2027 State budget bill enacted

STATE HOUSE — After passage by the General Assembly in June, Gov. **DANIEL J. McKEE** signed the 2027 state budget bill (2026-H 7127Aaa), a balanced $15.2 billion plan that provides economic relief for Rhode Islanders, strengthens support for education and the state's hospitals and healthcare providers, and establishes new government reform efforts without any broad-based tax or fee increases.

The following items pertain to healthcare:

- Medicaid rates will be increased to fully implement the recommendations in the Office of Health Insurance Commissioner's (OHIC) September 2025 rate review in 2027. The governor had proposed spreading the increases over the next two years and capping rates at the Medicare rate, but implementing the $115 million in increased support completely in one year will better position the state financially for future years.
- Legislators have added $15 million over what the governor proposed for uncompensated care to the state's hospitals.
- The budget includes $22 million to help Rhode Islanders who either lost federal subsidies or became ineligible for Medicaid as a result of President Trump's H.R.1 to access affordable health insurance through Health Source RI.
- The budget allocates $1.6 million for the Newport Hospital Birthing Center to support continued operations.
- As part of a continuing effort to address the state primary care provider shortage, the budget includes $5 million in 2027 for startup costs for the proposed new medical school of the University Rhode Island.

Said Senate President **VALARIE J. LAWSON**, "This budget is a collaborative effort that includes many of the initiatives that the Senate has worked hard on this year, particularly in the area of helping Rhode Islanders access the healthcare they need. From funding the 988 crisis prevention line, to extending the Eat Well Be Well program that enables SNAP recipients to eat healthy food to enabling the funding of the Workforce Training Center at CCRI, this budget reflects our strong commitment to bettering the lives of Rhode Islanders. I'm thankful to our Senate Finance Committee and our colleagues in the House for their hard work and cooperative effort in crafting a budget that will move our state forward."

Said House Finance Committee Chairman **MARVIN L. ABNEY** (D-Dist. 73, Newport, Middletown), "This document is a product of significant collaboration between the House, the Senate and the governor's office, where we all came together to determine how to better the lives of every Rhode Islander. The budget invests in future success while also addressing the pressing concerns facing our state and its people. Times are tough for many and this budget addresses these issues while offering the support and investment that Rhode Islanders need and deserve." ❖

Bradley Hospital study shows teen cannabis use is linked to differences in developing brain regions

EAST PROVIDENCE — A new study from Bradley Hospital researchers shows that cannabis use during adolescence is associated with differences in brain regions involved in motivation and reward, which support healthy development.

The researchers found that teens who repeatedly used cannabis showed signs of reduced dopaminerelated neurophysiology, with higher-potency products showing more pronounced effects, suggesting that cannabis may interfere with the brain's reward system at a time of crucial development. Their findings were published in Neuropsychopharmacology.

"Adolescence is a critical window for brain development," said lead study author **SARAH A. THOMAS, PhD**, a clinical psychologist and research scientist at the Bradley Hasbro Children's Research Center and an Assistant Professor of Psychiatry and Human Behavior (research) at the Warren Alpert Medical School of Brown University. "Our findings suggest that repeated cannabis use during this period has the potential to alter the dopamine system in ways that could affect motivation, reward processing and vulnerability to addiction. The next step is understanding how this may change over time."

Approximately 10 to 20% of U.S. adolescents report using cannabis in the past year. Scientists know that the developing teenage brain is more sensitive to the effects of cannabis than the adult brain. Research has also shown that teens who use cannabis are more likely than adults to develop cannabis use disorder and to experiment with other substances in the future. One possible reason is that cannabis disrupts the brain's dopamine system—the network that helps regulate motivation, learning and reward.

In adults, THC, which is the main psychoactive ingredient in cannabis, can temporarily boost dopamine production. But longterm cannabis use may have the opposite effect, reducing the brain's ability to produce and release dopamine, although findings have been mixed. While this effect has been studied in adults, much less is known about how cannabis affects dopamine-related development in teenagers.

In a National Institute on Drug Abuse-funded study with 81 participants aged 14 to 17, the researchers assessed cannabis use quantity, frequency, and problems and used MRI to measure tissue iron in brain regions with high dopamine activity. Tissue iron is a necessary factor in the production of dopamine and naturally increases during adolescence as the dopamine system matures, making it a useful indicator of healthy development.

According to the researchers, this is the first study to examine how cannabis use in teens relates to tissue iron levels in the brain—a reliable, noninvasive marker linked to dopamine activity. These results, the researchers said, add to growing evidence that cannabis use during adolescence may have negative effects on the brain and highlight the importance of understanding how early use shapes longterm outcomes. ❖

Butler's Memory and Aging program participates in Phase 2 CELIA study advancing Alzheimer's research

PROVIDENCE — The Memory and Aging Program at Butler Hospital is proud to announce its participation in the phase 2 CELIA study evaluating diranersen (BIIB080), an investigational therapy targeting tau pathology in individuals with early Alzheimer's disease. Recently announced topline results from the international study demonstrated reductions in tau pathology and signals of cognitive benefit, representing an important milestone in Alzheimer's research.

The CELIA study is a Phase 2 trial evaluating diranersen, a tau-targeting antisense oligonucleotide therapy designed to reduce production of the tau protein, a key driver of Alzheimer's disease progression. According to Biogen, the study showed robust biomarker impact and cognitive benefit in early Alzheimer's disease.

STEPHEN SALLOWAY, MD, Founding Director of the Memory and Aging Program, served on the study steering committee and helped guide the development and execution of this important clinical trial.

"Alzheimer's disease remains one of the greatest challenges in medicine, and these findings represent meaningful progress for patients and families affected by the devastating disease," said Dr. Salloway. "We are proud to have contributed to a study that advances our understanding of therapies targeting tau pathology and their potential role in slowing disease progression."

The CELIA study enrolled more than 400 participants with mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's disease dementia. The study evaluated three intrathecal doses of diranersen over a 76-week placebo-controlled treatment period. Researchers from clinical trial sites worldwide collaborated to evaluate the safety, tolerability, biomarker effects, and clinical effects.

"These types of collaborative studies are essential to accelerating progress in Alzheimer's treatment," said **EDWARD HUEY, MD**, Director, Memory and Aging Program, Butler Hospital. "We are grateful to the patients and the families who participated in this research and made these findings possible."

Participation in the CELIA study reflects Butler's ongoing commitment to advancing innovative research and expanding access to cutting-edge clinical trials for patients facing neurological diseases," said **MARY MARRAN**, President and Chief Operating Officer, Butler Hospital. "Research is central to Butler's mission of improving the health and future of the community."

Biogen has announced plans to advance diranersen into further development following the Phase 2 results. ❖

VA launches MDMA-assisted mental health therapy trial

Randomized, placebo-controlled trial will take place at VA Providence Healthcare System

WASHINGTON, DC — The U.S. Department of Veterans Affairs announced in May a new clinical trial to evaluate the safety and efficacy of methylenedioxymethamphetamine-assisted therapy, or MDMA-assisted therapy, for the treatment of severe mental health disorders, including posttraumatic stress disorder and alcohol use disorder.

VA's trial, titled "A Randomized Controlled Trial of MDMA-Assisted Therapy for PTSD and Alcohol Use Disorder in U.S. Veterans," will enroll approximately 80 Veterans and compare outcomes between those receiving MDMA-assisted therapy and those receiving identical psychotherapy with an active placebo. VA is coordinating with the U.S. Food and Drug Administration (FDA) and intends to share data from the trial with FDA.

"We need an all-of-the-above strategy when it comes to improving mental health treatments, and that's exactly what VA is working to deliver," said VA Secretary **DOUG COLLINS.** "This trial represents an important step in safely evaluating new approaches and innovations to treat Veterans with severe mental health conditions."

The randomized, placebo-controlled trial of MDMA-assisted therapy will take place at VA Providence Healthcare System, and Veterans will be recruited for the trial from the Providence, Rhode Island, campus and VA Connecticut Healthcare System in West Haven, Connecticut.

The health and safety of Veterans who choose to participate in this trial is VA's top priority. Investigational treatments will be delivered in a safe, controlled, clinical setting using pharmaceutical grade drugs under careful quality controls, stringent safety protocols that were developed with FDA, and in a setting that includes structured psychotherapy.

VA is involved in 19 other active clinical trials focused on psychedelic therapies for mental health conditions that are supported by more than $23 million in external funding. All VA research, including research into psychedelics, is conducted under strict safety protocols and in full compliance with federal guidelines.

Psychedelic drugs are a class of substances that alter consciousness or awareness and can be organically or synthetically produced. The FDA has granted breakthrough therapy designation to several psychedelic substances, including MDMA, psilocybin and LSD, allowing for expedited review of these drugs. Clinical use of these therapies outside of research will only be considered by VA once FDA approval is granted.

VA strongly discourages self-medicating or attempting to replace other mental health treatment options with psychedelics or any other unprescribed substances. Proven, evidence-based treatments, are currently available at VA facilities to treat Veterans with mental health conditions. Veterans should always consult their health care providers before making any treatment decisions.

The trial is registered with ClinicalTrials.gov (NCT07118839). ❖

Reed's law leads to FDA approving the first new sunscreen ingredient in 25 years

WASHINGTON, DC — The future of American sunscreen products just got a little brighter—and safer and more effective too, thanks in part to the Sunscreen Innovation Act, a law authored by U.S. Senator **JACK REED** (D-RI) to help companies avoid needless regulatory roadblocks.

For decades, European, Asian, and Australian consumers have had access to a wide variety of innovative, popular sunscreen products that are safe, effective, and more appealing to users than many sunscreens that are approved for use in the United States.

But now, thanks to Reed's Sunscreen Innovation Act, for the first time in over twenty-five years, the U.S. Food and Drug Administration (FDA) has approved a new sunscreen ingredient —bemotrizinol, or BEMT—that dermatologists and skin care experts say is a safer option than many chemical ingredients currently in use in the United States.

The FDA's approval of BEMT brings the list of approved active sunscreen ingredients in the U.S. to 17—a number that still lags behind the 30 approved for use in Europe, which have demonstrated a strong record of safety.

"After years of work it is great to see real progress being made when it comes to new sunscreens for American consumers. This is a major step forward that could help prevent countless cases of skin cancer and better protect Americans from sun damage," said Senator Reed. "It's still up to consumers to choose which sunscreen is right for them, but I am pleased to help ensure Americans have more safe, healthy, proven options."

Reed's years-long campaign for stronger sunscreen standards and labeling was designed to address a regulatory backlog that prevented U.S. consumers from having access to advanced, effective sunscreens that are widely available in the rest of the world.

Bemotrizinol has been used safely in sunscreens across Europe and Asia since 1999 under brand names including Tinosorb® S by BASF and Parsol® Shield by DSM. The ingredient has amassed a 27-year safety track record abroad, though some of those jurisdictions have weaker data requirements than the United States.

Sunscreens with BEMT are expected to be available for sale in the U.S. and on store shelves this month. According to the Associated Press, the Dutch-based company DSM Nutritional Products LLC will be the first company in the U.S. to sell BEMT-formulated sunscreen by manufacturer, Parsol Shield. The company has an 18-month exclusivity period, after which the other manufacturers may also use and market BEMT in their products.

The Environmental Working Group, a non-profit that champions effective sunscreen regulations, praised the FDA's long overdue move and said the approval of bemotrizinol offers a "landmark decision for public health and consumer protection."❖

Key committee advances Reed's bill to renew and improve national bone marrow, cord blood programs

WASHINGTON, DC — In a big step toward enhancing patient access to life-saving bone marrow and cord blood transplants, the Senate Committee on Health, Education, Labor and Pensions (HELP) recently unanimously voted to advance U.S. Senator **JACK REED**'s (D-RI) bipartisan bill, the Stem Cell Therapeutic and Research Reauthorization Act of 2026 (S.4109). This legislation will advance medical research, improve patient outcomes, and ensure that America's bone marrow transplantation program and the National Cord Blood Inventory can continue to save lives and provide treatments and therapies derived from adult stem cell lines.

Specifically, Reed's bill would reauthorize the National Marrow Donor Program (NMDP) and the National Cord Blood Inventory (NCBI), which contracts with the U.S. Health Resources and Services Administration (HRSA). The bill would renew, through 2031, federal programs for using bone marrow and umbilical cord blood to treat diseases and conduct research. It would make up to $280 million available, over a five-year period, pending appropriations, to help individuals diagnosed with diseases such as leukemia and lymphomas, sickle cell anemia, and rare genetic blood disorders and help them find suitable bone marrow or umbilical cord blood donors. Without Congressional action, these programs would expire at the end of the current fiscal year.

Approximately $115 million would be authorized for the National Cord Blood Inventory program which has cumulatively banked more than 122,500 cord blood units to be tapped for life-saving treatments.

The National Marrow Donor Program, which recently celebrated facilitating its 150,000 transplant, would be authorized at $165 million over five years. Donating stem cells through the NMDP can save the life of someone battling blood cancer or another serious disorder. The program provides the infrastructure necessary to find an unrelated donor match for patients who need a bone marrow or umbilical cord transplant to treat or cure blood cancers, like leukemia or diseases, like sickle cell disease.

"Thanks to sustained federal investment, advancements in innovative research have been amazing and we want to accelerate that progress by passing this bill and funding these life-saving programs. This bill will help patients and families in their time of need as they face unimaginable circumstances. It provides

direct support to these critical institutions that do incredible research, match donors and patients, help save live lives, and improve health outcomes," said Senator Reed. "Our bipartisan bill builds upon the highly successful National Marrow Donor Program that has been a lifeline for thousands of transplant patients over the last two decades. Bone marrow and cord blood transplants continue to offer effective treatments for a number of diseases and disorders. This bipartisan bill would help expand access to lifesaving therapies to patients with conditions that can be treated and even cured with bone marrow or cord blood."

Reed's bill is cosponsored by U.S. Senators **TIM SCOTT** (R-SC), **TINA SMITH** (D-MN) and **JAMES LANKFORD** (R-OK). Companion legislation (H.R.5160) has been introduced in the U.S. House of Representatives by Congressman **CHRISTOPHER SMITH** (R-NJ).

There are three ways to donate blood stem cells: through transplants of peripheral blood stem cells (PBSC), bone marrow, and umbilical cord blood that is donated after a baby's birth.

More information about the transplant process and need for stem cell and marrow donors is available at: www.bloodstemcell.hrsa.gov

Now that the Stem Cell Therapeutic and Research Reauthorization Act has been approved by the HELP Committee, it must be passed by the full U.S. Senate and the House before it can be sent to the president's desk to be signed into law. ❖

Whitehouse and Hawley introduce bipartisan legislation to support mental health needs of firefighters and EMTs

WASHINGTON, DC — U.S. Senators **SHELDON WHITEHOUSE** (D-RI) and **JOSH HAWLEY** (R-MO) recently introduced the Lifeline for First Responders Act, bipartisan legislation to better support the mental health needs of firefighters, EMS personnel, and emergency dispatchers.

"Rhode Island's firefighters and EMTs risk their lives to keep us safe during the moments we need them most, and they see a lot in the process," said Sen. Whitehouse. "It's a privilege to introduce bipartisan legislation today to honor our first responders with high-quality mental health care and help save lives."

"Our first responders put their lives on the line every day to serve the American people and keep them safe. Because of their bravery and sacrifice, they deserve the care and resources they need to continue to do their jobs to the best of their abilities. It is time for Congress to give back and prioritize the those who always put us first," said Sen. Hawley.

First responders experience higher rates of trauma and behavioral health conditions than the general population. On average, firefighters are more likely to die by suicide than in the line of duty, and 30 percent of first responders develop behavioral health conditions like PTSD or depression. Many volunteer and rural departments lack the resources to provide the confidential, evidence-based support these first responders need.

The Lifeline for First Responders Act would establish a new grant program through the Department of Transportation's National Highway Traffic Safety Administration's Office of Emergency Medical Services to fund these evidence-based services for emergency personnel. The bill would authorize $7.5 million a year to fund suicide prevention programs, peer support, and confidential counseling. Funding would also support family services, training to identify and respond to mental health crises, and technical assistance for fire departments, EMS agencies, and 911 dispatch centers building wellness programs.

Lifeline for First Responders Act is endorsed by the Rhode Island Association of Fire Chiefs, the Rhode Island State Association of Fire Fighters, the National Alliance on Mental Illness, the National Association of Emergency Medical Technicians, the International Association of Fire Chiefs, and the International Association of Fire Fighters.

"As fire chiefs, we have attended far too many funerals and have seen good firefighters leave the profession because of PTSD and depression. Firefighters and their families must have access to counseling and psychological support. Senator Whitehouse's bill aims to do just that," said Chief **RICHARD SUSI**, Executive Director of the Rhode Island Association of Fire Chiefs. "With the help of the Lifeline for First Responders Act, departments could implement suicide prevention programs, enhanced peer support teams, confidential counseling, and family support services that our first responders desperately need."

"We are so appreciative and supportive of Senator Whitehouse's Lifeline for First Responders Act. Investing in the mental health of our nation's firefighters, first responders, and EMS workers is critical and intricately connected to the health and safety of our nation at large," said **JOSEPH A. ANDRIOLE**, President of the Rhode Island State Association of Fire Fighters. "The men and women across this nation who are called upon on a daily basis to mitigate the tragic effects of emergencies deserve the protection and support that this legislation will provide for them to remain healthy and to continue to serve."

The Lifeline for First Responders Act is cosponsored by U.S. Senators **AMY KLOBUCHAR** (D-MN), **ANGUS KING** (I-ME), **ADAM SCHIFF** (D-CA), **CHRIS COONS** (D-DE), **RICHARD BLUMENTHAL** (D-CT), **MARK KELLY** (D-AZ), **MICHAEL BENNET** (D-CO), and Jeanne Shaheen (D-NH).

Sens. Whitehouse and Hawley previously worked together to pass and reauthorize the Supporting and Treating Officers in Crisis (STOIC) Act to expand support resources for law enforcement officers.

Full text of the bill is available here. ❖

FDA approves first single-dose generic treatment for influenza

SILVER SPRING, MD — The U.S. Food and Drug Administration recently approved the first generic of Xofluza (baloxavir marboxil) tablets, the first single-dose treatment for acute uncomplicated influenza and prophylaxis in patients 5 years of age and older.

"Today's approval marks a meaningful milestone for the treatment of influenza," said **IILUN MURPHY, MD**, Director of the Office of Generic Drugs in FDA's Center for Drug Evaluation and Research. "Expanding patient access to drugs and improving their ease of use are critical public health imperatives, particularly given that influenza alone accounts for millions of illnesses in the U.S. each year."

Generic baloxavir marboxil tablets may be used for:

- Treatment of acute uncomplicated influenza in patients 5 years of age and older who have been symptomatic for no more than 48 hours, and who are otherwise healthy or at high risk of developing influenza-related complications; and
- Post-exposure prophylaxis of influenza in patients 5 years of age and older following contact with an individual who has influenza.

Baloxavir marboxil tablets are contraindicated in patients with a known history of hypersensitivity reactions to baloxavir marboxil or any of its ingredients. Baloxavir marboxil carries warnings such as increased incidence of treatment-emergent resistance in patients less than 5 years of age.

The most common side effects include diarrhea, bronchitis, nausea, sinusitis, and headaches. Healthcare providers should review the full prescribing information for complete safety and dosing information.

In the U.S., nine out of 10 prescriptions filled are for generic drugs. Increasing the availability of generic drugs helps to create competition in the marketplace, which then helps to make treatment more affordable and increases access to healthcare for more patients. Learn more about the FDA Drug Competition Action Plan.

Xofluza is a registered trademark of Genentech, Inc. FDA approved Norwich Pharmaceuticals, Inc.'s application for generic baloxavir marboxil tablets. ❖

FDA broadens access to over-the-counter Naloxone nasal spray for opioid overdose

SILVER SPRING, MD —The U.S. Food and Drug Administration (FDA) recently approved another over-the-counter (OTC) intranasal naloxone product, Rextovy, a 4 milligram (mg) naloxone hydrochloride nasal spray for the emergency treatment of opioid overdose. Consumers may directly purchase this product without a prescription in places such as pharmacies, convenience stores, and online. This action aligns with a federal effort to address the U.S.' addiction and substance use disorder crisis and coordinate the government's approach to prevention, treatment, and long-term recovery.

"Reducing opioid overdose deaths is a top priority for FDA," said **MIKE DAVIS MD, PhD**, Acting Director of the Center for Drug Evaluation and Research (CDER). "Today's approval of an additional over-the-counter naloxone nasal spray helps broaden access and offers an additional option for consumers. Empowering people without medical training to take immediate action with these products has been proven to save lives."

Naloxone is a medication that rapidly reverses the effects of opioid overdose and is the standard treatment for opioid overdose. Rextovy is an additional life-saving medication approved by the FDA to reverse an opioid overdose to be sold directly to consumers and contains the same active ingredient as other naloxone nasal sprays. The availability of multiple approved formulations expands access and market availability, encourages competition that may reduce cost, and offers alternative sourcing options.

The number of overdose deaths has dramatically decreased since the first FDA approval of an OTC naloxone nasal spray in 2023, but drug overdose persists as a major public health issue in the U.S., primarily driven by synthetic opioids like illicit fentanyl. In the 12-month period ending in August 2023, 111,451 overdose deaths were reported; in the 12-month period ending in December 2025, 68,632 overdose deaths were reported.

"Immediate access to naloxone nasal sprays is essential when a person is experiencing an overdose, and FDA remains committed to ensuring nonprescription options are widely available," said **KAREN MURRY, MD**, Director of the Office of Nonprescription Drug Products in CDER.

When using Rextovy, some people may experience symptoms when they regain consciousness following overdose reversal, such as shaking, sweating, nausea, or feeling angry. The product is safe to use even when it is uncertain whether opioids are present in the person's system. The product's packaging includes pictorial directions with five clear steps, including calling 911 after giving the first dose.

The FDA granted the nonprescription approval to Amphastar Pharmaceuticals, Inc. ❖

AMA adopts new policies to improve affordable access to obesity treatments and comprehensive care

CHICAGO — Physicians and medical students convened for the Annual Meeting of the American Medical Association's (AMA) House of Delegates recently and adopted new policies aimed at improving patient access to evidence-based obesity treatments while advancing broader efforts to address prescription drug affordability and insurance coverage barriers.

The new policies build upon longstanding AMA policy supporting affordable access to prescription medications, prescription drug price transparency, pharmacy benefit manager (PBM) oversight, and coverage parity for evidence-based obesity treatment.

Recognizing obesity as a complex chronic disease that often requires long-term management, physicians adopted policy supporting innovative payment arrangements that could help patients afford emerging anti-obesity medications (AOMs). The policy also supports pilot and demonstration programs to evaluate coverage models for obesity treatments, including glucagon-like peptide-1 (GLP-1) agonists and glucose-dependent insulinotropic polypeptide (GIP) therapies.

In addition, physicians called for long-term coverage policies that promote consistent drug pricing, formulary tier selection, benefit structures, and coverage criteria across private and employer-sponsored health plans to help reduce cost variability and treatment disruptions.

The new policy further supports equitable access to comprehensive obesity care, including disease management services, nutritional therapies, health promotion initiatives, and prevention interventions for patients with obesity and individuals at elevated risk.

"Obesity is a chronic disease that requires sustained, evidence-based treatment and comprehensive support," said AMA President **BOBBY MUKKAMALA, MD.** "As new therapies emerge, patients should not face insurmountable financial barriers to clinically appropriate care. These policies advance practical approaches to improving affordability, expanding access, and ensuring patients can receive the full range of services needed to achieve better long-term health outcomes."

The AMA also reaffirmed existing policy supporting affordable prescription drug access, greater PBM transparency and accountability, and efforts to lower prescription drug costs for patients.

In related actions, physicians also adopted additional new policies aimed at expanding access to and ensuring evidence-based obesity care that include:

Access, Affordability, and Safety of GLP-1 Receptors Agonists

The AMA will advocate for legislation and regulations for public and private health insurers to cover GLP-1 medications for obesity and type 2 diabetes at affordable prices, helping reduce patients' out-of-pocket costs. The policy also calls for appropriate screening for eating disorders, body image concerns, and weight history before these medications are prescribed. In addition, the AMA will advocate for greater pricing transparency and cost-control measures among drug manufacturers, insurers, and policymakers to improve access to evidence-based obesity and diabetes treatments.

Pairing Behavioral and Lifestyle Medicine Principles and Practices with GLP-1 and other Anti-Obesity Medications

The AMA supports insurance coverage, reimbursement, and sustainable payment models for clinician-led lifestyle intervention programs used alongside GLP-1 and other anti-obesity medications. The policy seeks to expand access for underserved, rural, and historically marginalized populations while making clear that patients should not be required to participate in a lifestyle program to receive medication coverage.

Parity in Pricing for Anti-Obesity Medications

The AMA opposes pharmaceutical manufacturer pricing arrangements that offer discounted anti-obesity medications exclusively through telehealth or online providers, citing concerns that such practices fragment care and undermine the patient-physician relationship.

Parity in Access to Evidence-Based Obesity Treatment

The AMA supports coverage parity for obesity treatment across public and private health plans, including medications, bariatric surgery, behavioral therapy, and nutrition services, while opposing insurer practices that restrict or terminate coverage based on weight-loss targets or body mass index thresholds rather than individualized clinical decision-making.

The costs for the patient and broader health care system associated with obesity, including the treatment of weight-related conditions and potential complications, can be substantial. The AMA believes it is crucial to recognize the urgency of addressing this disease comprehensively and proactively through a range of suitable treatments. The policies adopted today are an important step towards reducing barriers to the best course of treatment as determined by shared decision-making between patients and physicians. ❖

For adults with prediabetes, lifestyle intervention lowered risk of developing multiple chronic conditions

NIH-supported, long-term clinical trial found no difference between metformin and placebo

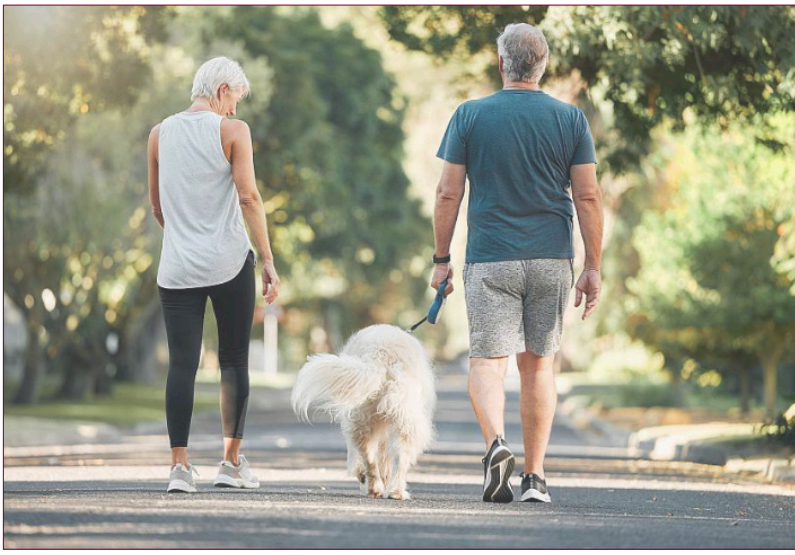
BETHESDA, MD — A clinical trial supported by the National Institutes of Health (NIH) found that adults with prediabetes assigned to a lifestyle intervention had a significantly lower risk of developing multiple chronic health conditions over time than those assigned to a placebo. This study, which followed participants for over two decades, also found that participants assigned to receive metformin did not experience a statistically significant reduction in multimorbidity risk. The findings, published in JAMA,[1] highlight the lasting benefits of lifestyle programs that may lower risk of the development of chronic conditions.

"Multimorbidity is a common issue, and few interventions have been found to prevent or delay developing multiple chronic conditions," said **MARCEL SALIVE, MD**, first author of the study, from NIH's National Institute on Aging (NIA). "Our work showing that healthy lifestyle intervention can significantly lower the burden of multimorbidity is a step forward in addressing this growing problem."

Previous research has shown that both metformin and lifestyle interventions have been successful in preventing or delaying diabetes and metabolic syndrome, but the researchers in this study wanted to determine whether these interventions could prevent or delay multimorbidity in addition to diabetes. The clinical trial was conducted in 27 sites in the U.S. and followed 1,173 participants who were at high risk of diabetes, were enrolled in Medicare, and consented to the linkage of their Centers for Medicare & Medicaid (CMS) claims. In the first part of the study, the NIH Diabetes Prevention Program (DPP), from 1996 to 1999, participants were randomly assigned to an intensive lifestyle intervention, metformin (a drug commonly used in the management of Type 2 diabetes), or placebo. They were then enrolled in the DPP Outcomes Study (DPPOS) and followed through 2021.

In the first part of the study, lifestyle participants were offered 16 individual sessions of interventions followed by monthly sessions for approximately two years. The behavior change program targeted reduced calories and fat and at least 150 minutes of physical activity a week to achieve greater than or equal to 7% weight loss from baseline. After DPP trial completion, all participants were offered the intensive lifestyle curriculum in groups during a six-month bridge period. During the outcomes study portion, all participants were offered quarterly group lifestyle sessions, and the original lifestyle participants received booster sessions twice annually.

By the end of follow-up, the researchers found that 85% of the study participants experienced two or more chronic conditions,



with 82%, 85%, and 87% experiencing multimorbidity among lifestyle, metformin, and placebo groups, respectively. Compared with the placebo group, participants in the lifestyle intervention had 21% lower risk for two chronic conditions and 25% lower risk for three chronic conditions. Participants assigned to metformin did not experience a statistically significant reduction in risk for multimorbidity. The study examined 15 chronic conditions commonly tracked in Medicare data, including hypertension, heart disease, stroke, arthritis, chronic kidney disease, COPD, cancer, depression, dementia, osteoporosis, and diabetes. These results persisted even when diabetes was taken out of the multimorbidity definition.

"These findings are highly encouraging, reinforcing that lifestyle programs focused on diet and exercise may persistently lower the risk of developing multiple chronic conditions, beyond diabetes," said **GRIFFIN P. RODGERS, MD**, Director of NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). "Furthermore, because lifestyle modifications can be safe and cost-effective, sustaining these healthy behaviors among people at risk of diabetes may help reduce not only the individual health burden, but also broader healthcare spending." ❖

Reference

1. Salive ME, et al. Lifestyle and metformin interventions and risk of multimorbidity in adults with prediabetes. JAMA 2026. DOI: 10.1001/jama.2026.8492

Researchers discover single-cell brain activity that underlies human speech

With neuronal data, AI models predicted grammar, meaning, and context of spoken sentences

BETHESDA, MD — By applying machine-learning models to single-cell brain recordings taken from humans in conversation, a National Institutes of Health (NIH)-funded research team identified both individual and collective neuronal activity that reflected key features of language. The work1 offers unprecedented insight into how neurons encode linguistic information, suggesting that brain activity may one day be used to infer speech-related thoughts, which could be transformative for some patients.

"This level of granularity is necessary for us to more completely understand how the brain generates speech and, ultimately, how we can develop technologies to restore it for individuals with communication disorders," said **DEBARA TUCCI**, MD, director of NIH's National Institute on Deafness and Other Communication Disorders (NIDCD).

The neuronal data came from microelectrode arrays implanted in eight patients for the separate purpose of epilepsy monitoring. The scientists, from Massachusetts General Hospital, Boston, made use of the opportunity by conducting and recording naturally flowing conversations in English, spanning a wide range of topics, with each of the study participants.

The researchers aligned transcriptions of the conversations in time with data describing the activity of hundreds of neurons in the frontotemporal cortex—a region the team previously linked to speech production. Then, wielding natural language processing models, they set out to uncover relationships between the datasets.

The authors found that neuronal recordings from just before participants spoke were predictors of many properties describing subsequent speech, across any topic of discussion. They detected a division of labor among the examined neurons, with some reflecting basic information, such as the meaning and roles of specific words, while others tackled more complex tasks including grouping phrases into structured sentences.

Their models could distinguish between similar phrases and words, suggesting the neuronal activity captured the unique context of sentences as well.

"For the first time we're describing processes not only at the regional but cellular scale that produce speech. Having identified these fundamental building blocks, we've set the table for us to begin answering some really interesting questions," said first author **JING CAI, PhD**, a researcher and instructor at Mass General.

These findings reveal how individual neurons encode language during speech, advancing our understanding of the brain's linguistic architecture. This knowledge could enable a new generation of technologies that translate neural activity into machine-generated speech beyond current capabilities. ❖

Reference

1. Jing Cai, et al. Mapping the neuronal building blocks of human language with language models. Nature. 2026. DOI: 10.1038/s41586-026-10691-5