

2025 State of the Air Report: air quality worsens in Providence metro area due to wildfire smoke

PROVIDENCE — The American Lung Association's newly released 2025 State of the Air report (Figure 1) reveals worsening air quality in the Boston-Worcester-Providence, MA-RI-NH metro area, with increased ozone smog and particle pollution contributing to greater health risks for residents. The report attributes much of this decline to widespread wildfire smoke in 2023, which impacted air quality across the region.

Notably, Washington County, RI, saw its ozone grade drop from a D to an F, placing the metro area among the three worst in the Northeast for ozone pollution. Additionally, Worcester County, MA, experienced an increase in daily particle pollution levels, with its B grade slipping to a C. Although year-round particle pollution levels showed slight improvement, the metro area remains the second worst in the Northeast for this pollutant.

The report also highlights a concerning national trend: 156 million people – 46% of the U.S. population – are living in areas

with unhealthy air pollution levels, underscoring the ongoing need for stronger clean air protections and climate action.

Ground-level Ozone Pollution in the Boston-Worcester-Providence, MA-RI-NH metro area (Figure 2)

The “State of the Air” report looked at levels of ozone “smog,” the air pollutant affecting the largest number of people in the United States. The Boston-Worcester-Providence, MA-RI-NH metro area ranked 61st worst in the nation for ozone pollution. The ranking was based on the area's worst county's average number of unhealthy days – 4.5 days per year, an F grade, in Washington County, Rhode Island. In last year's report, the county recorded 3 unhealthy days per year, a D grade.

Particle Pollution in the Boston-Worcester-Providence, MA-RI-NH metro area

The report also tracked short-term spikes in particle pollution, which can

Figure 1.



be extremely dangerous and even deadly. The Boston-Worcester-Providence, MA-RI-NH metro area ranked 114th worst in the nation for short-term particle pollution. The ranking was based on the area's worst county's average number of unhealthy days – 1.7 days per year, a C grade, in Worcester County, Massachusetts.

Figure 2.

RHODE ISLAND American Lung Association in Rhode Island													
HIGH OZONE DAYS 2021–2023						HIGH PARTICLE POLLUTION DAYS 2021–2023							
County				Wgt. Avg.	Grade	24-Hour					Annual		
	Orange	Red	Purple			Orange	Red	Purple	Maroon	Wgt. Avg.	Grade	Design Value	Pass/Fail
Kent	4	0	0	1.3	C	3	0	0	0	1.0	C	4.9	Pass
Providence	7	0	0	2.3	D	3	0	0	0	1.0	C	7.7	Pass
Washington	12	1	0	4.5	F	4	0	0	0	1.3	C	5.1	Pass

Figure 3.

RHODE ISLAND American Lung Association in Rhode Island													
AT-RISK GROUPS													
County	Total Population	Under 18	65 & Over	Lung Diseases				CV Disease	Pregnancies	Poverty	People of Color		
				Pediatric Asthma	Adult Asthma	COPD	Lung Cancer						
Kent	171,278	30,557	35,957	2,608	17,359	9,758	96	12,730	1,423	15,274	26,476		
Providence	660,615	131,950	111,084	11,260	65,594	33,297	369	42,422	6,178	80,793	279,234		
Washington	129,982	19,503	31,550	1,664	13,506	7,879	73	10,505	1,080	11,250	13,150		

Last year's report recorded 0.7 unhealthy days per year, capturing a B grade.

For the year-round average level of particle pollution, the area's worst county, Worcester County, Massachusetts, received a passing grade for pollution levels below the federal standard. The Boston-Worcester-Providence, MA-RI-NH metro area ranked 110th worst in the nation. This was better than the area's ranking in last year's report of 90th worst in the nation.

In addition to the Boston-Worcester-Providence, MA-RI-NH metro area, other notable findings across Rhode Island include:

- Not a single A grade was earned by any Rhode Island or Massachusetts County for ozone or particle pollution.

- Providence County received a D grade for ozone and a C grade for short-term particle pollution
- Kent County received C grades for both pollutants

The "State of the Air" report found that 156 million people in the U.S. (46%) live in an area that received a failing grade for at least one measure of air pollution and 42.5 million people live in areas with failing grades for all three measures. The report also found that a person of color in the U.S. is more than twice as likely as a white individual to live in a community with a failing grade on all three pollution measures. Notably, Hispanic individuals are nearly three times as likely as white individuals to live in a community with three failing grades (Figure 3).

Figure 4.



See the full report results at [Lung.org/sota](https://lung.org/sota).

The LUNG FORCE Walk Providence (Figure 4) is coming up on June 21st, and the Trek Across Maine is around the corner on June 13–15. ▽

Annual Report to the Nation: Cancer deaths continue to decline



BETHESDA, MD — Overall death rates from cancer declined steadily among both men and women from 2001 through 2022, even during the first two years of the COVID-19 pandemic, according to the 2024 Annual Report to the Nation on the Status of Cancer. Among men, overall cancer incidence, measured as the rate of new cancer diagnoses, decreased from 2001 through 2013

and then stabilized through 2021. Among women, overall cancer incidence increased slightly every year from 2003 through 2021, with the exception of 2020. The report appeared April 21, 2025, in *Cancer*.

Progress in reducing cancer deaths overall is largely the result of declines in both incidence and death rates for lung cancer and several other smoking-related cancers, the researchers noted. New diagnoses and deaths from lung cancer, for example, have declined in both men and women over the past 20 years. Meanwhile, the incidence of cancers associated with obesity has been rising. These include female breast, uterus, colon and rectum, pancreas, kidney, and liver cancers.

The report also shows that new diagnoses of breast cancer gradually increased over the study period, but the overall breast cancer death rate decreased. Cancer death rates in children declined steadily over the study period; those for adolescents and young adults also declined until recently, when the decline slowed and stabilized. From 2018 to 2022, cancer deaths decreased for each major racial and ethnic population group. From 2017 to 2021 (excluding 2020), cancer incidence was stable

among men in each major racial and ethnic population group but increased among women in each major racial and ethnic population group. During the same time period, among men, incidence was highest in non-Hispanic Black men, whereas among women, incidence was highest in American Indian and Alaska Native women.

The report also included an analysis of the COVID-19 pandemic's impact on observed cancer incidence in individual states, the District of Columbia, and Puerto Rico for the first two years of the pandemic. Cancer incidence declined sharply in 2020, likely due to pandemic-related disruptions in health care, but returned to pre-pandemic levels by 2021. The magnitude of the 2020 decline was similar across states, despite variations in COVID-19 policy restrictions. The researchers noted that these findings underscore the importance of providing access to health care, even during public health emergencies, to ensure the timely diagnosis of cancer.

The Annual Report to the Nation on the Status of Cancer is a collaborative effort among the National Cancer Institute (NCI), part of the National Institutes of Health; the Centers for Disease Control and Prevention (CDC); the American Cancer Society (ACS); and the North American Association of Central Cancer Registries (NAACCR). The report provides annual updates on cancer trends in the United States.

The report is based on cancer incidence data from population-based cancer registries, funded by CDC and NCI and compiled by NAACCR, and on cancer death data from the National Center for Health Statistics' National Vital Statistics System. ❖

For more about the report, see https://seer.cancer.gov/report_to_nation ❖

Rhode Island Life Science Hub awards \$450,000 in funding; more opportunities open

PROVIDENCE — The Rhode Island Life Science Hub has awarded \$450,000 in funding to four organizations to strengthen Rhode Island's life sciences sector by fostering entrepreneurship, supporting company expansion, and developing the workforce.

Among the recipients are:

- **RI Bio** will receive \$150,000 to support industry-relevant education through monthly workshops and lunch-and-learns, which will help startup companies and entrepreneurs navigate the commercialization of life science technology. It will also provide structured guidance for life science startups, including networking, clinical and regulatory assistance, to enhance industry engagement.
- **New England Medical Innovation Center (NEMIC)** will receive \$200,000 to scale its MedTech Leadership, Accelerator, Fee-for-Service Consulting, and Virtual Classroom programs. As a nonprofit, NEMIC supports MedTech and HealthTech innovators by providing expert mentorship for early-stage startup companies.
- **Courage Builder (Tribe Academy)** will receive \$50,000 to support the creation of two new innovative STEM and career-focused programs using virtual reality technology for students. Courage Builder is an award-winning, Rhode Island-based startup focused on education, career, and professional development programs in high growth sectors. They have a strong focus on programs that remove barriers to entry and engage a broader community of students throughout the state.
- **Nova Design** will receive \$50,000 to develop and pilot the Nova Ignite Program, which will support female founders developing products in the health and wellness and/or medical device field. Nova is a leading design, engineering, and research firm specializing in user-centric innovation and manufacturability, focusing on technologies in the field of health, wellness, medical devices, and consumer products.

"The Rhode Island Life Science Hub is proud to champion the work being done by our life science partners while creating new opportunities to develop and grow the state's innovation eco-system, workforce, and economy," said Rhode Island Life

Science Hub President and CEO **MARK TURCO, MD**. "These four recipients exemplify Rhode Island's exceptional impact in educating and inspiring the next generation of individuals that will work to accelerate commercialization of cutting-edge biotechnologies, medical devices, and health care solutions through targeted programs that support entrepreneurship and industry collaboration."

New Funding Opportunities

- **New Business Attraction:** Life science companies establishing a first-time presence in R.I.
- **Rhode Island Lift:** R.I. life science companies raising Pre-Seed, Seed and Series A capital
- **Rhode Island Growth Catalyst:** R.I. life science companies scaling operations and manufacturers expanding life science capabilities
- **Life Science Partner:** Organizations fostering the growth of R.I.'s life sciences sector

Additional details and application information for these programs can be found on the RI Life Science Hub's website.

2025 International Convention

The 2025 BIO International Convention is set to take place June 16–19 in Boston, bringing together leaders from across the global biotechnology and life sciences industry. With attendees from over 70 countries, BIO is a key event for fostering collaboration, sharing innovations, and discussing the future of life sciences.

The Rhode Island Life Science Hub is preparing to showcase the state's growing life sciences sector at the Rhode Island Pavilion. This space will serve as a gathering point for industry leaders, researchers, and innovators to connect and highlight Rhode Island's contributions to the field.

As part of this effort, RILSH is offering opportunities for local companies and organizations to be featured at the Pavilion, providing a platform to gain visibility and engage with the global life sciences community. ❖

\$1.2M federal grant boosts RI-INBRE Biotech Training Program

KINGSTON — The RI-INBRE program at the University of Rhode Island has received a \$1.2 million grant from the U.S. Department of Labor to expand its hands-on biotech workforce training initiative.

Designed to prepare students for careers in Rhode Island's life sciences industry, the program offers intensive lab-based

modules in core biomedical skills – free of charge to students from 10 partner institutions across the state.

Housed in URI's Avedisian Hall, the training program builds on earlier state support and has already equipped hundreds of students with in-demand technical experience. The new federal funding ensures its continuation through 2028. ❖

Gateway Healthcare, Wood River Health increase care access, offer medication assisted treatment

WESTERLY, HOPE VALLEY — Gateway Healthcare and Wood River Health have partnered to better serve the residents of Washington County.

Gateway Healthcare, an affiliate of Brown University Health, is Rhode Island's largest nonprofit behavioral health organization for treatment, intervention and prevention. Designated as a Certified Community Behavioral Health Clinic (CCBHC), it provides a comprehensive range of mental health and substance use services to patients.

CCBHCs are certified by the state and serve anyone who requests care for mental health or substance use, regardless of their diagnosis, place of residence, insurance status, or age. This includes developmentally appropriate care for children and youth. CCBHCs offer behavioral health services and are encouraged to coordinate care with a Designated Collaborating Organization (DCO) to ensure patients have access to high-quality medical care and specialist referrals.

A DCO is an entity that is engaged in a formal relationship with a CCBHC and delivers services under the same requirements. Wood River Health recently partnered with Gateway Healthcare to serve in this capacity. A federally qualified health center, Wood River Health has provided health care services to residents of Washington County, Rhode Island and southeastern Connecticut since 1976. It is a full-service medical, dental, and behavioral health care facility offering patient-centered care.

"The goal of CCBHCs is to ensure individuals have access to a coordinated package of services more quickly, rather than accessing services through separate organizations," said **SUSAN STEVENSON**, Director, CCBHC Services, Gateway Healthcare. "This is an expansion of our reach to the community. Gateway Healthcare expects to serve 4,000 individuals through CCBHCs this year alone. By partnering with Wood River Health, we are dramatically increasing Washington County's access to the primary care and wraparound support services they require to thrive."

"Rhode Islanders have a higher prevalence of substance use disorder, including alcohol and opioid use disorder, than the national average," stated **ALISON L. CROKE**, President and CEO of Wood River Health. "We embarked on this effort to better serve the members of our community by helping them improve their overall health and wellness."

Through this partnership, Gateway Healthcare and Wood River Health are working to expand community access to Medication Assisted Treatment, peer support services, and primary care/preventive services at Wood River Health's Hope Valley and Westerly facilities.

The cost of MAT is covered by Medicaid and by most private insurance companies. This program is available to current Gateway Healthcare patients, current Wood River Health primary care patients, or current Wood River Health patients interested in becoming Gateway patients.

Programs and services are provided at 823 Main Street, Hope Valley, RI and 17 Wells Street, Westerly, Rhode Island. More information is available at WoodRiverHealth.org. ❖

Governor McKee submits budget amendment to improve transparency, support stability in health care system

PROVIDENCE — Governor **DAN MCKEE** recently submitted a budget amendment to the General Assembly to strengthen fiscal oversight of Rhode Island's health care system. The proposed amendment would require hospitals, nursing facilities, Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Clinics (CCBHCs), large physician practices, and other providers to submit quarterly financial reports, reviewed and approved by their governing boards, to the State.

The goal of this new requirement is to improve transparency and to support early identification of financial risks that may threaten the continuity of care. Recent health care provider closures and layoffs have underscored the need for additional proactive measures that enable the State to monitor financial solvency and engage in timely problem-solving.

"This amendment is a critical step in protecting access to care for all Rhode Islanders," said Governor McKee. "This new reporting requirement is designed to be an early-warning mechanism—not a punitive measure. By collecting financials on a quarterly basis, the State can engage providers earlier to preserve stability, promote solvency, and avoid disruptions in care."

This budget amendment is one of the early implementation steps of the Health Care System Planning Cabinet, which Governor McKee established through Executive Order in 2024. The Cabinet's mission is to assess the state's health care system, address cross-cutting challenges, and build a cohesive roadmap for long-term system sustainability. Its Foundational Report, released in January, outlines key priorities including fiscal integrity, workforce stabilization, healthcare access, and primary care investments.

"Rhode Island's health care system is experiencing many of the same stressors we see nationwide – workforce challenges, rising costs, and access issues," said Secretary of the Executive Office of Health and Human Services **RICHARD CHAREST**. "The budget amendment submitted today reflects our commitment to fiscal transparency and proactive planning. This is about planning smart and acting early. We owe it to the people of Rhode Island to protect their health care access – and that starts with understanding where risks lie and addressing them before it's too late."

To learn more about the Health Care System Planning Cabinet and read its Foundational Report, visit: <https://eohhs.ri.gov/RI-Health-Care-System-Planning> ❖

BCBSRI strengthens support for primary care providers, assists Anchor Medical patients

PROVIDENCE — Blue Cross & Blue Shield of Rhode Island (BCBSRI) is strengthening its longstanding commitment to ensure timely and convenient access to high quality primary care in Rhode Island through important payment and administrative simplification efforts.

Working cooperatively with Gov. **DAN MCKEE** and the Health Insurance Commissioner's Office, and complementing legislative efforts led by R.I. Senate President **DOMINICK RUGGERIO** and House Speaker **K. JOSEPH SHEKARCHI** to bolster the state's healthcare system, BCBSRI is increasing payments to primary care providers (PCPs) in Rhode Island by a total of approximately \$40 million dollars through 2028.

In addition, BCBSRI is reducing PCP medical prior authorization requirements starting this month, as well as offering a new contract option that provides PCPs with advance monthly payments. These new contracts will improve financial stability and predictability for primary care practices to support their efforts to hire staff and expand patient access.

Alongside efforts to ensure greater PCP satisfaction and stability, BCBSRI is aiding members whose access to primary care is in jeopardy due to the unexpected closure of Anchor Medical Associates. BCBSRI has been coordinating with PCPs in the network that have the capacity to accept new patients and contacting impacted members with options for PCP placement assistance.

"Primary care is critical to the health of Rhode Islanders of all ages. With its focus on disease prevention, management of chronic conditions, and care coordination, primary care is foundational to our state's healthcare system," said **MARTHA L. WOFFORD**, president and CEO of BCBSRI. "We recognize that it is a challenging time for healthcare and, we're hopeful that these efforts will help increase stability for PCPs and preserve Rhode Islanders' access to care."

BCBSRI's four-year, \$40 million increase in payments for primary care will begin this summer. On July 1, BCBSRI will raise commercial fully insured reimbursement rates for PCPs by 15%.

Additional annual rate increases will follow through 2028.

The series of increases align with the Office of the Health Insurance Commissioner (OHIC's) new affordability standards. Finalized earlier this year, they call on insurers to increase funding for primary care and reduce PCP administrative burden from prior authorization requirements.

Beginning May 15, BCBSRI will eliminate 65% of medical prior authorization requirements for primary care physicians for both commercial and Medicare plans. Prior authorization helps ensure that patients are receiving appropriate, safe, and cost-effective care and reduces clinical variation in care. Recognizing that prior authorization can create administrative burden for physicians and delays for patients, BCBSRI took a data-driven approach to identify some of the most common orders that create additional work for PCPs, with radiology and cardiology leading the list. ❖