access barrier to contraception by making oral contraceptives available over-the-counter. Given that access is one of the most cited reasons why patients do not use oral contraceptives, use them inconsistently, or discontinue use altogether, we are pleased that the Nonprescription Drugs Advisory Committee and the Obstetrics, Reproductive, and Urologic Drugs Advisory Committee voted unanimously today in support of allowing a progestin-only birth control pill to be available without a prescription.

“More than 60 years of safe and effective use of oral contraceptives have shown that the benefits of widespread, nonprescription availability far outweigh the limited risk associated with their use – with evidence showing that pregnancy poses much greater health risks. The data not only highlights the safety and efficacy of oral contraceptives, but also demonstrates that women are able to successfully use checklists to self-identify contraindications and determine whether they’re eligible and safe to use. While it is important for patients to have ongoing relationships with their physician and stay up-to-date on appropriate screenings and treatments, those are not necessary before starting contraception.

“At this tumultuous time for reproductive health in the United States, allowing access to OTC oral contraceptives is a safe and necessary step that must be taken to ensure that all individuals are able to effectively limit unintended pregnancies, particularly those with limited access to health care options. We urge the FDA to act swiftly to approve over-the-counter access to oral contraceptives without an age restriction.” ❖

APA panel issues recommendations for adolescent social media use

Calls for social media literacy training, screening for 'problematic' online behaviors

WASHINGTON – A presidential panel of the American Psychological Association (APA) has issued recommendations for the use of social media by adolescents, noting that while these platforms can promote healthy socialization, their use should be preceded by training in social media literacy to ensure that youth have skills that will maximize the chances for balanced, safe and meaningful experiences.

“Social media is neither inherently harmful nor beneficial to our youth,” said APA President **THEMA BRYANT, PhD**. “But because young people mature at different rates, some are more vulnerable than others to the content and features on many social media platforms that science has demonstrated can influence healthy development.

“Just as we require young people to be trained in order to get a driver’s license, our youth need instruction in the safe and healthy use of social media.”

In an effort to provide guidance to educators, parents, policymakers, mental health and health practitioners, technology companies and youths themselves, Bryant formed an advisory panel to examine relevant scientific literature to formulate recommendations to ensure that adolescents develop healthy social media practices. The result is the American Psychological Association Health Advisory on Social Media Use in Adolescence, which contains 10 recommendations.

The report also recommends psychological competencies that youth should possess before using social media, plus periodic booster training to minimize the chances for harm and maximize the benefits that social media can provide.

The health advisory notes that not all findings apply equally to all youth. “Scientific findings offer one piece of information that can be used along with knowledge of specific youths’ strengths, weaknesses and context to make decisions that are tailored for each teen, family and community,” it says. “Age-appropriate use of social media should be based on each adolescent’s level of maturity (e.g., self-regulation skills, intellectual development, comprehension of risks, and home environment).”

Among the report’s other recommendations:

- Tailor social media use, functionality and permissions to youths’ developmental capabilities; designs created for adults may not be appropriate for children.
- For younger kids, adults should monitor social media use, including discussing and coaching around social media content. This should be balanced with youths’ appropriate needs for privacy. Autonomy may increase gradually as kids age and gain more digital literacy skills.
- Minimize adolescents’ exposure to social media content that depicts illegal or psychologically maladaptive behavior, including content that instructs or encourages youth to engage

in self-harm or high-risk behaviors or those that encourage eating-disordered behavior (such as restrictive eating, purging or excessive exercise).

- Minimize adolescents’ exposure to online content that promotes discrimination, prejudice, hate or cyberbullying, especially directed toward groups targeted because of race, ethnicity, gender, sexual orientation, religion or disability status.
- Monitor adolescents for signs of problematic social media use that can impair their ability to engage in daily roles and routines and may present risk for more serious psychological harms over time.
- Limit social media use so as not to interfere with adolescents’ sleep or physical activity, as each is required for healthy brain and psychological development.
- Limit adolescents’ use of social media for primarily beauty- or appearance-related content.

The report is careful to note that, given the publicly available research, it is not possible to determine if social media is the cause of harmful impacts on youth. In addition, there have been relatively few studies conducted with youth from racial, ethnic, sexual, gender, socioeconomic or differently abled populations, and/or youth with chronic developmental or health conditions.

The report calls for “a substantial investment in research funding” and access to more data, including data from tech companies.

“We hope these recommendations will be helpful as we all try to keep pace with the rapidly shifting social media ecosystem,” said APA CEO **ARTHUR C. EVANS Jr, PhD**. “APA will continue to keep tabs on developments within the current and future platforms, with an eye toward safeguarding our youth and enabling them to benefit from the positive aspects of social media.”

These recommendations are based on psychological science and research from related disciplines at the time of the report’s writing (April 2023). Collectively, these studies were conducted with thousands of adolescents who completed standardized assessments of social, behavioral, psychological and/or neurological functioning, and reported (or were observed) engaging with specific social media functions or content.

The advisory panel was co-chaired by **MARY ANN MCCABE, PhD**, associate clinical professor of pediatrics at George Washington University School of Medicine and an APA Board member, and **MITCH PRINSTEIN, PhD**, APA’s chief science officer and the John Van Seters distinguished professor of psychology and neuroscience at the University of North Carolina at Chapel Hill. ❖

Alzheimer's drug studied at Butler Hospital's Memory and Aging Program shown to significantly slow cognitive and functional decline

Donanemab expected to be submitted soon for FDA approval

PROVIDENCE – Eli Lilly and Company announced on May 3 positive results of the TRAILBLAZER-ALZ 2 Phase 3 study showing that the investigational drug donanemab significantly slowed cognitive and functional decline in people with early symptomatic Alzheimer's disease (AD).

In a press release announcing the study findings, Eli Lilly reported that the study showed a 35% slowing of clinical and functional decline, and that 47% of participants on donanemab showed no decline on CDR-SB (a key measure of disease severity at one year), compared to 29% of participants on placebo. Participants also had a 40% less decline in the ability to perform activities of daily living at 18 months and a 39% lower risk of progressing to the next stage of disease compared to placebo.

"The TRAILBLAZER Phase 3 results represent a major advance in the treatment of AD," said **STEPHEN SALLOWAY, MD, MS**, founding director of the Memory and Aging Program and of Neurology at Butler Hospital and the Martin M. Zuckerman professor of Psychiatry and Human Behavior and professor of Neurology at the Warren Alpert Medical School of Brown University. Dr. Salloway was the principal investigator for the Phase 2 study of donanemab at Butler Hospital and was a co-author of the publication of that study in the *New England Journal of Medicine*.

Donanemab works by targeting the amyloid plaque build-up in the brain that is associated with the development of AD. The TRAILBLAZER Phase 3 study showed that, in addition to slowing cognitive and functional decline, donanemab produced significant reductions in brain amyloid plaque levels as early as 6

months after initiating treatment, with many patients reaching amyloid levels considered negative for pathology, as observed using amyloid positron emission tomography (PET) brain scans.

"The results of this study build on the positive results from previous studies, including the study of lecanemab which is currently under review for full approval from the FDA," Dr. Salloway said. "The TRAILBLAZER Phase 3 study also included important new innovations, such as using amyloid and tau PET scans to accurately identify individuals with early stages of the disease. It also implemented rules for stopping the medication once amyloid levels were considered negative for Alzheimer's based on PET findings."

Dr. Salloway says that taken together, these studies show that lowering amyloid plaque can improve quality of life for patients with early Alzheimer's disease. However, he notes that lowering amyloid plaque can also come with side effects, most notably temporary fluid shifts and swelling in the brain, called amyloid-related imaging abnormalities, or ARIA. ARIA is usually transient and without symptoms, but can be more serious or rarely, fatal.

Patients and families need to weigh the potential benefits of donanemab against the risks, and providers need to carefully monitor patients to safely manage this potential side effect. The Butler Memory and Aging Program is participating in ALZ-NET, a new network developed by the Alzheimer's Association and the American College of Radiology to help clinicians monitor the safety and efficacy of new disease-modifying medications for Alzheimer's such as donanemab. ❖

FDA approves first drug to treat agitation symptoms associated with Alzheimer's

WASHINGTON, DC – On May 11th, the U.S. Food and Drug Administration announced the supplemental approval of Rexulti (brexpiprazole) oral tablets for the treatment of agitation associated with dementia due to Alzheimer's disease. This is the first FDA-approved treatment option for this indication.

The effectiveness of Rexulti for the treatment of agitation associated with dementia due to Alzheimer's disease was determined through two 12-week, randomized, double-blind, placebo-controlled, fixed-dose studies. In these studies, patients were required to have a

probable diagnosis of Alzheimer's dementia; have a score between 5 to 22 on the Mini-Mental State Examination, a test that detects whether a person is experiencing cognitive impairment; and exhibit the type, frequency, and severity of agitation behaviors that require medication. Trial participants ranged between 51 to 90 years of age.

In the first study patients received 1 or 2 milligrams (mg) of Rexulti; in the second study patients received 2 or 3 mg of Rexulti. The primary efficacy endpoint in these two studies was the change from baseline in the Cohen-Mansfield

Agitation Inventory total (CMAI) score at week 12. CMAI is a survey tool that uses input from caregivers to rate the frequency of certain agitative behaviors in dementia patients on a scale from 1 to 7. In both studies, patients who received 2 mg or 3 mg of Rexulti showed statistically significant and clinically meaningful improvements in total CMAI scores compared to patients in the placebo group at week 12.

The recommended starting dosage for the treatment of agitation associated with dementia due to Alzheimer's disease is 0.5 mg taken once daily on days 1 to 7.

Patients should increase the dosage on days 8 through 14 to 1 mg once daily, and on day 15 to 2 mg once daily. The recommended target dose is 2 mg once daily. The dosage can be increased to the maximum recommended daily dosage of 3 mg once daily after at least 14 days, based on clinical response and tolerability.

The most common side effects among patients with agitation associated with dementia due to Alzheimer's disease include headache, dizziness, urinary tract infection, nasopharyngitis, and sleep disturbances (both somnolence and insomnia). Rexulti will retain the Boxed Warning for medications in this class that

elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.

The FDA granted this application Fast Track designation. The supplemental approval of Rexulti was granted to Otsuka Pharmaceutical Company Ltd., and Lundbeck Inc. ❖

Reed & Whitehouse secure grants for Newport Mental Health Center

NEWPORT – U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** recently joined officials at the Newport Mental Health Center (NMH) to commemorate Mental Health Awareness Month in May and deliver \$201,000 in federal funding to assist both youth and older adult residents with mental health needs and improve health outcomes.

According to the National Alliance on Mental Illness (NAMI), one in six American youth experience a mental health condition annually; with only half of them receiving treatment. And, according to data from the Centers for Disease Control and Prevention (CDC), suicide rates are highest among men 65 and older, a clear indication of unmet mental health needs in the older adult community.

Further, the COVID-19 pandemic exacerbated mental health challenges across age groups.

To help NMH address these challenges, Reed and Whitehouse secured a pair of federal earmarks to expand access to mental health services for younger and older residents:

- Senator Reed secured a \$100,000 earmark for the expansion of free mental health services delivered to youth and young adults in Newport County. Under the project, NMH will expand its services to at-risk youth by

enhancing its school and office-based treatment services and behavioral health interventions. NMH is adding specialized comprehensive mobile crisis services for 150 high-need students per year in four local school districts. The project will also expand emergency crisis services to children at risk of serious emotional disturbance.

- Senator Whitehouse secured a \$101,000 earmark for a project called Mental Health Care for Older Adults to Meet Growing Demand. NMH will use the federal funds to increase outreach activities to better identify and engage older adults with substance use and mental health issues, and to provide evidence-based, age-appropriate treatment to at-risk seniors at their home or in their community.

Senator Reed noted that the most recent data from the CDC Youth Risk Behavior report shows teens – especially girls – are experiencing shockingly high levels of depressive symptoms, suicidal thoughts, and mental health challenges. Nearly 1 in 3 high school girls reported in 2021 that they seriously considered suicide and nearly 60 percent of teenage girls reported feeling so persistently sad or hopeless almost every day for at least two weeks in a row during the previous year that they stopped regular activities.

In 2022, Reed and Whitehouse helped include \$3 billion for school and community-based mental health and trauma-informed care in the Bipartisan Safer Communities Act (P.L. 117-159), which President Biden signed into law. They also provided \$280 million in FY23 to help meet students' mental health needs, including federal grants allowing school districts across the country to hire approximately 5,400 mental health professionals and train approximately 5,500 more to build a diverse force of mental health care providers in schools.

"I want to thank Senators Reed and Whitehouse for championing the needs of people with mental health and substance use disorders. These funds provided to Newport Mental Health address two of the largest unmet needs for mental health services in Newport County, those of children and our older adults. These age groups are experiencing the fastest growing demand for our services," said NMH President & CEO **JAMIE LEHANE**.

In addition to the federal funding announced, Rhode Island is one of 15 states that was recently awarded a \$1 million, one-year planning grant to be considered among the final ten states that will be chosen in 2024 to participate in the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration program. ❖

Lifespan receives state licensure as approved nursing assistant training program

PROVIDENCE – Lifespan recently announced its nursing assistant school has been licensed by the Rhode Island Department of Health as an approved training program for nursing assistants. As a state-licensed school, Lifespan will provide both classroom and clinical instruction to nursing assistant students in a program that meets the Rhode Island Department of Health's training requirement for the nursing assistant license. The license significantly increases Lifespan's ability to prepare more individuals to serve in this critical health care role.

Through this program, Lifespan registered nurse educators will provide classroom instruction to nursing assistant students in addition to hospital-based clinical training on the practical application of nursing assistant duties, and lab instruction in the Lifespan Medical Simulation Center.

Unemployed and underemployed Rhode Islanders can apply to Lifespan's nursing assistant training program for free, through funding from the Papiitto Opportunity Connection. This support provides a mutual benefit of no-cost career pathways for underserved individuals and a diverse pipeline of talent for hard-to-fill roles at Lifespan.

Additional unique advantages of the Lifespan nursing assistant training program include:

- Free tuition, classroom supplies, and wrap around support (i.e., books, childcare, transportation)
- Convenient virtual classroom instruction
- Employment transition coordinator services to bridge internships to future employment
- Opportunity for employment at Lifespan hospitals for qualified graduates

Students will be trained in Lifespan values, processes and systems from the start, so eventual hires can hit the ground running and will be well prepared for success.

Lifespan is currently recruiting for the first class in July. Class sessions will be held four times per year. ❖

Westerly Hospital reaps benefits of solar system

WESTERLY – Westerly Hospital is tapping into electricity from a solar farm in Smithfield.

Located an hour north of the hospital, a 28,000 ground-mounted solar panel farm is generating power for the hospital, resulting in annual savings of more than \$400,000 through virtual net metering. The solar farm, operated by Kearsarge Energy, generates bill credits for every kilowatt-hour of energy produced. These credits are applied to Westerly Hospital's electricity accounts with Rhode Island Energy.



[PHOTO COURTESY OF YALE NEW HAVEN HEALTH]

"Participating in a community solar program enables us to be good stewards of our financial resources while also contributing to the growth of clean energy in Rhode Island," said **PATRICK GREEN**, president and CEO of Westerly Hospital, part of the Yale New Haven Health System.

Westerly Hospital is the first hospital to subscribe to Kearsarge Energy's newest solar farm project which will generate more than 14 million KWH annually. The hospital is also the first Yale New Haven Health facility to benefit from solar energy. The commitment to renewable energy sources at Westerly hospital follows on the heels of Lawrence + Memorial Hospital's installation of fuel cells on the hospital property last year.

According to the Rhode Island Office of Energy Resources, Virtual Net Metering allows eligible customers to connect their electric load regardless of whether the renewable system is located on the customers properties. Eligible Virtual Net Metering customers include state agencies, quasi-state agencies, municipalities, public housing authorities, public schools, private schools, non-profits, federal government and hospitals.

The emissions, air pollutants and water reductions are equivalent to greenhouse gas emissions from 2,264 passenger cars driven for one year, CO₂ emissions from 1,182,320 gallons of gasoline consumed and carbon sequestered by 12,435 acres of forest in one year. ❖