

New AMA survey spotlights top priorities, challenges in 2026 state health policy

AMA announces new grant program to deliver impact in state advocacy efforts

CHICAGO — Physician organizations are preparing for a dynamic state legislative landscape this year with health policy changes poised to reshape coverage, oversight, care delivery, and public health across the health system, according to a new survey released today by the American Medical Association (AMA).

The AMA's survey of 64 medical societies, including all 50 state medical societies and the District of Columbia, spotlights the leading health care priorities and challenges set to define state-level legislative action in 2026. Top issues include scope of practice, Medicaid policy pressures, and physician workforce challenges.

"Across the country, physicians are bracing for a year of consequential policy decisions that will directly affect patient care," said AMA CEO and Executive Vice President **JOHN WHYTE, MD**. "This survey shows that state medical societies are united around protecting patient safety, strengthening Medicaid, and addressing a workforce crisis that is straining access to care. Through our new State Advocacy Accelerator Grant Program, the AMA is delivering targeted resources to help physicians drive real impact at the state level and advance smart, evidence-based policies that put patients first."

Top concerns

Scope of practice: The top concern among the polled physician organizations is scope of practice, cited by 89 percent of respondents. Many anticipate new legislation from non-physician groups seeking expanded independent practice and prescription authority, with physicians emphasizing the need to protect patient safety and the integrity of team-based care.

Medicaid: Medicaid remains another pressing policy focus, as 72 percent of respondents plan vigorous engagement in Medicaid-related legislation. Key priorities common among many include enhancing physician reimbursement, stabilizing program funding, simplifying administrative processes, and adapting to federally mandated community engagement requirements.

AMA 2025 report on substance use and treatment sees drop in overdose deaths, calls on policymakers to remove obstacles to evidence-based care

CHICAGO — The American Medical Association (AMA) today released its 2025 report on the nation's overdose epidemic, showing that while opioid-related overdose deaths declined last year, the epidemic remains widespread and increasingly complex, driven by mixing opioids and other substances and an unpredictable illicit drug supply.

Overdose deaths declined from more than 110,000 in 2023 to about 75,000 in

2024, yet there is a tremendous amount of work to be done to sustain and accelerate this progress. The report emphasizes the life-saving role of naloxone and calls on policymakers and others to remove treatment barriers for substance use disorder and pain care.

The report highlights several key trends:

- **Pain care:** Opioid prescriptions have decreased 52% since 2012, falling from

260.5 million to 125.7 million in 2024. Yet, many patients still face barriers to non-opioid pain treatments because of restrictive insurance coverage, leaving them in pain and with reduced function. The AMA advocates for individualized, patient-centered care that preserves physician discretion and expands access to the full menu of therapies.

- **Treatment for opioid use disorder:** Medications for opioid use disorder

(MOUD), such as buprenorphine and methadone, save lives but remain underused due to stigma, regulatory barriers and insurance restrictions. Buprenorphine prescriptions increased 83% over the past decade, though utilization has plateaued in recent years. The report highlights key local, state, and federal policies needed to expand access to MOUD and ensure timely treatment.

- **Naloxone:** Nearly 2 million naloxone prescriptions were dispensed in 2024, and expanded distribution from community-based organizations continues to prevent overdose deaths. The AMA supports over-the-counter access and broader distribution from emergency departments and community settings.

- **Emerging threats:** Polysubstance use increasingly involves stimulants, xylazine, kratom, tianeptine and inhalants. The prevalence of cannabis use disorder is also growing, with associated mental health and pregnancy-related risks. The AMA calls for additional research and targeted policies to mitigate further harm, such as strong marketing and advertising regulations to protect young people.

"While the data points to meaningful progress, it also shows the overdose epidemic is evolving in dangerous ways," said AMA President **BOBBY MUKKAMALA, MD.** "Illicitly manufactured fentanyl and polysubstance use continue to put patients at risk, while barriers to pain care and addiction treatment persist. Every

patient deserves timely, evidence-based care without stigma. State and national efforts must keep pace with the changing nature of this epidemic."

Over the past year, the AMA has worked to advance evidence-based policies to reduce overdose deaths, including efforts to eliminate prior authorization for MOUD, expand access to those medications, strengthen enforcement of parity laws for mental health and substance use coverage, and increase naloxone availability.

The AMA emphasizes that continued progress will require coordinated action among physicians, policymakers, insurers, and communities to remove barriers to care, respond rapidly to emerging threats, and save lives. ♦

RI awarded \$156M federal grant to transform rural health care

PROVIDENCE — Governor **DAN MCKEE** announced in late December that Rhode Island has been awarded over \$156 million in federal funding over five years to transform health care delivery in the state's 18 rural towns and provide critical support to local providers. The award follows a competitive federal application led by the McKee administration in partnership with state agencies, health care providers, and community stakeholders. The program will be over five years, and the announcement represents the first year of the award.

"This is a major win for Rhode Island," said Governor McKee. "My administration has secured \$156 million to expand access to care by investing in primary care, preventive services, and behavioral health, and by partnering with hospitals and local health providers to bring lower-cost care options closer to home. This funding allows us to strengthen the foundation of our health system, improve outcomes, and ensure Rhode Islanders can get the affordable, high-quality care they deserve."

As outlined in Rhode Island's approved Rural Health Transformation Program (RHTP) framework, the state will work closely with the Centers for Medicare & Medicaid Services (CMS) over the next 30 days to finalize the detailed budget and implementation plan. While that process continues, the core priorities of the award are clear and reflect the strategies advanced in the state's application.

More details on implementation and next steps will be released following final CMS approval of the state's budget and operational plan.

The application was developed through a coordinated effort within the McKee Administration led by the Executive Office of Health and Human Services (EOHHS) in partnership with the Department of Health (RIDOH)'s Office of Primary Care and Rural Health and multiple state agencies, with engagement from hospitals, primary care providers, behavioral health agencies, municipal leaders, and the Narragansett Indian Tribe. The process also incorporated extensive public input through a statewide rural health survey, which captured the experiences and priorities of rural residents and providers, along with a series of community listening sessions held across northern and southern Rhode Island and on Block Island.

"This funding gives Rhode Island a chance to strengthen our health system, rethink how rural care is delivered, modernize public health infrastructure, and improve recruitment, training, and retention in our healthcare workforce," said Director of Health **JERRY LARKIN, MD.** "I'm grateful for all the collaboration that went into Rhode Island's application, and I am looking forward to all the good that will come of this opportunity in the years to come." ♦

Researchers achieve the first minimally invasive coronary artery bypass

ATLANTA, GA [NATIONAL INSTITUTES OF HEALTH (NIH)] — In a world first, a team of researchers at the National Institutes of Health (NIH) and Emory School of Medicine, Atlanta, has successfully performed a coronary artery bypass without cutting the chest wall. The team employed a novel intervention to prevent the blockage of a vital coronary artery, which is a very rare but often lethal complication following a heart-valve replacement. The results suggest that, in the future, a less traumatic alternative to open-heart surgery could become widely available for those at risk of coronary artery obstruction.

“Achieving this required some out-of-the-box thinking but I believe we developed a highly practical solution,” said first author of the study **CHRISTOPHER BRUCE, MBChB**, an interventional cardiologist at WellSpan York Hospital and NIH’s National Heart, Lung, and Blood Institute (NHLBI), as well as an adjunct assistant professor of cardiology at Emory School of Medicine.

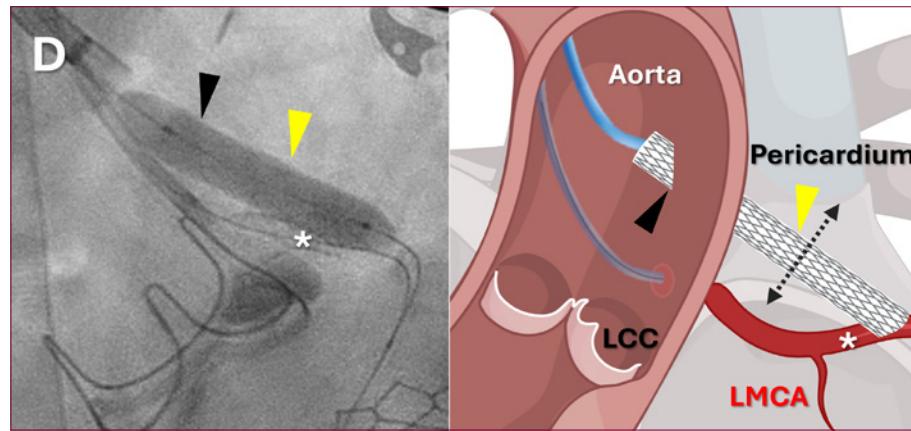
The patient was a 67-year-old man whose aortic valve had previously been replaced by a bioprosthetic, but, due to calcium build-up, the replacement now needed replacing. However, this patient’s unique anatomy placed the ostium, of his left coronary artery so close to the valve that its life-sustaining blood flow would likely become blocked during the standard valve replacement procedure.

“Our patient had an extensive history of prior interventions, vascular disease, and other confounders, which meant that open-heart surgery was completely off the table. Having a minimally invasive alternative in a case like this is paramount,” said **ADAM GREENBAUM, MD**, a senior author of the study and a physician at Emory School of Medicine.

Due to several anatomical quirks, the patient was also not a good candidate for existing minimally invasive solutions. Fortunately, Greenbaum and **VASILIS BABLIAROS, MD**, at Emory had recently begun developing a solution just for this kind of scenario.

“We thought, ‘why don’t we just move the ostium of the coronary artery out of the danger zone?’” Greenbaum said.

Bruce and **ROBERT LEDERMAN, MD**, who leads the Laboratory of Cardiovascular Intervention at NHLBI, joined the



A fluoroscopy image (left) and graphic representation (right) depict a stent graft (yellow arrowhead) being deployed, creating a new path for blood flow from the aorta (black arrowhead) to the left main coronary artery (asterisk). [BRUCE ET AL.¹]

Emory physicians to help turn their concept into a viable medical procedure, having used it successfully in animal models.

The procedure, called ventriculo-coronary transcatheter outward navigation and re-entry, or VECTOR, creates a new route for blood flow that is a safe distance away from the aortic valve. And rather than cracking open the chest to do it, the researchers use the body’s natural vascular circuitry to reach the heart, slipping catheters through vessels in the legs. While this mode of access is not new, what the study authors do with their tools once they get there is.

With VECTOR, the researchers pass a wire through the aorta and into the at-risk coronary artery. From there, they steer the wire deep into one of the artery’s branches, breaching the vessel into the right ventricle. There, they operate a separate catheter to ensnare that wire and then pull the wire’s end out through the femoral vein. Now a continuous line from aorta to vein, this wire enables loading of more sophisticated tools into the target artery.

The next goal of VECTOR is to produce a new ostium for the coronary bypass. They create one hole in the aorta downstream from the valve, out of range of potential blockage. The researchers make a second opening by piercing through the coronary artery wall using a special catheter, which is braced by an expandable mesh tube, called a stent. They pass two loose ends through each of the holes and then, as in the previous phase, tie them

together to create another bridge, this time tracing a safe path for the bypass.

Using this second wire, the team feeds a coronary bypass graft through the two new openings. Once deployed, the graft provides a new route for blood flow that is out of harm’s way.

Greenbaum and Babliaros at Emory, joined by Bruce, put these steps into practice in their patient.

Six months after the procedure, the patient showed no signs of coronary artery obstruction, meaning VECTOR’s first outing in a human proved to be a success. Further deployments in more patients are still necessary before VECTOR is used more widely, but the team is hopeful of continued success following this major step forward.

The authors suggest the new technique may also find some footing in treating coronary diseases more broadly, in cases where other approaches, such as stents, fail to keep arteries open.

“It was incredibly gratifying to see this project worked through, from concept to animal work to clinical translation, and rather quickly too. There aren’t many other places in the world that can move as quickly and successfully as we can at NIH in collaboration with our partners at Emory,” Bruce said. ♦

Reference

C Bruce, et al. Percutaneous aorto-coronary bypass graft to prevent coronary obstruction following TAVR: First human VECTOR procedure. *Circulation: Cardiovascular Interventions*. 2026. DOI: <https://doi.org/10.1161/CIRCINTERVENTIONS.125.01613>

University Orthopedics now offers advanced technology for precision in total knee replacement

EAST PROVIDENCE — University Orthopedics recently announced it is the first in the region to offer one of the most personalized approaches to joint restoration: the VELYS™ Robotic-Assisted Solution.

“By supporting a more natural balance and movement for joint replacement done in an ambulatory surgical center, this technology is a powerful tool that represents the next generation of personalized orthopedic care,” said **VALENTIN ANTOCI, MD, PhD**, orthopedic surgeon and director of Outpatient Adult Reconstruction at University Orthopedics. “The feedback from our patients has been overwhelmingly positive.”

The VELYS Robotic-Assisted Solution works alongside the ATTUNE™ Knee System, an innovative implant designed to help improve stability and reduce pain. The ATTUNE Knee supports better range of motion and helps prevent the unstable feeling some patients may experience



during everyday activities, such as bending and walking up and down stairs.

“Robotics gives us a level of consistency and accuracy, allowing us to individualize alignment and soft-tissue balance so patients can return to the active lifestyles they love with greater confidence,” said **THOMAS BARRETT, MD**, orthopedic surgeon at University Orthopedics.

“This system helps us deliver both accuracy and efficiency—two essentials for modern outpatient joint replacement,” said **MOUHANAD EL OTHMANI, MD**, orthopedic surgeon at University Orthopedics. “By combining robotics with enhanced recovery pathways, we’re seeing patients get back on their feet faster and with a more natural-feeling joint.” ♦

VELYS™ Robotic-Assisted Solution
[UNIVERSITY ORTHOPEDICS]

RIDOH, Infrastructure Bank awards grant to URI for manganese vulnerability study

PROVIDENCE — The Rhode Island Department of Health’s (RIDOH) Center for Drinking Water Quality, in coordination with Rhode Island Infrastructure Bank (RIIB), has awarded a \$199,856 Emerging Contaminants grant to the University of Rhode Island (URI) to conduct a statewide manganese vulnerability study.

The Manganese Vulnerability Study will evaluate manganese concentrations in drinking water within Rhode Island’s public water systems. In partnership with URI, RIDOH will analyze data from 169 systems statewide and collect approximately 1,400 water samples to identify areas with elevated manganese levels and fill existing data gaps. This comprehensive analysis will provide a clearer understanding of manganese occurrence and distribution throughout Rhode Island’s drinking water infrastructure.

“Work to ensure safe and healthy drinking water for all Rhode Islanders is a core focus for the Rhode Island

Department of Health,” said Director of Health **JEROME LARKIN, MD**. “This Manganese Vulnerability Study being conducted with our partners at the University of Rhode Island will help us better understand where communities may be at risk and how these contaminants move through drinking water systems. The findings will support our ongoing collaboration with the Rhode Island Department of Environmental Management and RIIB as we work to address and minimize the impacts of Emerging Contaminants, like manganese, in drinking water.”

“Recent research has highlighted potential health risks associated with elevated manganese levels and that is why we are pleased to award this Emerging Contaminants grant to URI to conduct a statewide assessment of manganese levels in public drinking water systems,” said Infrastructure Bank Executive Director **BILL FAZIOLI**. “Working in coordination with RIDOH, this study will provide

critical insight into the occurrence and distribution of manganese, support the development of advanced treatment strategies, and offer guidance to drinking water systems most impacted.”

“Manganese can be a challenging issue for water systems, particularly smaller systems with limited resources,” said URI Civil and Environmental Engineering Associate Professor **JOSEPH GOODWILL, PhD, PE**. “As Rhode Island’s university, URI has a responsibility to apply research and technical expertise to problems that directly affect our state, and this study will provide data and insights through a partnership with the Rhode Island Department of Health that will help communities better understand and manage manganese in their water.”

RIIB is the State’s central hub for financing infrastructure improvements for municipalities, businesses, and homeowners. ♦

Attorney General Neronha co-leads coalition in suing HHS for conditioning funding on transgender discriminatory policy

PROVIDENCE — Attorney General **PETER F. NERONHA** on January 13th co-led a coalition of 12 attorneys general in suing the U.S. Department of Health and Human Services (HHS) for unlawfully conditioning hundreds of billions of dollars in federal funding on states' agreement to discriminate against transgender people. Under a new HHS policy, recipients of federal health, education, and research funding must certify compliance with a presidential executive order that seeks to harm transgender people and impose rigid, unscientific definitions of sex.

"A year into this Administration and they continue to impose illegal conditions on federal funding; a colossal waste of time and resources on their part since we have yet to lose a case of this kind," said Attorney General Neronha. "A few issues are at play here. First, Congress has the power of the purse, not the President. It follows that discriminatory policies by the executive branch that attempt to condition funding and bully states into compliance are unlawful. Second, this new policy directly contradicts existing state law, in Rhode Island and elsewhere, which protects the rights of transgender people. This is yet another distraction from an Administration that would rather target marginalized groups than do anything to help the American people. It hasn't worked before and it won't work here."

This new HHS policy requires states, public universities, health agencies, hospitals, and other recipients of federal

funds to certify compliance with Title IX protections, which it characterizes as "including the requirements" of the President's executive order redefining sex in a way that excludes transgender people. HHS has made this certification a condition of funding across the agency and has warned that recipients could face termination of grants, repayment of funds, and even civil or criminal liability if they are found to be out of compliance. The policy not only applies to new grants, but also to existing funding, placing ongoing programs at immediate risk. At the same time, HHS has failed to clearly explain what compliance requires.

The attorneys general argue that HHS lacks the authority to impose these conditions and is unlawfully attempting to rewrite Title IX through executive action and agency policy. The lawsuit alleges that the policy violates the U.S. Constitution by overriding Congress' power of the purse, breaks federal law by attaching vague and retroactive conditions to funding, and violates the Administrative Procedure Act by imposing a major policy change without notice or explanation. The policy also contradicts decades of court opinions and settled federal guidance recognizing that Title IX protects people from discrimination based on gender identity.

The President's discriminatory executive order conflicts with laws in many states, including Rhode Island, that protect the rights of transgender individuals.

In Rhode Island, state law explicitly prohibits state agencies from discriminating on the basis of gender identity or expression (R.I. Gen. Laws § 28-5.1-7) and prohibits state hiring practices and state educational programs that discriminate on the basis of gender identity or expression (R.I. Gen. Laws §§ 28-5.1-4, 8).

This policy will have far-reaching consequences across healthcare and social services. Rhode Island receives billions of dollars in funding annually, a significant portion of which would be subject to the newly imposed gender conditions, and therefore at risk. Further, because these conditions are inconsistent with state law, Rhode Island state agencies would have to determine whether to reject the funding, to the detriment of the state, or to accept the funds at the risk of criminal action under the False Claims Act if the agencies do not comply with these certifications.

The coalition is asking the court to declare the policy unlawful and block HHS from enforcing it, allowing states to continue providing health care, education, and other essential services without being forced to discriminate.

Attorney General Neronha co-leads this lawsuit with Attorney General Rob Bonta of California, Attorney General Letitia James of New York, and Attorney General Dan Rayfield of Oregon, and is joined by the attorneys general of Colorado, Delaware, Illinois, Michigan, Minnesota, Nevada, Vermont, and Washington. ♦

Brown University Health Urgent Care and Walk-In Clinic opens in Barrington

BARRINGTON — Brown University Health announced the opening of a Brown University Health Urgent Care and Walk-In Clinic in Barrington. **JOHN FERNANDEZ**, President and CEO, Brown University Health, welcomed guests at a ribbon-cutting event recently at the facility, located at 236 County Road.



A ribbon-cutting ceremony was held recently at the new Brown University Health Urgent Care and Walk-In Clinic in Barrington on County Road. [BROWN UNIVERSITY HEALTH]

The new clinic serves patients of all ages, from 18 months old and up. The facility offers plenty of free, convenient parking. Like all Brown Urgent Care locations, it is open Monday through Friday from 8 a.m. to 8 p.m. and Saturday, Sunday, and some holidays from 8 a.m. to 6 p.m. All locations are closed New Year's Day, Thanksgiving, and Christmas.

"We're proud to expand Brown Health Urgent Care to Barrington," said **OLIVIER GHERARDI, DO**, medical director, Brown University Health Urgent Care. "The timing of our new location is excellent given the recent spike in cold and flu cases. Now residents of Barrington and nearby communities with minor illnesses or injuries have the advantage of walk-in care with a Brown Health provider, all year long."

Dr. Gherardi added, "Urgent care delivers quick treatment for unexpected health issues that aren't life-threatening."

In addition to colds and flu, Brown Health Urgent Care offers treatment for a variety of medical needs from animal bites to UTIs. Patients can also obtain X-rays, flu and tetanus shots, COVID testing, and sports physicals. An appointment is not required at any of Brown Health Urgent Care's locations. ♦

Care New England introduces new, shared brand

PROVIDENCE — Care New England recently announced the launch of a new shared brand identity designed to help patients, families, and the community more easily recognize and navigate locations and services. This updated brand reflects a shared system of care while preserving the individual names, identities, and trusted reputations of each operating unit within Care New England.

Women & Infants Hospital, Butler Hospital, Kent Hospital, the VNA Home Health & Hospice, The Providence Center, Anchor Recovery, Integra, and CNE Medical Group will continue to operate independently with their own leadership and workforce. Together, they will share key system resources that improve care delivery and the patient experience, including a single electronic health record, consolidated billing, and coordinated clinical and operational services.

The new logo will serve as a visual cue to patients and the community that Care New England—through all associated entities and operating units—can help them navigate healthcare by making it convenient and seamless to access the exceptional foundational care they need throughout their life's journey.

"Each of our operating units has earned the trust of Rhode Islanders and the greater community," said **DR. MICHAEL WAGNER**, president and CEO, Care New England Health System. "This brand brings that trust together under one shared symbol, showing our shared commitment to our patients."

The new brand will be rolled out across facilities, digital platforms, and patient materials over time. ♦



Bradley Hospital expands access to resources in newly redesigned website

EAST PROVIDENCE — Bradley Hospital announced the official launch of its newly redesigned website, www.bradleyhospital.org, marking an important milestone in the hospital's ongoing commitment to advancing child and adolescent mental health care.

As behavioral health challenges affecting children and adolescents continue to rise nationwide, families, clinicians, and educators can turn to Bradley Hospital for specialized care, expertise, and guidance. The new website is designed to make it easier than ever for those seeking help to connect with Bradley's nationally recognized programs, research, and clinical experts.

The enhanced website features:

- Comprehensive information about Bradley's clinical services, specialty programs, research initiatives, and expert clinicians
- New topic-based "content hubs" focused on key areas such as anxiety, depression, social media addiction, and eating disorders, enabling visitors to quickly find relevant, trusted information
- Expert-written blogs addressing current issues and advances in child and adolescent mental health
- A complete library of Mindcast podcast episodes

- Streamlined access to courses and professional training offered through The Bradley Learning Exchange

More than a digital upgrade, the new website reflects Bradley Hospital's shared commitment to children's mental health and to the families and professionals who rely on the hospital for care, education, and hope.

This commitment is also reflected in the hospital's most recent \$8 million federal grant from the National Institute of Health (NIH) in September 2025 to construct a new pediatric psychiatric research laboratory on its campus. Bradley Hospital currently hosts over 20 NIH-funded research projects, including the Pediatric Anxiety Research Center (PARC). ♦