

RI AG, RIDOH halt proposed purchase of Prospect's CharterCARE and Centurion Foundation

PROVIDENCE – A proposed purchase of CharterCARE Health Partners by the Atlanta-based Centurion Foundation was halted by Rhode Island Attorney General **PETER F. NERONHA** and the Rhode Island Department of Health on May 31.

Last year, Centurion and Prospect signed an Asset Purchase Agreement (APA) for Centurion to acquire the CharterCARE Health Partners (CharterCARE) system from Prospect. The APA includes CharterCARE's related businesses, real estate assets, physician clinic operations and outpatient services:

- Roger Williams Medical Center in Providence, RI
- Our Lady of Fatima Hospital in North Providence, RI
- Blackstone Valley Surgicare in Johnston, RI
- CharterCARE Medical Associates in Providence, RI
- CharterCARE Home Health Services in Providence, RI

- Roger Williams Cancer Center in Providence, RI
- Southern New England Rehabilitation Center in North Providence, RI
- St. Joseph Health Center in Providence, RI

The Attorney General and the Rhode Island Department of Health, the two state regulators empowered to oversee hospital conversions in Rhode Island, issued the following statement regarding the status of an initial submission by Prospect Medical Holdings and The Centurion Foundation to state regulators pursuant to the Hospital Conversions Act (HCA). This submission was related to a proposed transaction involving CharterCARE.

"Following review of a submission from Prospect Medical Holdings and The Centurion Foundation delivered on May 26, 2023, regarding a proposed hospital conversion, the Attorney General and the Department of Health determined that the materials submitted do not constitute

an Initial Application as required under the Hospital Conversions Act. The materials do not respond to the most recent, publicly available application form and do not include responses to transaction-specific questions.

The parties have been given notice by the Attorney General and the Department of Health that the submitted materials do not constitute an Initial Application. Under the HCA, transacting parties seeking the transfer of ownership of a hospital must complete an Initial Application and file it with both the Office of the Attorney General and the Rhode Island Department of Health, who will determine whether the application is complete. Once the application is deemed complete, the Attorney General and the Rhode Island Department of Health will then initiate a review and issue a decision on the application for transfer of ownership as to whether all statutory criteria are met and the public's interest is protected." ❖

Department of Veterans Affairs awards \$6.2M to VA Providence for Neurological Research to advance Veterans Health

PROVIDENCE – The Department of Veterans Affairs has approved a grant of \$6.2 million, effective June 1, 2023, for the VA Providence Healthcare System to support a full range of translational research, from understanding basic mechanisms of nervous system function to developing and implementing novel treatments for complex neurological and mental health disorders.

The funding supports the VA Rehabilitation Research and Development Service (RR&D) Center for Neurorestoration and Neurotechnology (CfNN) located at VA Providence Healthcare System. The funding represents the 2nd renewal for CfNN, which was first funded in 2012.

CfNN is one of 12 centers funded by VA RR&D dedicated to advancing Veterans Health through neuroengineering and clinical neurorehabilitation research. CfNN's vision is to improve the physical function, mental health and functioning, and quality of life of Veterans. Since 2012, CfNN has facilitated deeply collaborative research between its scientists, VA Providence and other RR&D Center researchers, and CfNN's university and hospital affiliates.

"The multidisciplinary cutting-edge research done by investigators at CfNN has the potential to dramatically improve the lives of our Veterans suffering from neurological and mental health disorders and disabilities. With this renewal, our research team at VA Providence will continue in their endeavor bring novel device-based therapies from research labs to the clinic," said **GAURAV CHOUDHARY, MD**, Associate Chief of Staff (Research) at VA Providence.

CfNN is led by **LEIGH R. HOCHBERG, MD, PhD**, who is a neurologist at the VA, the L. Herbert Ballou University Professor of Engineering and Professor of Brain Science at Brown University, and director of the Center for Neurotechnology and Neurorecovery at Massachusetts General Hospital. He was the recipient of the 2022 VA Paul B. Magnuson Award, the highest research award in VA RR&D. "Restoring communication, mobility, mental health, and limb and sensory function are key priorities for Veterans Health. We are thrilled to have the opportunity to continue our research to develop new neurotechnology-based therapies to improve the health and function

of Veterans with neurologic or mental health disorders, and to help recruit and advance the next generation of neurorestoration researchers," said Dr. Hochberg.

BENJAMIN GREENBERG, MD, PhD, CfNN's Associate Director and Professor of Psychiatry and Human Behavior at Brown, said, "This is an incredibly exciting time for making real differences in brain and behavioral disorders for Veterans. We are getting better at understanding how functioning in circuits

in the brain give rise to mental health or neurologic disorders. And advances in technology promise to allow us to engage those brain pathways to relieve suffering and improve the lives of Veterans with these illnesses. We're honored to be able to continue CfNN's work to support our nation's Veterans and others with neurologic disease or injury."

For more information about the center, please see centerforneuro.org ❖

Driving to Clean Air: New report reveals that a move to zero-emission vehicles would save 288 Rhode Island lives

American Lung Association releases report detailing benefits of transition to zero-emission passenger vehicles and electricity

PROVIDENCE – A nationwide transition to clean, zero-emission passenger vehicles would have a dramatic impact on the air quality and health of Americans, according to a new report by the American Lung Association. The report, titled "Driving to Clean Air: Health Benefits of Zero-Emission Cars and Electricity," highlights that a widespread transition to zero-emission passenger vehicles and electricity would result in up to 288 fewer deaths and \$3.2B in public health benefits across Rhode Island by 2050.

As federal and state policymakers consider new vehicle standards, the Lung Association's new "Driving to Clean Air" report illustrates the potential health benefits if all new passenger vehicles sold are zero-emission by 2035. The report also projects that the nation's electric grid will be powered by clean, non-combustion renewable energy replacing fossil fuels by 2035.

Nationally, a widespread transition to electric passenger vehicles, including cars, SUVs and light pickup trucks, would result in up to 89,300 fewer premature deaths and \$978 billion in health benefits from 2020 to 2050. Here in Rhode Island,

the transition would generate \$3.2B in public health benefits and result in up to:

- 288 avoided deaths
- 5,430 avoided asthma attacks
- 29,400 avoided lost workdays

Rhode Island has already taken important steps towards a cleaner transportation sector, including recent proposals to adopt zero-emission trucking standards and updated zero-emission vehicle standards for passenger cars. By moving to adopt the Advanced Clean Cars II program, Rhode Island can join a growing list of states improving health locally through increasing zero-emission vehicle sales into the next decade. This program has the strong support of the American Lung Association as a key air pollution control measure. Nationally, the U.S. Environmental Protection Agency (EPA) recently rereleased a proposed rule that would create stricter emissions standards for cars and could make two-thirds of new passenger vehicles zero-emission by 2032. The EPA is currently taking comments on this proposed rule.

"Too many people across Rhode Island are impacted by the pollution caused by

the transportation sector, including our children, grandparents and loved ones living with asthma, chronic obstructive pulmonary disease and lung cancer," said **DANIEL FITZGERALD**, Director of Advocacy at the American Lung Association. "We urge our state leaders to take action today to invest in the transition to zero-emission vehicles, which will improve our air quality and health."

The transportation sector is a leading source of air pollution and the nation's biggest source of carbon pollution that drives climate change and associated public health harms. According to the 2023 "State of the Air" report, approximately 120 million people in the U.S. live in areas with unhealthy levels of air pollution. Low-income communities and many communities of color too often bear disproportionate burdens from air pollution broadly, and transportation pollution, specifically.

This new report that focuses on passenger vehicles stems from the more comprehensive March 2022 American Lung Association "Zeroing In On Healthy Air" report.

Learn more and see the full report at Lung.org/EV. ❖

Equality in Abortion Coverage Act enacted

STATEHOUSE—The Equality in Abortion Coverage Act has been signed into law. Sponsored by Sen. **BRIDGET VALVERDE** and House Majority Whip **KATHERINE S. KAZARIAN**, the EACA will provide insurance coverage for abortion care to individuals on Medicaid as well as state employees.

The House, which passed its version of the bill April 27 on a 49-24 vote, gave the identical Senate version its approval following the Senate vote. The legislation was submitted immediately to Gov. **DANIEL MCKEE**, who signed it into law.

The legislation (2023-S 0032, 2023-H 5006) eliminates sections of law that expressly prohibit the state's Medicaid programs and all health insurance provided to state employees from covering any abortion, except in cases of rape or incest or when completion of the pregnancy would be life-threatening.

Those prohibitions, up to now, have left Medicaid enrollees and state employees to pay the full cost of abortion procedures out of pocket. Roughly one-quarter of Rhode Islanders are covered by Medicaid, and another 30,000 are covered by state employee plans. Since Medicaid is for individuals who have low incomes or are disabled, supporters have argued that the ban is discriminatory and forces struggling people to have to choose between getting the procedure and food, rent and other necessities.

The bill adds Rhode Island to the ranks of 16 states, including Massachusetts, Connecticut, Vermont and Maine, whose Medicaid programs cover abortion. In compliance with the federal Hyde Amendment, which prohibits federal funding of abortion services, the EACA adds language to state law that specifies that no federal funds shall be used to pay for them, except as authorized under federal law.

"We are grateful to bill sponsor Senator Valverde, Senate Judiciary Chair Euer and the members of the Senate for affirming the need for all Rhode Islanders to have access to abortion services, and voting in support of the Equality in Abortion Coverage Act. It has been too long that those in Medicaid and the State Employee Health Plan have been denied access to abortion care. We thank all the Senators who voted yes on the EACA, joining their House counterparts who supported passage of this bill last month. As parts of the United States enact ever-stricter restrictions on abortion, here in Rhode Island we stand strongly with reproductive freedom, and will work tirelessly to make care available to all," said **NICOLE JELLINEK**, chair of the Rhode Island Coalition for Reproductive Freedom.

Both the House and the Senate bill were cosponsored by a majority of the members of each chamber. Among the Senate cosponsors were Sens. **TIARA MACK** (D-Dist. 6, Providence), **V. SUSAN SOSNOWSKI** (D-Dist. 37, South Kingstown), **JONATHAN ACOSTA** (D-Dist. 16, Central Falls, Pawtucket), **MELISSA A. MURRAY** (D-Dist. 24, Woonsocket, North Smithfield), Majority Leader **RYAN W. PEARSON** (D-Dist. 19, Cumberland, Lincoln), Sens. **JOSHUA MILLER** (D-Dist. 28, Cranston, Providence), **DAWN EUER** (D-Dist. 13, Newport, Jamestown), **ALANA M. DIMARIO** (D-Dist. 36, North Kingstown, Narragansett, New Shoreham) and **VALARIE J. LAWSON** (D-Dist. 14, East Providence). ❖

Rhode Island launches online medical marijuana card registration system

PROVIDENCE – The Rhode Island Department of Health (RIDOH)'s new, user-friendly online registration system is now available for medical marijuana patients and authorized purchasers in Rhode Island. The prior system was entirely paper-based.

The web-based portal will shorten processing time and eliminate the need to fill out and mail paper documents.

The new system, known as the Rhode Island Cannabis Licensing Portal (see link below), lets existing card holders renew registrations, update personal information, and make necessary changes to their existing registration cards. New patients applying for a medical marijuana registration card will now apply through the Cannabis Licensing Portal as well. The RIDOH Cannabis Licensing Portal User Guide has step-by-step directions on how to use the online portal.

RIDOH's Medical Marijuana Program accepts, reviews, and approves patients and authorized purchaser applications and renewals. The portal may also be used by caregivers who have been selected by a card holding patient and approved by the Rhode Island Department of Business Regulation (DBR) to obtain their own marijuana registration card. Caregivers should visit the DBR Office of Cannabis Regulation for further information regarding their registration.

RIDOH will stop mailing registration reminders and renewal forms in the coming months. It is very important that patients create an account in the portal to be sure they get important messages and updates from RIDOH, including renewal reminders 60 days before the expiration date.

RIDOH approves or denies new applications and renewals within 35 days of receiving applications and all required documents. As a courtesy, RIDOH will email a renewal reminder 60 days prior to the expiration date on a patient's card if the patient has an email on file with RIDOH. ❖

National Kidney Registry removes disincentives to living donation, adds dependent care and home blood draws to Donor Shield

The National Kidney Registry (NKR) recently announced the expansion of its Donor Shield program for living kidney and liver donors to include reimbursement for dependent care costs (for children or adult dependents of the donor) and free home blood draws for living donors. These enhancements will go into effect over the next 60 days.

The Donor Shield maximum reimbursement is \$17,000 per donor: up to \$12,000 for lost wage reimbursement and up to \$5,000 for travel and lodging reimbursement. Dependent care will fall under the travel and lodging portion of Donor Shield and will be subject to the \$5,000 cap. The maximum Donor Shield reimbursement is nearly three times higher than the government-sponsored program, which limits the maximum donor reimbursement to \$6,000.

“We are thrilled to add dependent care and home blood draws to the comprehensive protections and support already offered by Donor Shield,” said **MICHAEL LOLLO**, the National Kidney Registry’s Chief Strategy Officer and a living kidney donor. “With the addition of dependent care and the home blood draw service, Donor Shield has eliminated, to the maximum extent possible, all disincentives to living donation.”

“We utilize Donor Shield for all the living kidney donors, direct and kidney paired donation, at our center,” said **DR. KANDASWAMY**, Director of Kidney Transplant at the University of Minnesota, one of the largest users of Donor Shield. “Not only is it the right thing to do for donors that give the gift of life, but it also increases the number of potential donors because it eliminates barriers that would historically prevent someone from donating a kidney.”

About Donor Shield

Donor Shield (www.donor-shield.org) is the most comprehensive program in the world supporting and protecting living kidney donors. Donor Shield is backed by the National Kidney Registry, which is the largest paired exchange program in the world. All donors that participate in a National Kidney Registry swap, Kidney for Life direct donation or donate at a Donor Shield Direct Center are automatically enrolled in the Donor Shield program. ❖



RHODE ISLAND MEDICAL JOURNAL

RIMJ seeks social-media-savvy Board member

The Rhode Island Medical Journal (RIMJ) is seeking a social-media-savvy applicant to join its Editorial Board. Responsibilities include assisting in expanding RIMJ’s reach and visibility on social media platforms, reporting site analytics, and researching and reporting on other medical social media platforms to inform the Board.

Expected time commitment is flexible, at several hours a month, and attendance at quarterly board meetings held via Zoom. A volunteer position, it is open to health care professionals in the RI medical community, and students, residents, or fellows.

Interested candidates can contact **William Binder, MD**, editor-in-chief, and **Mary Korr**, managing editor, at:

william_binder@brown.edu
mkorr@rimed.org

Help your Patients Keep their Medicaid Coverage

Medicaid members will need to renew their eligibility with the State of Rhode Island to keep their health insurance.

You can help now by reminding your Medicaid patients to update their account information with their current address and phone number. Medicaid members can update their information by:

- Logging into their HealthSource RI account: <https://healthyrhode.ri.gov>
- Calling HealthSource RI at 1-855-840-4774 (TTY 711)

Thank you from all of us at Neighborhood for your commitment and partnership in ensuring Rhode Island families keep their health care coverage!



Neighborhood members can scan the QR code to update their address through our new e-form or visit www.nhpri.org



www.nhpri.org 1-800-459-6019 (TTY 711)

Senators Reed and Whitehouse celebrate groundbreaking of CODAC's Integrated Care Center

PROVIDENCE – United States Senators **JACK REED** and **SHELDON WHITEHOUSE** celebrated the groundbreaking of CODAC Behavioral Healthcare's new integrated care center in Providence on June 20th.

The Rhode Island senators joined CODAC President/CEO, **LINDA HURLEY**, for a conference on the future applications of the center, followed by a tour of the building with renderings demonstrating the exciting changes for effective health environments.

"This is a celebration, a groundbreaking of CODAC Behavioral Healthcare's new integrated care center," said Senator Reed. "In each of their several locations, CODAC serves over 3000 Rhode Islanders, at a time when there is a crisis in mental health, a crisis in addiction, a crisis that needs direct service, and that's what CODAC supplies. It does so with great compassion as well as great care."

CODAC will offer a complete range of services at its newest location, including primary care, psychiatric/mental health treatment, behavioral health treatment, and treatment for substance use and opioid use disorders.

Moreover, they will provide health home services, tobacco cessation programs, and career path development, incorporating the Hope Initiative through a dedicated suite for peer recovery support services.

"This is a first-class facility, this is a first-class operation," said Senator Whitehouse. "This is about providing services at a first-rate level to the people who need it."

Neighborhood Healthcare has been invited to establish a dedicated space within the integrated center, and there are ongoing conversations about including a small pharmacy to ensure that all aspects of comprehensive care are conveniently available



under one roof. The new center will also house the CODAC corporate headquarters and feature a welcoming community space.

Senators Reed and Whitehouse had a major role in securing federal funding for the new facility, delivering support of \$840,000 in addition to last year's contribution of \$750,000.

The state-of-the-art treatment center will open in late 2023, consolidating care services in one central location for the benefit of Rhode Island patients. ❖

New law will require no-cost EpiPen coverage

STATE HOUSE – A new law sponsored by Sen. Pamela J. Lauria and Rep. Michelle McGaw will require health insurers in Rhode Island to cover the full cost of life-saving epinephrine injectors, commonly known by the brand name EpiPen.

The legislation (2023-S 0575A, 2023-H 5176A), which was approved by the General Assembly June 16 and signed by Gov. Dan McKee June 22, is aimed at preventing costs from being an obstacle to those whose lives depend on the device, which is used to manage severe symptoms of an anaphylactic reaction such as throat swelling or difficulty breathing.

The new law will require private and nonprofit insurers and HMOs that provide prescription coverage to cover at least one twin pack per year of at least one type of epinephrine auto-injector and cartridges, without copayments or deductibles, for all policies issued or renewed after Jan. 1, 2025.

Mylan, the manufacturer of the brand-name Epi-Pen, raised its price by about 500 percent between 2009 and 2016, resulting in average prices of more than \$600 per twin pack today. Even patients with prescription coverage may be saddled with high cost-sharing rates for the drug.

In recent years, generic versions of the device have been developed, but they still cost \$300 or more per twin pack.

The single-use injectors expire 18 months from when they are manufactured, so patients need to purchase new ones frequently regardless of whether they are ever used. Patients also need to have one available at all times, so they may need to keep several at once. Many of those at risk for anaphylaxis are children, who may be exposed to their allergen at school or through other children. ❖



After leading federal COVID-19 response, Dr. Ashish Jha to resume role as dean of Brown's School of Public Health

PROVIDENCE [BROWN UNIVERSITY] – After spending 14 months on temporary leave to lead the U.S. government's COVID-19 pandemic response and recovery efforts, **ASHISH K. JHA, MD, MPH**, will return to lead the Brown University School of Public Health on July 1, as Interim

Dean Ronald Aubert continues his leadership through the close of Brown's academic and fiscal years before taking on the permanent role of senior associate dean of education at the school.

Jha said his return offers an opportunity to employ insights from the nation's pandemic response as educators across the school focus on training the next generation of public health leaders.

"We are in a world drastically altered by the COVID-19 pandemic," Jha said. "For all we have accomplished to reduce illness and save lives, COVID-19 has exposed the weaknesses in our public health and health care systems. I look forward to returning to Brown to continue our groundbreaking work transforming public health education, research and practice to convert these weaknesses to strengths." ❖

RIDOH providing resources for healthcare providers to support pregnant and postpartum patients, infants

PROVIDENCE – The Rhode Island Department of Health (RIDOH) is working to raise awareness and offer resources to healthcare providers around substance use conditions, particularly as they relate to pregnant and postpartum people and their babies and families. RIDOH wants to ensure that healthcare providers are aware of the impact that various substances can have on their pregnant or postpartum patients and have the resources to support them.

Annually in Rhode Island, at least 5% of the approximately 10,000 babies born are exposed to substances that may affect their biopsychosocial health, development, or behavior in the short and/or long term. Substances of exposure can include certain prescribed medications, illicit drugs, alcohol, cannabinoids, and tobacco.

Resources and supports

Parent Support Network of Rhode Island (PSNRI)

Through PSNRI's Healing Mother and Baby Program, pregnant people living with a substance use condition can call or text 401-318-9577 to speak with an English or Spanish-speaking peer recovery coach and access free, confidential help, and support.

RI MomsPRN

This is a free psychiatric telephone consultation resource for healthcare providers who treat pregnant and postpartum people. Healthcare providers can call 401-430-2800 or email RIMomsPRN@CareNE.org Monday through Friday, 8 a.m. to 4 p.m. to be connected to perinatal specialists in real-time.

Family Visiting Program

This program provides prenatal support and services for infants and toddlers, including connecting to other families and available resources. To learn more or get connected, people can call 401-222-5960.

Provider and Patient Education Materials

The following education materials can be ordered free of charge through RIDOH's Publication Center:

- **Provider guide** with background information, screening tools, and referral and supporting resources.
- **Brochures** for display in waiting and/or exam rooms for patients to take with them. Available in Cape Verdean, English, Portuguese, and Spanish.
- **Palm cards** for display in waiting and/or exam rooms for patients to take with them. Available in English and Spanish.
- **Posters** for display in waiting rooms, bathrooms, and each exam room. Available in English and Spanish.
- **Safe Sleep flyer** to help prenatal providers have conversations with their pregnant patients about ensuring safe sleep practices and environments. Available in English and Spanish through RIDOH's Parents & Caregivers Publication Center. ❖