NRMP releases results of the 2026 Main Residency Match for more than 38,000 future residents

WASHINGTON, DC — The National Resident Matching Program® (NRMP®) announced the results on March 20th of the 2026 Main Residency Match®, the largest in the organization's history, with over 53,000 applicants registered and more than 44,000 residency positions offered in over 6,800 program tracks across the United States. The 2026 Main Residency Match demonstrated continued strength in residency placement, with more than 93 percent of positions filled nationwide.

"Every year, we look forward to sharing Main Residency Match outcomes and celebrating the hard work and achievements of thousands of students and graduates from across the country and the world," said NRMP President and CEO **DONNA L. LAMB, DHSc, MBA, BSN**. "Match Day represents an extraordinary moment for future physicians, and we are proud to see the Main Residency Match welcoming more positions and securing more training opportunities for applicants as they take the next step in their medical careers and begin practicing in communities across the nation."

APPLICANT DATA AND TRENDS

Of the 53,373 applicants registered, 48,050 certified a rank order list ("active applicants"), representing an increase of 842 applicants (1.8 percent) over last year. Among active applicants, 38,354 matched to a post graduate year-1 ("PGY-1") position, an increase of 687 (1.8 percent) from 2025. Across both PGY-1 and PGY-2, the Match filled a total of 41,482 positions.

- U.S. MD seniors continue to represent the largest applicant group in 2026 with 20,934 active applicants, an increase of 566 from last year. Once again, U.S. MD seniors achieved a PGY-1 match rate of 93.5 percent, a rate that has held constant since the 2024 Match.
- U.S. DO seniors achieved their highest PGY-1 match rate on record. There were 8,503 active applicants, an increase of 111 over last year, with a PGY-1 match rate of 93.2 percent, an increase of 0.6 percent from 2025.
- U.S. citizen international medical graduates (IMGs) accounted for 4,210 active applicants in 2026, a decrease of 377 from 2025, while the PGY-1 match rate rose to 70 percent, the highest on record. The PGY-1 match rate for U.S. IMGs has trended upward since 2022, even as the number of active U.S. IMG applicants has declined over the same period.
- Non-U.S. citizen IMGs accounted for 11,944 active applicants, an increase of 479 from 2025, while the PGY-1 match rate declined to 56.4 percent, the lowest level observed in five years.

146 Brown medical students celebrate Match Day

PROVIDENCE [BROWN UNIVERSITY] — Medical students from Brown University's Class of 2026 who will earn their MDs in May gathered with their families and friends at the annual Match Day celebration held on March 20th.

With about 800 people scheduled to attend, the Warren Alpert Medical School celebration was held for the first time at Brown's Olney-Margolies Athletic Center. The crowd clinked champagne glasses in a toast shortly before noon, when 146 fourth-year medical students opened their red envelopes and learned where their residency training will begin.

Before the big moment, Dean of Medicine and Biological Sciences **MUKESH K. JAIN, MD**, recognized the students' hard work and saluted the families, friends and faculty who supported them through their studies. He also acknowledged the adversity students faced following the tragic Dec. 13, 2025, shooting on campus, and how it shook many community members.

"In the midst of grief, uncertainty and loss, you showed up," Dr. Jain said. "You showed up for your patients, you showed up for each other, and you carried yourself with compassion, steadiness and courage. Resilience matters—it says something important about who you are, and it has shaped you into the kind of doctors the world needs."

Twenty-two students in this year's class matched to residency programs in Rhode Island, and 56 will train in the primary care specialties of family medicine, pediatrics or internal medicine.

View the Match list here: https://medical.brown.edu/md-2026-match-list ❖

PROGRAM DATA AND TRENDS

The 2026 Main Residency Match included a total of 6,809 certified program tracks, an increase of 183 from the previous year. Of the 44,344 training positions offered, 93.5 percent (41,482) filled when the matching algorithm was processed.

Primary Care Specialties Maintain Strong Participation

Each year, the NRMP examines the outcomes of primary care specialties, including Internal Medicine, Internal Medicine-Pediatrics, Pediatrics, and Family Medicine. Primary care specialties continue to represent the largest share of positions in the Main Residency Match, with 20,712 positions offered this year, an increase of 412. Collectively, the specialties achieved a 92.1 percent fill rate, a decrease of 1.4 percent from 2025.

- **Internal Medicine** offered 11,632 categorical and primary positions—280 more than in 2025—and filled 11,078 positions, resulting in a 95.2 percent fill rate, a 1.6 percentage point decrease from last year.

- **Internal Medicine-Pediatrics** offered 404 positions—six more than in 2025—and achieved a 100 percent fill rate, a 0.8 percentage point increase from prior year.
- **Pediatrics** offered 3,185 positions this year—eight fewer than in 2025—and filled 3,006 positions, resulting in a 94.4 percent fill rate, a 0.9 percentage point decrease from last year.
- **Family Medicine** offered 5,491 positions in 2026—an increase of 134 from 2025—but the fill rate declined from 85.0 percent to 83.6 percent, leaving 899 positions unfilled; despite this decrease, the total number of applicants matching into the specialty increased compared with the prior year.

OTHER TRENDS OF INTEREST

Fluctuation in Emergency Medicine

In 2026, Emergency Medicine offered 3,198 positions, an increase of 130 positions compared with 2025, and achieved a fill rate of 95.6 percent. While the fill rate declined by 2.3 percentage points relative to the prior year, a total of 3,058 applicants matched into Emergency Medicine in 2026, representing a 1.8 percent increase in matched applicants. Following declines observed in the 2022 and 2023 Main Residency Match years during the COVID19 pandemic, fill rates in Emergency Medicine have been higher in subsequent Match cycles.

Strength in Psychiatry

Psychiatry offered 2,516 positions with a fill rate of 97.4 percent. The specialty added 30 programs, increasing available positions by 128 in the 2026 Main Residency Match. A total of 2,451 positions were filled, representing an increase of 71 filled positions compared with 2025; however, 65 positions remained unfilled, up from eight the prior year. Over the past five years, match rates for U.S. DO seniors and nonU.S. IMGs in Psychiatry have shown a steady upward trend, while match rates for U.S. MD seniors have varied over the same period. ❖

Clinical trial results support use of weekly extended-release buprenorphine for treatment of opioid use disorder during pregnancy

BETHESDA, MD — In a clinical trial supported by the National Institutes of Health (NIH), a research team found that administering weekly injectable extended-release buprenorphine for treatment of opioid use disorder (OUD) during pregnancy led to higher rates of abstinence from illicit opioids than buprenorphine given daily under the tongue (sublingual), one of the standard methods of treatment. Additionally, serious adverse events were less common in those receiving extended-release treatment. The findings, which support the use of this formulation of buprenorphine for treating OUD during pregnancy, were published in *JAMA Internal Medicine*.[1]

In the multicenter trial, 140 pregnant adults were randomized to receive either injectable extended-release or sublingual buprenorphine (with or without naloxone). The trial, supported by the NIDA Clinical Trials Network as part of the NIH Helping to End Addiction Long-term® Initiative (NIH HEAL Initiative®), was the first randomized trial testing extended-release buprenorphine for OUD in pregnancy and postpartum.

The researchers found that rates of illicit opioid abstinence during pregnancy, as measured by urine drug screens, were significantly higher for those receiving weekly extended-release buprenorphine and were non-inferior postpartum compared to participants receiving sublingual buprenorphine. While the percentage of participants experiencing non-serious maternal adverse events did not differ between the types of treatments, they were more commonly rated as medication-related in the extended-release group during pregnancy. Serious maternal adverse events were less common in the extended-release group throughout the trial. NOWS outcomes did not differ between the treatment groups.

"We knew that injectable extended-release buprenorphine leads to superior rates of illicit opioid abstinence in non-pregnant adults, but there had been no completed randomized clinical trial testing its use during pregnancy," said principal investigator and lead author **JOHN WINHUSEN, PhD**, professor of Psychiatry and Behavioral Neuroscience at the University of Cincinnati College of Medicine. "It is exciting to share the results of this trial, which have immediate clinical application: this longer-acting medication can safely and more effectively support treatment and recovery in pregnant patients." v

Reference

1. TJ Winhusen, et al. Extended-release versus Sublingual Buprenorphine in Pregnancy through 12-months Postpartum. JAMA Internal Medicine. DOI: 10.1001/jamainternmed.2026.0057

Researchers develop AI tool to predict patients at risk of intimate partner violence

BETHESDA, MD — A team of researchers funded by the National Institutes of Health (NIH) have developed an artificial intelligence (AI) tool that provides decision support to clinicians by predicting if patients are at risk of intimate partner violence (IPV). Using data routinely collected during medical visits, the team trained a machine-learning model, a type of AI, that was highly accurate in detecting IPV among patients in a study.

IPV refers to abuse from current or former partners that results in serious effects, such as potentially life-threatening injuries, chronic pain and mental health disorders. It affects millions of people in the United States—both men and women—at some point in their lives. However, many cases go undetected, because patients can be hesitant to disclose abusive relationships due to safety concerns, fear and stigma.

In their study, the research team led by researchers from Harvard Medical School introduced three AI models for IPV detection in healthcare settings, comparing their performance in predicting it.

"This clinical decision support tool could make a significant impact on prediction and prevention of intimate partner violence," said **QI DUAN, PhD**, director of the Division of Health Informatics Technologies at NIH's National Institute of Biomedical Imaging and Bioengineering (NIBIB). "Given the prevalence of cases, the tool could be a game-changing asset to public health."

Many cases of IPV go unrecognized, leading to missed opportunities for timely intervention, according to the study authors. They report that current screening tools capture only a fraction of cases, while clinical and imaging records provide valuable information in detecting IPV risk. Notably, radiologists have an advantage in recognizing the signs of IPV, including the frequency of certain patterns of physical trauma.

The researchers used several years of hospital data from nearly 850 affected female patients and 5,200 unaffected age- and demographics-matched control patients. Because the collection of relevant clinical data varies across healthcare settings, the team designed two distinct AI models, one trained on structured patient data, in table form, and another trained on unstructured patient data from medical notes, including radiology reports. Further, they developed a multimodal model that is a fusion of both structured and unstructured data.

All the models achieved a high performance in the study. However, the multimodal fusion model performed accurately 88% of the time. Both the tabular model and the fusion model can detect IPV risk on average more than three years before patients enroll at hospital-based domestic abuse intervention centers. While the tabular model achieved slightly earlier recognition of IPV risk, the fusion model was able to detect more IPV cases in advance.

The fusion model achieved more stable performance than relying on either modality alone. The scientists explained that the different modalities are processed separately and only merged at the prediction stage. They found that the tabular framework is particularly relevant in healthcare, where there are variations across different hospitals in data availability and in the recording of unstructured data.

The researchers emphasized that the use of AI tools such as their machine learning models could assist healthcare providers in having timely conversations with patients about IPV and connecting those patients with appropriate support resources. Such AI tools are not intended for making definitive diagnoses.

"For decades, our healthcare system has depended largely on patient self-disclosure to identify intimate partner violence, leaving many cases unrecognized and unsupported," said **BHATI KHURANA, MD**, senior author of the study and an emergency radiologist at Mass General Brigham and associate professor of radiology at Harvard Medical School. "Our work represents a fundamental shift from reactive disclosure to proactive risk recognition within routine clinical care. By analyzing patterns already present in healthcare data, this approach supports healthcare clinicians in initiating earlier, safer and more informed conversations with patients."

According to the researchers, when used in a patient-centered manner, this tool can serve as a key component of a proactive approach to IPV intervention, enabling timely and effective support and ultimately leading to improved long-term health outcomes for at-risk patients. The team developed guidance at the project website to help clinicians thoughtfully approach conversations with patients.

"The goal is never to force disclosure, but to help clinicians communicate with patients in a supportive way and to connect them with resources and support," Dr. Khurana said. The research team plans to use AI models to develop a decision-support tool embedded in electronic medical record systems to provide real-time IPV risk evaluations in clinical settings.

This research was co-funded by NIBIB grant R01EB032384 and the NIH Office of the Director. ❖

Federal judge blocks immunization schedule changes, stays ACIP member appointments

WASHINGTON, DC (AMERICAN PUBLIC HEALTH ASSOCIATION) — A coalition of leading medical professional societies and public health organizations recently announced in March that the U.S. District Court for the District of Massachusetts has issued a preliminary injunction to stay Secretary Kennedy's appointments to the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC), as the appointments were likely made in violation of the Federal Advisory Committee Act (FACA). Judge Brian Murphy also stayed all votes taken by the now-stayed ACIP.

The injunction further stays the heavily revised vaccine schedule issued by the U.S. Department of Health and Human Services (HHS) on January 5th, overturns the May 2025 Secretarial Directive on COVID-19 vaccine recommendations, and reverses the downgraded Hepatitis B vaccine recommendations made at the December 2025 ACIP meeting.

PLAINTIFFS

The American Academy of Pediatrics, American Public Health Association, American College of Physicians, Infectious Diseases Society of America, Society for Maternal-Fetal Medicine, Massachusetts Chapter of the American Academy of Pediatrics, Massachusetts Public Health Alliance, and Jane Does 1, 2 and 3—requested the court issue an injunction after HHS announced significant changes to the national pediatric immunization schedule in January.

The underlying lawsuit, *AAP et al v Kennedy et al*, challenges recent directives and actions by HHS that plaintiffs intend to prove circumvented longstanding, evidence-based procedures traditionally used to develop national vaccine guidance. These actions undermine public health, disrupt clinical practice, and erode confidence in immunization policy.

The Court has already ruled that the larger case may proceed and has denied the government's motion to dismiss.

PLAINTIFF STATEMENTS

Andrew P. Racine, MD, PhD, FAAP, President, American Academy of Pediatrics

"Today's ruling is an historic and welcomed outcome for children, families, pediatricians and communities across the United States. For many years the American Academy of Pediatrics, in collaboration with partners in the federal government, recommended a schedule of immunizations to promote children's health and development. Today's ruling marks an important step toward restoring scientific decision-making that is at the heart of that partnership. Protecting the health and safety of America's children is what prompted the AAP to petition the court for this decision from the outset and that goal will remain our guiding principle."

Georges C. Benjamin, MD, CEO, American Public Health Association

"This injunction underscores the need for using science in public health decision-making and using a process that engages qualified experts when it comes to recommending interventions that impact human health. Trust occurs when we engage the public in a transparent process, not one where decisions are made behind closed doors by unqualified individuals and presented in a disingenuous way."

Ronald G. Nahass, MD, MHCM, FIDSA, President, Infectious Diseases Society of America

"Today's court ruling is an important step toward protecting Americans' access to life-saving vaccines. Infectious diseases doctors remain hopeful that adherence to a scientifically valid process in determining vaccine policy ultimately will be restored. Secretary Kennedy has caused needless confusion and distrust in vaccine guidance and unless stopped, his actions will continue to result in preventable disease outbreaks."

Jason M. Goldman, MD, MACP, President, American College of Physicians

"Today's ruling is a win for public health and reaffirms that national vaccine policy should be guided by rigorous, evidence-based science, not politics. Vaccines are critical to maintaining public health and recommendations about their use must be based on the best available data. Scientific consensus and overwhelming evidence demonstrate that vaccines are safe and effective. We are encouraged by today's injunction and hope that it will mean a return to a transparent and evidence-driven process that safeguards the health of all communities and the best interests of our patients."

Carlene Pavlos, Executive Director, Massachusetts Public Health Alliance

"The Massachusetts Public Health Alliance is grateful for the judge's careful consideration of the issues at stake and his decision to issue a preliminary injunction to pause the implementation of a childhood vaccination schedule that could undermine years of progress in saving our nation's children from illness, suffering, and even death. We are equally grateful for his decision to enjoin the illegally constituted Advisory Committee on Immunization Practices from meeting until this case can be resolved. However, this is not the end. The continuing assaults by the federal administration on vaccine policy and infrastructure have not abated since we and our sister plaintiffs originally filed this complaint and there is no reason to believe they will stop as we move forward. But we are all in this because we know that people's health and lives are at risk and we are committed to promoting public health and we will continue to fight over the long road ahead."

Brenda Anders Pring, President, Massachusetts Chapter of the American Academy of Pediatrics

"The MCAAP applauds Judge Murphy's quick decision, giving Massachusetts pediatricians the opportunity to celebrate rare good news for child and adolescent health. We will continue to stand up for our patients by practicing science-based medicine to counteract this administration's relentless efforts to undermine vaccines and vaccine policy."

For more information, visit www.apha.org.

RIDOH reports statewide increase in non-fatal drug overdoses

PROVIDENCE — The Rhode Island Department of Health (RIDOH) reported an increase in non-fatal drug overdoses between March 10, 2026, and March 16, 2026. During this time, there were 55 reports of people receiving care at emergency departments for suspected drug overdoses. In 2026, Rhode Island has had an average of 41 non-fatal overdoses a week.

RIDOH's Overdose Spike Alert System (OSAS) tracks weekly non-fatal drug overdose activity across Rhode Island. Through the system, RIDOH has weekly overdose thresholds set for 11 regions throughout the state and the state as a whole. The 55 overdoses met the 55-overdose threshold for the state. Additionally, Region 1 (Burrillville, Foster, Glocester, and Scituate) exceeded its threshold for suspected non-fatal drug overdoses for this same week, and for the prior week.

When a region or the state exceeds its weekly threshold, RIDOH alerts municipal leaders, public safety and healthcare professionals, community organizations, and other stakeholders. This allows them to make additional resources available to Rhode Islanders who are more vulnerable, and to be more prepared to respond. Rhode Island's last statewide alert was in 2023.

Overdose fatalities in Rhode Island decreased by approximately 33% during the first eight months of 2025, compared to the first eight months of 2024. However, hundreds of people still die every year in Rhode Island as a result of drug overdoses.

Overdose prevention work in Rhode Island is led by the Governor's Overdose Task Force, a coalition of professionals and community members. The Task Force has a strategic plan to end the overdose crisis—changing lives by ensuring racial equity, uplifting community voices, using data to drive change, and building connections to care. The Task Force is committed to addressing the root causes of overdose, including the socioeconomic factors that influence health.

Fentanyl continues to be present in the drug supply. It has been detected in stimulants like cocaine and crack cocaine as well as counterfeit pills. Stimulants could be contaminated with fentanyl and put people who use stimulants at risk of an opioid overdose, especially those who do not regularly consume opioids and have a lower opioid tolerance. ❖

Saint Anne's Hospital launches innovative partnership with Somerset Fire Department to improve sepsis outcomes

FALL RIVER, MA — Saint Anne's Hospital, a member of Brown University Health, has launched a new program with the Somerset Fire Department designed to improve outcomes for patients experiencing sepsis before they even reach the hospital. Through this new collaboration, emergency responders are now able to begin administering IV antibiotics in the field, allowing life-saving treatment to start minutes earlier than traditional hospital-based care. This is the first collaboration of its kind in Bristol County.

The initiative is grounded in emerging research on early sepsis intervention. A published study evaluating protocol fidelity for prehospital antibiotic administration found a 15% reduction in mortality among septic patients who received antibiotics at first contact with emergency medical services. Screening for sepsis happens upon EMS arrival. If the patient meets the clinical criteria, they receive life-saving intervention immediately by Somerset EMS.

Saint Anne's emergency services leaders **IAN DENNEN, MSN, RN**, and **ANDREW OLD, MD**, spearheaded comprehensive training with Somerset paramedics which included instruction on:

- New high-tech medication infusion pumps
- Advanced lactate monitoring meters
- Enhanced protocols for pre-hospital antibiotic administration

"This partnership represents a major step forward in how we care for patients with sepsis," said Dennen, director of Emergency Services at Saint Anne's Hospital. "By equipping our EMS partners with the tools and training to act immediately, we are extending the hospital's capabilities into the field and giving patients a critical head start in treatment."

"Partnering on this initiative has been an exciting step forward for our team. Advanced training and new technology give our paramedics the ability to start critical sepsis treatment right in the field. Knowing we can deliver antibiotics sooner and potentially save more lives strengthens our commitment to providing the highest level of care to our community," said **ZACK ECCLES**, paramedic and firefighter at Somerset Fire and Rescue. ❖

[BROWN UNIVERSITY HEALTH]

Centurion Foundation completes acquisition of Roger Williams Medical Center, Our Lady of Fatima Hospital

New 501(c)3 non-profit organization, CharterCARE Health of Rhode Island (CHRI), created

PROVIDENCE — The Centurion Foundation has completed the acquisition of Roger Williams Medical Center, Our Lady of Fatima Hospital, and several related assets from the bankrupt Prospect Medical Holdings following several years of regulatory review and complex financial structuring. The acquisition was financed with $101 million in private bonds raised through Bank of America under the sponsorship of the Rhode Island Health and Education Building Corporation (RIHBEC), with critical assistance from Governor **DAN McKEE**, House Speaker **JOSEPH SHEKARCHI**, and Senate President **VAL LAWSON** through the creation of an $18 million supplemental reserve fund requested by investors.

As part of the sale transaction, a new 501(c)3 non-profit organization, CharterCARE Health of Rhode Island (CHRI), has been created to provide local governance and management. The CHRI Board and advisory boards for both hospitals have a majority membership of local physicians and community leaders. CHRI will comply with more than 80 conditions of regulatory approval, as mandated by the Rhode Island Attorney General and the Department of Health, including retaining a national consulting firm, SOLIC Capital Advisors, to provide operational and financial management guidance to the board.

CharterCARE Health has an annual operating budget of $330 million, employs 2,400 health professionals, and has an affiliated medical staff comprised of more than 600 primary care and specialty providers. This includes CharterCARE Medical Associates, a large multi-specialty network owned by CHRI that operates more than 20 practice locations across the state.

Centurion Foundation CEO **BEN MINGLE**, stated. "It has been an arduous journey to secure the future of these essential hospitals, their employees and physicians, and the patients who rely on them. This moment would not have been possible without the state's approval and strong backing from Governor

McKee, Speaker Shekarchi, Senate President Lawson, Attorney General Neronha, and members of the General Assembly. Our journey is far from over, but our acquisition is a new beginning for these valued institutions, one that is free from private equity influence and that is a strong foundation to continue a tradition of health care excellence and community focus."

CHRI's independent board of directors includes Ben Mingle, chairman, and members **GREGORY GROVE**, **MARIA LEONARD**, **JEFFREY LIEBMAN**, **LOUIS MARIORENZI, MD**, **GERALD MARSOCCI, MD**, **J. SUE PAINTER**, **EDWIN SANTOS**, and **VIJAY SUDHEENDRA, MD**.

Both hospitals also have their own community advisory boards, including patients, to provide feedback and guidance to the full CharterCARE board.

Liebman will lead the CHRI management team as chief executive officer and will work closely with the Department of Health, other regulators, and reimbursement sources, including Medicare and Medicaid. "CharterCARE hospitals have remained busy throughout this sale process, validating their importance to the health care delivery system, and providing exceptional care with high-quality and patient satisfaction ratings. This is a tribute to our dedicated and compassionate employees who have remained laser-focused on patient care. We will now begin to implement a comprehensive strategic and operational plan, which has been endorsed by state officials and investors, that will enhance operations and financial performance, as well as help to expand access to select programs and services," he said.

In a joint statement from CHRI medical staff presidents, **PETER PIZZARELLO, JR., MD**, at Our Lady of Fatima Hospital and **BRAIDY SHAMBAUGH, DO**, at Roger Williams Medical Center, they stated, "We are gratified that CHRI is now out from under private equity ownership and able to place medical quality and patient care ahead of corporate profits. We are proud to be affiliated with CHRI, and we look forward to ensuring that physicians' voices and perspectives are always heard at the board and management tables."

CHRI will implement a broad-based communication campaign to inform all Rhode Islanders of this exciting development. Visit Chartercarehealth.org to learn more. ❖

Senate unveils 2026 health care legislation

STATE HOUSE — Continuing the Senate's efforts to stabilize and strengthen Rhode Island's health care system, Senate President **VALARIE J. LAWSON** and Senate Health & Human Services Committee Chairwoman **MELISSA MURRAY** recently unveiled a 17-bill package of legislation centered on supporting Rhode Islanders in crisis, protecting patients and providers, and strengthening the state's health workforce. The bills being highlighted in 2026 include:

Supporting Rhode Islanders in crisis

Codify 988, BH Link: This legislation (2026-S 3058, Senate Health & Human Services Committee Chair Melissa Murray) would amend statute to codify the 988 and BH Link programs in state law, while additionally requiring the state to fully fund both programs in the event the current federal funding lapses. 988 currently runs as a 24/7 crisis helpline that was established under the federal National Suicide Hotline Designation Act of 2022. BH Link operates the 988 line as well as a walk-in center for those in crisis needing in-person support. Over 90% of 988 calls are resolved through phone support alone, drastically reducing the need for emergency department visits.

Codify Children's Mobile Response and Stabilization Services (MRSS) in state law and expand coverage: This legislation (2026-S 3066, Senate President Valarie Lawson) would amend statute to codify the MRSS program in state law, making it a permanent part of Rhode Island's mental health infrastructure. These mobile services provide trained behavioral health clinicians in the community, in response to behavioral health crisis calls. MRSS clinicians are better able than local emergency medical services to de-escalate crises and provide the crisis counseling and follow-up needed to keep youth out of emergency rooms, resulting in better patient outcomes for youth in crisis and reducing the strain on overburdened emergency departments. Between October 2024 and October 2025, providers fielded 849 MRSS cases, and 80% of cases were successfully stabilized in the community and connected to ongoing behavioral health care. The legislation would provide for the program's coverage by Medicaid and appropriate $900,000 in Fiscal Year 2027, increasing to $1 million in Fiscal Year 2028, to provide coverage for services to the uninsured and underinsured.

Set commercial insurance reimbursement rate floor for MRSS: This legislation (2026-S 3065, Senator Alana DiMario) would build on a 2025 law, also sponsored by Senator DiMario, that required commercial insurers to cover MRSS services. It would address the current low reimbursement rates for these services by adding a reimbursement rate floor for insurers to pay MRSS providers.

Create artificial intelligence safety guidelines related to suicidal ideation and mental health treatment: The first bill (2026-S 2195, Senator Lori Urso) would regulate AI companion models and chatbots to prohibit the operation of any companions unless the provider has a protocol for addressing possible suicidal ideation, self-harm, other physical harm, or financial harm. It also provides requirements for warning notifications, and for enforcement by the Attorney General. The second bill (2026-S 2197, Senator Lori Urso) would prohibit the use of AI companion models to assist in providing supplementary support in therapy or psychotherapy services where the client's therapeutic session is recorded or transcribed unless the patient or the patient's parent, guardian or other legally authorized representative is informed and consents to the use. Individuals and corporations would be prohibited from providing therapy or psychotherapy services, including through the use of internet-based artificial intelligence, to anyone unless they are a licensed professional.

Protecting Patients and Providers

Establish new oversight of pharmacy benefit managers, or PBMs: The first bill (2026-S 3059, Senator Robert Britto) would amend statute to set accountability and transparency requirements for PBMs and establish new rules for their interactions with pharmacies. The second bill (2026-S 3060, Senator Peter Appollonio) would establish a process for PBMs to obtain individual certificates of authority from the Department of Business Regulation in order to operate in Rhode Island. The third bill (2026-S 2563, Senator Linda Ujifusa), the Prescription Drug Savings and Transparency Act of 2026, would direct the Auditor General to conduct a study of the performance and cost-effectiveness of the state's current prescription drug management for the Medicaid Program, including the utilization of PBMs by Medicaid managed care organizations, with a report of findings and recommendations issued to the General Assembly no later than March 31, 2027.

Address prior authorization requirements for post-acute care and the Behaviorally Complex Care Program: The first bill (2026-S 3061, Senator Brian Thompson) would require that beginning Jan. 1, 2027, insurers cover a minimum of seven days of post-acute care without a prior authorization requirement. The second proposal (2026-S 3056, Senator Melissa Murray) would direct the Executive Office of Health & Human Services to facilitate nursing homes and other long-term care facilities receiving an enhanced Medicaid per-diem rate for complex behavioral health patients.

Update statutes to ensure childhood and adult vaccination schedules are set by the RI Department of Health: This legislation (2026-S 2379, Senator Linda Ujifusa) would update the law to emphasize that the vaccination schedule set by RIDOH can be followed as determined by the Health Director as necessary to protect

public health, and would require all insurers and the state's Medicaid program to cover all immunizations provided under RIDOH's guidelines, without any cost sharing, starting on Jan. 1, 2027. This bill was heard in the Senate Committee on Health & Human Services on Feb. 26, 2026.

Allow medical professionals to express sympathy to patients and families without risk of legal reprisal: This legislation (2026-S 2054, Senator Pamela Lauria), which was also passed by the Senate in 2024 and 2025, provides that any statement of apology or concern by a health care provider to a patient, a patient's relative, or representative is inadmissible as evidence of liability or admission of fault by the health care provider in any legal or arbitration action against a health care provider or facility. Rhode Island would join 39 other states with similar provisions.

Create study commission on medical malpractice: This legislation (2026-S 3063, Senator Mark McKenney) would create a 13-member special legislative commission to study the impact of medical malpractice claims on health care providers and costs, with a report of its findings to be issued no later than Oct. 1, 2027.

MARIAH STUMP, MD, MPH, president-elect of the Rhode Island Medical Society, said, "Primary care is the foundation of a strong healthcare system, yet physicians across Rhode Island are struggling with workforce shortages, administrative burdens, and growing liability pressures. As a primary care physician, I see how these challenges affect patients' ability to access care. The Senate's healthcare package takes important steps to strengthen the physician workforce, reduce unnecessary barriers like prior authorization, address aspects of the medical liability system, and establish a Primary Care Commission to help guide long-term solutions for our state."

Strengthening the health care workforce

Invest in loan repayment and scholarship programs for primary care providers: The first bill (2026-S 3062, Senate President Pro Tempore Hanna Gallo) would amend the current Health Professional Loan Repayment Program to create a loan repayment program for primary care providers. Eligible physicians, physician assistants or nurse practitioners could receive two years of loan repayment assistance. The second bill (2026 S-2101, Senator Pamela Lauria) would establish a scholarship program for students willing to commit to work as a primary care provider in Rhode Island. Eligible applicants would need to be studying and enrolled in a medical school, nursing school, or a physician assistant program.

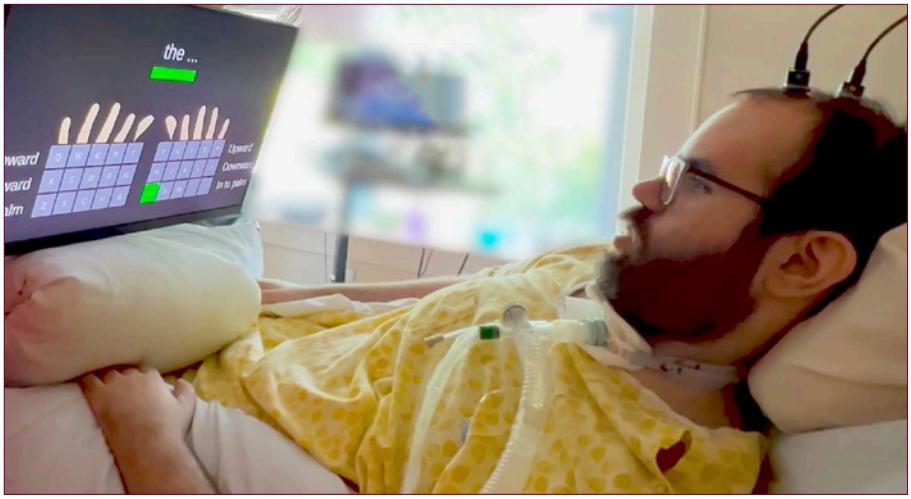
Secure initial funding for the creation of a medical school at the University of Rhode Island: This proposal (2026-S 3064, Senator V. Susan Sosnowski) would commit initial resources needed for the creation of a medical school at the University of Rhode Island, as recommended earlier this year by a special legislative commission.

Establish a primary care commission to support workforce retention and explore graduate medical education, or GME, programs: This legislation (2026-S 3057, Senator Pamela Lauria) seeks to fulfill another of the recommendations made in the final report of the special legislative commission charged with studying the creation of a medical school at the University of Rhode Island.

"Creating a medical school at URI is the natural next step in building a comprehensive, public health education ecosystem in Rhode Island," said **EUGENIO FERNANDEZ, JR., PharmD, MBA, MPH**. "URI already has the foundation in place, with nationally recognized programs in pharmacy, nursing, and health sciences, along with research initiatives focused on improving health outcomes across the state. A medical school would complement these existing interdisciplinary health programs. Combined with strengthening loan repayment programs, establishing a medical school at URI will help Rhode Island build the health care workforce it needs." ❖

Brain computer interface enables rapid communication for two people with paralysis

BOSTON (MASS GENERAL BRIGHAM) — Loss of communication can be among the most devastating symptoms for patients with paralysis. A new study by investigators from Mass General Brigham Neuroscience Institute and Brown University describes an investigational implantable brain computer interface (iBCI) typing neuroprosthesis that can restore communication with speed and accuracy. The tool, which utilizes the QWERTY keyboard and attempted finger movements, performed well in two BrainGate clinical trial participants—one with amyotrophic lateral sclerosis (ALS) and the other with a cervical spinal cord injury. Their results are published in *Nature Neuroscience*.



An implantable device researched by Mass General Brigham investigators and colleagues allows communication through rapid typing for a person with ALS and a person with a spinal cord injury. [MASS GENERAL BRIGHAM]

"For many people with paralysis, when losing use of both the hands and the muscles of speech, communication can become difficult or impossible. Often, people with severe speech and motor impairments end up relying on things like eye-gaze technology—spelling words out one letter at a time by using an eye movement tracking system. Those systems take far too long for many users," said senior author **DANIEL RUBIN, MD, PhD**, a critical care neurologist with the Center for Neurotechnology and Neurorecovery at Mass General Brigham Neuroscience Institute. "Patients often find this and other types of Augmentative and Alternative Communication systems frustrating to use. BCIs are on track to become an important new alternative to what's currently offered."

"Since 2004, our BrainGate team has been advancing and testing the feasibility and efficacy of implantable brain computer interfaces to restore communication and independence for people with paralysis," said co-author **LEIGH HOCHBERG, MD, PhD**, leader of the BrainGate clinical trial and director of the Center for Neurotechnology and Neurorecovery at Mass General Brigham Neuroscience Institute [and a professor of engineering and brain science at Brown University]. "The BrainGate consortium demonstrates the strength of academic and university-based researchers working together, thinking about what's possible, and then advancing the frontiers of restorative neurotechnology. And by doing so, we make it that much easier for industry to create the final form of implantable medical devices for our patients," he said.

The new BrainGate iBCI typing neuroprosthesis starts with microelectrode sensors placed in the motor cortex, a part of the brain that controls movement. Next, a QWERTY keyboard is displayed in front of the participant, with each letter mapped onto fingers and finger positions—up, down, or curled. As the participant intuitively attempts these finger movements, the electrodes sense the brain's electrical activity, then send a signal to a computer system that can translate the neural activity into letters. This output is then processed through a final predictive language model to ensure a cohesive, accurate communication result.

Two clinical trial participants, one with advanced ALS and the other with a spinal cord injury, used this new iBCI typing neuroprosthesis to communicate rapidly and accurately. The participants calibrated their devices with as few as 30 sentences; one participant was able to reach a top typing speed of 110 characters or 22 words per minute, with a word error rate of 1.6%. That's on par with able-bodied typing accuracy. What's more, both participants used the device from the comfort of their own place of residence, demonstrating the potential for translation and at-home use in the future. ❖

Paper cited: Jude JJ, et al. "Restoring rapid natural bimanual typing with a neuroprosthesis after paralysis" *Nature Neuroscience.* DOI: 10.1038/s41593-026-02218-y

Gov. McKee signs executive order to make HealthSource RI coverage more affordable

CENTRAL FALLS — Gov. **DAN McKEE** was joined in March by HealthSource RI (HSRI) leaders, community health partners, and health insurance navigators at Blackstone Valley Community Health Care to highlight his Affordability for All efforts to make health insurance more affordable for HSRI customers.

He signed an Executive Order that will bring in an additional $12 million in federal tax credits to Rhode Island to reduce health insurance premiums for HSRI customers earning between 200% and 400% of the federal poverty level. This would reduce premiums for most individual customers in that earning bracket by $500 annually; a family of four should see a reduction of approximately $1,600 annually.

The Executive Order directs the Office of the Health Insurance Commissioner not only to use regulatory tools to lower costs, but also to boost transparency by creating a health care price dashboard and by creating the first in-depth analysis of state benefit mandates since 2014.

The Governor also highlighted his FY27 budget proposal to provide $9.5 million in financial relief to HSRI's most vulnerable customers, which is part of his Affordability for All agenda. By backfilling the recently expired enhanced federal subsidies, Rhode Island can help keep coverage for around 20,000 HSRI customers who make no more than 200% of the federal poverty level. For example, a 44-year-old customer making $31,000 a year would see a $51 monthly bill under this proposal, as opposed to his current $170 monthly bill.

"The combined impact of the Rhode Island Marketplace Affordability Program proposed in the budget, and the Executive Order announced today would benefit more than 80% of HealthSource RI customers and help preserve our hard-fought low uninsured rate, lending stability to the healthcare system," said **LINDSAY LANG**, director of HealthSource RI. "I thank Governor McKee for his forward thinking on this issue, to find state solutions that work for our marketplace and the tens of thousands of Rhode Islanders who rely on it for health insurance."

"Lack of insurance leads to delayed care, which causes needless suffering and paradoxically increased costs," said **CRISTINA PACHECO, MD**, chief executive officer for BVCHC. "We wholeheartedly support the Governor's efforts today to improve Rhode Islander's access to health care."

"In January, Blackstone Valley Community Health Care saw 1,400 patients who lost health insurance coverage through HSRI. This significantly impacts our financial health and ability to continue to serve all our patients," said **CRAIG McANAUGH**, chief financial officer for Blackstone Valley Community Health Care.

To read the Governor's full FY27 budget proposal and learn more about his Affordability for All agenda, click here. ❖