CDC's Advisory Committee on Immunization Practices' meeting held June 25–26

Approves RSV antibody treatment, influenza shots without thimerosal

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ATLANTA, GA — The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) met June 25–26, 2025, at CDC headquarters in Atlanta. It was the first formal meeting for the newly constituted group, after the dismissal of its former 17 members by the Secretary of Health and Human Services, **ROBERT F. KENNEDY, JR.** He replaced them with eight new members, named on Kennedy's X feed. One recently dropped out during a financial review, leaving the current group at seven members.

Dr. Martin Kulldorff shown during the June 26th ACIP meeting. [RIMJ]

At the first meeting on June 25th, which was open to the media and the general public through an online YouTube feed and which RIMJ attended, the ACIP announced it would form new work groups. They would study and evaluate the cumulative effects of the childhood and adolescent vaccine schedules, the hepatitis B vaccine dose given at birth, and the combination measles, mumps, rubella (MMR) and chickenpox vaccine, said chair **DR. MARTIN KULLDORFF**. He is a biostatistician and epidemiologist formerly at Harvard Medical School who has served on the Food and Drug Administration's Drug Safety and Risk Management Advisory Committee and the CDC's ACIP Vaccine Safety Subgroup.

A second new work group will look at vaccines that haven't been reviewed in more than seven years, Dr. Kulldorff said, including whether the hepatitis B vaccine should be universally recommended for newborns.

CDC staff also presented data on COVID-19 vaccines, showing their safety and efficacy in reducing hospitalizations and deaths. The numbers presented for the 2024 to present season were: 79 percent effectiveness for ages nine months to four-years-old; 57 percent for ages between five and 17-year-olds; and 34 percent for those over 18. Risks discussed included myocarditis and pericarditis.

RSV approved

On the second day of the meeting, in a somewhat surprise move to outside public health experts, the ACIP voted to recommend Clesrovimab that protects infants against respiratory syncytial virus (RSV). The monoclonal antibody created by Merck is recommended for use in infants younger than eight months born during or entering their first RSV season. In a second vote, it was approved to update the resolution for the federal Vaccines for Children program to include information about the newly approved shot. The vote was 7–0.

Merck's shot is the second RSV monoclonal antibody of its kind on the market. The first, a shot from Sanofi and AstraZeneca called Beyfortus, was approved by the Food and Drug Administration (FDA) in July 2023 and prevents RSV lower respiratory tract disease in infants entering or during their first RSV season.

Pregnant women also have access to Pfizer's RSV vaccine Abrysvo, which is recommended to protect newborns from lower respiratory infections. The shot is approved for use during the 32nd and 26th weeks of pregnancy during the RSV season, which typically starts in September and runs through January in the United States.

Thimerosal discussion

A vote was also taken on removing thimerosal, used as a preservative, from the seasonal influenza vaccine. In 2001, the organomercury compound was removed by the FDA from children's vaccines, and which has been phased out of other vaccines.

Currently it is present in four to five percent of multi-vial influenza vaccines. The committee voted against recommending vaccines that include the preservative for both children and adults. The votes for the different age groups were five yes, one no, one abstention.

Concern was raised by participants about limiting the availability of vaccines in multi-dose vials, already approved and on the schedule, and suggestions for investigating other preservatives down the line.

Influenza vaccines for upcoming season

The following recommendations were presented to the ACIP:

U.S. Influenza Vaccine Composition for the 2025–2026 Influenza Season

- All influenza vaccines marketed in the United States for the 2025–2026 season will be trivalent
- U.S. influenza vaccine composition for 2025–2026 includes an update to the influenza A(H3Nz) component:
  - An A/Victoria/4897/2022 (H1N1)pdmog-like virus for egg-based vaccines or an A/Wisconsin/67/2022 (H1N1) pdmog-like virus for cell-based and recombinant vaccines;
  - An A/Croatia/10136RV/2023 (H3Nz)-like virus for egg-based vaccines or an A/District of Columbia/27/2023 (H3N2)-like virus for cell-based and recombinant vaccines;
  - A B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Approval of Flublok (RIV3) for Persons Aged 9 through 17 Years

- Approved by FDA in March 2025
- Previously approved for ≥18 years; new age indication is ≥9 years
- Information has been updated in the Table of vaccines for 2025–2026

FluMist (LAIV3) for Self- or Caregiver Administration

- Approved by FDA in September 2024; presented to ACIP in April 2025
- Anticipated to be available for the 2025–2026 influenza season
- Consumers will be able to order FluMist for delivery for eligible recipients
- Screening for eligibility performed by online pharmacy, based on ACIP criteria
- Approved for self-administration for persons aged 18 through 49 years, or by caregiver aged ≥18 years for recipients aged 2 through 17 years
- LAIV will continue to be available for administration by healthcare providers as previously. No changes made to recommendations regarding appropriate populations, contraindications, or precautions.

Dr. Kulldorff concluded the meeting by stating the ACIP would use "evidence-based medicine and scientific research in an unbiased and transparent way," as it moves forward.

The Committee's recommendations are forwarded to CDC's Director and once adopted become official CDC policy. These recommendations are then published in CDC's *Morbidity and Mortality Weekly Report* (*MMWR*).

The slide shows from the two-day meeting and resolutions approved are available at https://www.cdc.gov/acip/meetings/presentation-slides-june-25-26-2025.html ❖

AMA, 78 Medical societies issue open letter backing vaccination to protect against respiratory viruses

CHICAGO – With respiratory viruses expected to surge this fall, the American Medical Association (AMA) and 78 leading medical societies [including the Rhode Island Medical Society], reaffirm their support for vaccination as the best way to protect against the flu, COVID-19, and RSV and their potentially serious complications. The organizations call on partners – insurers, hospitals, and public health agencies – to ensure these life-saving vaccines remain available to patients without cost sharing.

An open letter to the American people:

With the severe influenza season the U.S. experienced during the 2024–2025 respiratory virus season, and the recognition that we will likely see another surge in respiratory viruses this fall, we know strong physician leadership is essential to reducing preventable illness, hospitalizations, and death. Vaccines for influenza, RSV, and COVID-19 remain among the best tools to protect the public against these illnesses and their potentially serious complications – and physicians are among the most trusted voices to recommend them. We come together as physicians from every corner of medicine to reaffirm our commitment to these lifesaving vaccines.

Recent changes to federal immunization review processes raised concerns across the medical and public health community. In this moment of uncertainty, physicians must align around clear, evidence-based guidance for patients.

We commit to working together to promote public understanding and confidence in the use of vaccines to avoid another severe respiratory virus season and resurgence of vaccine-preventable illnesses and deaths. We call on our partners – from insurers to hospitals to public health agencies – to ensure vaccines remain available to patients without cost sharing.

The health and safety of the public remains our top priority, and we will continue to support evidence-based immunizations to help prevent severe disease and protect public health. ❖

Rhode Island sees decrease in drug overdose deaths, continues a two-year decline

PROVIDENCE — Governor **DAN McKEE** and the Governor's Overdose Task Force announced on June 12th that overdose deaths in Rhode Island dropped 25% since 2022 – continuing a two-year decline and falling to levels not seen since before the COVID-19 pandemic.

According to the newly released data from the Rhode Island Department of Health (RIDOH) Substance Use Epidemiology Program, 329 people lost their lives to accidental overdoses during 2024. This is an 18.6% decrease in overdose deaths compared to 2023.

These data indicate that Rhode Island is showing notable progress in its 2030 Action Plan goal to reduce overdose deaths by 30%.

The Governor's Overdose Task Force focuses on four key areas guided by the State's Strategic Plan: Prevention, Rescue and Harm Reduction, Treatment, and Recovery. This work is centered in racial equity, ensuring that diverse community voices are heard and valued in decision-making processes. Additionally, the Task Force combines data-driven insights and community engagement to connect Rhode Islanders to local resources.

"At the heart of this work is our deep commitment to addressing the stigma that prevents individuals and families from accessing lifesaving resources," said Governor's Overdose Task Force Director **CATHY SCHULTZ**. "The Task Force and its nine work groups continue to normalize conversations about substance use disorder and overdose. That is what it will take to help end this crisis."

"The fact that we are still losing people tells us that we still have much work to do," said **RICHARD LeCLERC**, Director of the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals. "That means all of us have to continue to work together strategically to help people understand that overdose deaths are preventable, that help and care are available, that people can and do recover from substance use disorders."

"Every single overdose death is preventable. Recovery is within reach for every person living with the disease of addiction," said Director of Health **JERRY LARKIN, MD**. "We need to keep coming together as families, as communities, and as a state to build on this momentum and continue reducing the number of drug overdose deaths in Rhode Island."

Overview of 2024 Rhode Island Fatal Overdose Data

Fatal drug overdose data in Rhode Island are collected by the Office of the State Medical Examiners and State Health Laboratories. Because many cases require complex drug testing, it can take several months to complete and confirm yearly overdose data.

These data show:

- Most people who died from a drug overdose were male (70%), similar to previous years.
- In 2024, individuals age 45 to 54 experienced the highest burden of overdose (59.3 per 100,000 residents), followed by those age 55 to 64 (55.6 per 100,000 residents).
- The rate of fatal overdose decreased among all age groups except for Rhode Islanders age 55 to 64.
- In 2024, the rate of fatal overdoses decreased among all race and ethnicity groups in Rhode Island.
- Non-Hispanic, Black Rhode Islanders still experience the highest burden of fatal overdose followed by non-Hispanic, white Rhode Islanders, and Hispanic or Latino Rhode Islanders.
- Opioids and fentanyl continue to drive the overdose epidemic in Rhode Island.
- In 2024, 69% of overdose deaths involved any opioid (including fentanyl), while 57% involved fentanyl specifically.
- The total number of opioid-involved fatal overdoses in 2024 decreased by 36% compared to 2022.
- Cocaine-involved overdose deaths surpassed fentanyl-involved overdose deaths for the first time since 2013, with 6 in 10 (61%) involving cocaine.
- In most of these cases, another substance was also present with cocaine in an individual's system according to toxicology reports.
- Eight in 10 overdose deaths took place in private settings like homes.
- The municipalities with the highest rates of fatal overdoses were Woonsocket (58.1 overdose deaths per 100,000 residents); Providence (45.4 per 100,000 residents); Pawtucket (33.3 per 100,000 residents); Cranston (25.5 per 100,000 residents); and Warwick (21.7 per 100,000 residents). Please note: Rates are calculated only for municipalities with 15 or more fatal overdoses occurring in 2024. ❖

Governor McKee, EOHHS award $6.7M in grants to bolster primary care

PROVIDENCE — Governor **DAN McKEE** and his Executive Office of Health and Human Services (EOHHS) announced $6.7 million in grants awarded to support 85 primary care practices across Rhode Island.

Primary care providers were invited to apply for grants across three tiers, representing different criteria:

- **Tier 1:** Primary care practices agree to and demonstrate that they have accepted new patients onto their patient panel.
- **Tier 2:** The primary care practices will recruit new primary care physicians or mid-level providers, such as Nurse Practitioners or Physician Assistants, to the Rhode Island primary care workforce.
- **Tier 3:** Primary care provider and/or practice that enrolls as a new Medicaid Provider in the Rhode Island Medicaid program.

Tier 1 and Tier 2 awards are listed in the link to a chart below. Providers who applied for a grant through Tier 3 – enrolling as a new Medicaid partner – will only be notified if they are awarded funding upon their successful enrollment in Medicaid on or before September 1, 2025. To learn more about the award recipients: https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-06/Primary%20Care%20Grant%20Recipients%2006.18.25%20%281%29.pdf

"Primary care is the foundation of preventive care and overall positive health outcomes," said EOHHS Secretary **RICHARD CHAREST**. "These grants will support 85 primary care practices in Rhode Island to expand their practices so they can see more patients, which, in turn, will ease the burden on Rhode Islanders seeking access to primary care."

"The mission of Rhode Island's Medicaid program, which provides coverage to one in three Rhode Islanders, is to improve access to care for our state's most vulnerable communities," said Rhode Island Medicaid Director **KRISTIN PONO SOUSA**. "We understand that even when people have access to health insurance, they still experience barriers to care. By providing funds to bolster primary care in our state, RI Medicaid is reinforcing our commitment to ensuring every family in Rhode Island can live a healthy life."

In addition to this grant opportunity, Governor McKee, joined by members of his State Health Care System Planning Cabinet, recently announced the following strategic actions to strengthen Rhode Island's primary care system:

- Accelerating the Medicaid rate review for primary care
- Requiring commercial health insurers to increase primary care funding
- Easing prior authorization requirements
- Expanding the primary care student loan forgiveness program

Rhode Island, like many other states, has seen a continuing decline in the primary care workforce in recent years; primary care providers are retiring, and the pipeline to replace them is limited. ❖

RIDOH launches campaign to spotlight men's mental health

PROVIDENCE — The Rhode Island Department of Health (RIDOH) has launched You Good, Man?, a statewide campaign to raise awareness and prevent suicide among working-age men — a population experiencing suicide at nearly twice the rate of the general public in Rhode Island.

"Society often focuses on the physical health of men – be it fitness, or annual checkups, or heart health. But mental health and well-being is just as important," said Director of Health **JERRY LARKIN, MD**. "This campaign is about creating a culture where men and boys feel comfortable reaching out and checking in on their friends and coworkers. No one should struggle in silence."

The You Good, Man? campaign features a powerful, locally produced video and a three-month media buy across social media, digital and streaming platforms, local movie theaters, and gas stations. As part of the campaign, YouGoodMan.org was created as a resource hub offering mental health tips, warning signs, conversation guides, and local support services.

The goal is to normalize conversations about mental health, empower friends, coworkers, and loved ones to check in, and encourage men to accept help when it's offered.

According to the 2023 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) survey, 11% of men said they usually or always feel lonely. Suicide death rates in Rhode Island are highest among working-age males (25–64 years old). The death rate for this group is more than twice as high as Rhode Island's overall suicide death rate. Working-aged men reported not having adequate social support in comparison to females in the same age group. According to 2024 Rhode Island fatal overdose data, the majority of individuals who died from a drug overdose – 70 percent – were male.

In addition to their impacts on mental health, loneliness and social isolation significantly impact physical health. They are associated with increased risk for heart disease, stroke, dementia, and type 2 diabetes.

For more information on the program, go to https://preventsuicideri.org/get-help/you-good-man ❖

Andrew Green, MD, first in New England to use ARVIS® augmented reality system for joint replacement surgery

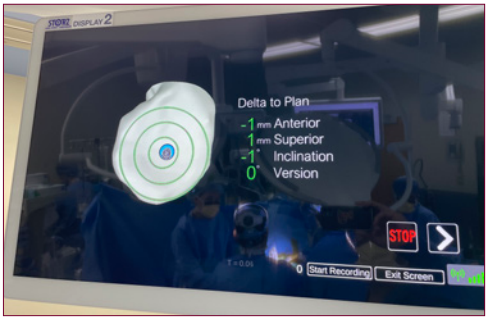
EAST PROVIDENCE — **ANDREW GREEN, MD**, a renowned shoulder specialist with University Orthopedics, recently became the first surgeon in New England to utilize ARVIS®, a groundbreaking augmented reality (AR) guidance system for shoulder joint replacement surgery.

Developed by Enovis™, ARVIS® (Augmented Reality Visualization and Information System) is the only AR platform currently available in the United States that enables surgical navigation for shoulder joint replacements, all within a single, compact system, thus facilitating precise implant placement.

ARVIS® integrates tracking cameras, a 3D AR display, and a hands-free interface within a surgical helmet-compatible eyepiece, as shown here by **Dr. Andrew Green** of University Orthopedics.
[PHOTOS: UNIVERSITY ORTHOPEDICS]

ARVIS® integrates tracking cameras, a 3D AR display, and a hands-free interface within a surgical helmet-compatible eyepiece. Its proprietary hardware enhances surgical precision while minimizing the physical footprint and financial burden associated with traditional robotic systems.

"I've incorporated ARVIS® into my practice because it's designed specifically to fit the needs of my shoulder patients," said Dr. Green, Chief of Shoulder and Elbow Surgery at Brown University Health and University Orthopedics. "After more than 30 years performing shoulder replacements, I know how important the small details are to a good result. My patients deserve the best tools and technology available. The ARVIS® system helps me to precisely position the implants, which is especially important in cases with more severe bone deformity. Published research studies show that computer-assisted planning and navigation improve the surgical accuracy over traditional unguided surgical techniques. With ARVIS®, I have complete control of the surgery." ❖



Roger Williams Medical Center's Blood and Marrow Transplant program introduces new CAR T-cell therapies

PROVIDENCE — Roger Williams Medical Center's Blood and Marrow Transplant and Cellular Therapy (BMT) program announced that KITE Pharmaceutical's Chimeric Antigen Receptor T-cell (CAR T-cell) therapies for the treatment of certain blood cancers, Yescarta and Tecartus, are now available in Rhode Island.

Yescarta is indicated for the treatment of two types of adult non-Hodgkin lymphoma: 1. relapsed or refractory large B-cell lymphoma, and 2. relapsed or refractory follicular lymphoma. Tecartus is indicated for the treatment of adults with mantle cell lymphoma or acute lymphoblastic leukemia.

RITESH RATHORE, MD, Director of Hematology/Oncology and Acting Director of the Roger Williams Bone Marrow program, said, "We are excited about this partnership which enables us to provide patients with life-threatening blood cancers with a treatment option that can be lifesaving, all within their home state and without having to worry about leaving the vicinity of their home and loved ones."

In 2020, the BMT program added the Novartis Pharmaceuticals CAR T-cell therapy product, Kymriah, to its available treatment regimens. While Kymriah treats similar cancers as those treated by the KITE products, it is important to note that different products indicated for the same cancer treatments are not created equally. Some may work better for some than others, and having multiple options to discuss with healthcare providers is a huge benefit to patients and the success of their treatment.

The BMT program, celebrating its 30th year of caring, is dedicated to providing Rhode Island and nearby residents suffering from difficult cancer diagnoses with the most current and effective treatments available. The program is currently working with another pharmaceutical company to include CAR T-cell therapy for multiple myeloma to the available treatment regimens within the next year. ❖

Medicare Trustees warn about access to care for seniors

CHICAGO – Medicare Trustees warned that long-term access to care for seniors is threatened by Medicare's failure to keep up with the cost of practicing medicine, adding to the drumbeat of similar warnings from policymakers and the American Medical Association (AMA).

The Medicare Trustees report pointed out that rising costs are outpacing physician payments. As a result, physician practices are struggling to stay open. "Absent a change in the delivery system or level of update by subsequent legislation, the Trustees expect access to Medicare-participating physicians to become a significant issue in the long term," the report said.

"Medicare Trustees join the Medicare Payment Advisory Commission, members of Congress, medical organizations and, most importantly, patients in recognizing that this issue is affecting physician practices today. As physicians, we are trained to spot trends, but you don't have to have a medical degree to see this one. While we are grateful for the growing consensus, the problem does not go away by merely recognizing it. Medicare reform must be the next step, and we must do it now," said AMA President **BOBBY MUKKAMALA, MD**.

As one of the few Medicare providers without an inflationary payment update, physicians have watched their payments (when adjusted for inflation in practice costs) decline 33% from 2001 to 2025. This year, Medicare cut payments by another 2.8 percent. These increasingly thin operating margins disproportionately affect small, independent, and rural physician practices, as well as those treating low-income or underserved communities.

The House recently passed an update for 2026 that substantially accounts for inflation and is an important step toward Medicare reform. The AMA is working to include that provision in the Senate and the final version of the reconciliation bill.

The report warned of a two-tiered medical system with the "quality of health care received by Medicare beneficiaries will, under current law, fall over time compared to that received by those with private health insurance."

Added Dr. Mukkamala, "Medicare Trustees have clearly explained the problem: Physicians are facing high medical inflation and lowered payments. This year's 2.8 percent cut is a painful – and ongoing – reminder that the Medicare payment system needs reform. We look forward to advancing many of our thoughts as we work on this issue with Congress and the administration in the coming year."

The report can be found here. ❖

Brown joins amicus brief detailing how federal research cuts imperil America's global competitiveness

PROVIDENCE [BROWN UNIVERSITY] — Brown University along with 23 other colleges and universities filed an amicus brief on June 9th in support of Harvard University's motion for summary judgment in a lawsuit challenging the federal government's funding freeze on approximately $3 billion in research grants and contracts to the university.

The amicus brief urged the federal court hearing the case to sustain federal investments in scientific research at U.S. universities, arguing that protecting research is in the public interest and that compromising funding would come with irreparable harm. The brief emphasized that for more than 80 years, the federal government has invested heavily in scientific research at U.S. universities, enabling breakthroughs that save and improve lives and build economies.

"This funding has fueled American leadership at home and abroad, yielding radar technology that helped defeat the Nazis, computer systems that put humans on the Moon, and a vaccine that saved millions during a global pandemic," the brief states. "Many of these life-changing and history-altering innovations came out of work that had an entirely different initial focus."

The amicus brief argued that the U.S. has long advanced scientific research in collaboration with universities, and the result has been a symbiotic partnership that has made America a global leader.

"The government identifies projects that are vital to the national interest," the brief notes. "Agencies award funding for those initiatives, usually on a competitive basis, selecting recipients based on scientific merit and their ability to create value for the American people. And in exchange, the country's top scientists harness federal resources to drive gains in fields from nuclear power to biomedicine to artificial intelligence.

The universities argued that broad cuts to federal research funding, like those Harvard is challenging in court, disrupt projects, ruin experiments and datasets, and destroy the careers of aspiring scientists. Funding cuts also deter investment in the long-term research that only institutions with federal funding can pursue, threatening the pace of progress and undermining American leadership.

"Terminating funding to universities jeopardizes American innovation and economic growth by severely limiting their ability to play their vital, longstanding roles in expanding scientific knowledge," the brief states. "These cuts to research funding risk a future where the next pathbreaking innovation – whether it is a cure for cancer or Alzheimer's, a military technology, or the next Internet – is discovered beyond our shores, if at all."

The brief noted that sustained government-university collaboration has contributed to inventions and breakthroughs ranging from nuclear reactors and national security measures to

cancer treatments, DNA sequencing technology and hurricane forecasting techniques.

The amicus brief urged the court to grant summary judgment to Harvard in its lawsuit against the government, which would allow the judge to rule on the case without a full trial. Even schools that do not experience direct funding cuts will suffer, it argued – scientists work across institutions, grants issued to one university support researchers from others schools, and cutting-edge research is often conducted via collaboration.

"Extensive cuts to federal research funding to universities threaten much of what has made the U.S. research enterprise a juggernaut of growth and prosperity," the brief states.

In addition to Brown, the brief's signatories include American University; Boston University; California Institute of Technology; Colorado State University; Dartmouth College; Georgetown University; Johns Hopkins University; Massachusetts Institute of Technology; Michigan State University; Oregon State University; Princeton University; Rice University; Rutgers University; Stanford University; Tufts University; University of Delaware; University of Denver; University of Maryland, Baltimore; University of Maryland, College Park; University of Oregon; University of Pennsylvania; University of Pittsburgh; and Yale University. ❖

The Miriam Hospital opens 75-year-old time capsule, kicking off major modernization project

PROVIDENCE — In a moving celebration of history and progress, The Miriam Hospital on June 19th opened a time capsule that had been sealed in the cornerstone of its second building – formerly the Jewish Orphanage of Rhode Island – nearly 75 years ago. The capsule was originally placed in 1950 by then hospital president Benjamin Brier.

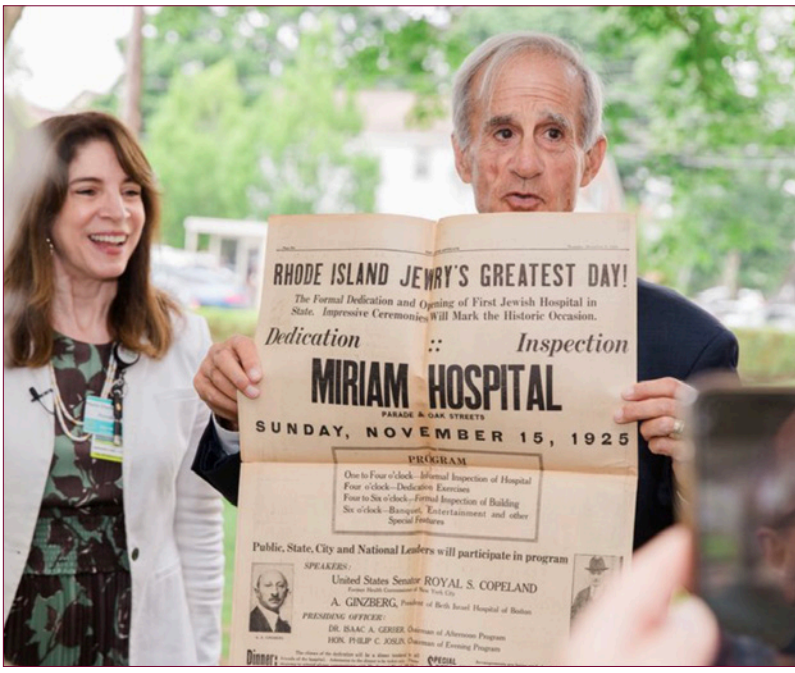
Marking a once-in-a-lifetime moment for the hospital and the broader community, the event welcomed dozens of staff, supporters, and special guests to the hospital's lawn to witness the unveiling.

"When my grandfather placed this time capsule in the cornerstone 75 years ago, I doubt he imagined that one of his grandchildren would one day return to open it. Today is not just a celebration of the past, it's a continuation of a legacy rooted in community, service, and care," said **JEFFREY G. BRIER**, former chairman, The Miriam Hospital Board of Trustees.

Inside the time capsule were numerous artifacts, including:

- A bundle of letters of support, including one from then-Rhode Island Governor Dennis J. Roberts
- A Sunday edition of the *Providence Journal*
- A 1925 copy of the *Jewish Advocate* newspaper, specially dedicated to the Parade Street Hospital dedication
- Original ceremony program
- Several newly minted 1951 dimes and more!

"These items are more than just a reminder of our past, they are a testament to the enduring values of compassion, resilience, and community that continue to define The Miriam Hospital today," said Hospital President **MARIA DUCHARME, DNP, RN**. "We honor the legacy of those who built and cared for patients in this hospital as we begin The Miriam Hospital's next phase – a bold reimagining of how we deliver care, grounded in our history and shaped by the very people who live it every day, our dedicated clinicians and staff."



A time capsule unsealed at The Miriam Hospital on June 19, 2025 revealed a 100-year-old newspaper celebrating the hospital's founding. Unveiling the contents was **Jeffrey G. Brier**, former chairman of The Miriam Hospital (2004–2008), who joined Hospital President **Maria Ducharme, DNP, RN**. [COURTESY OF THE MIRIAM HOSPITAL]

The event also marked the official start of the hospital's long-anticipated building replacement project, with the removal of the historic cornerstone serving as both a symbolic and physical first step. ❖

HHS, CMS hold roundtable on prior authorizations

WASHINGTON, DC — U.S. Health and Human Services (HHS) Secretary **ROBERT F. KENNEDY, Jr.** and Centers for Medicare & Medicaid Services (CMS) Administrator **DR. MEHMET OZ** met on June 23rd with industry leaders to discuss their efforts to streamline and improve the prior authorization processes for Medicare Advantage, Medicaid Managed Care, Health Insurance Marketplace® and commercial plans covering nearly eight out of 10 Americans.

In a roundtable discussion hosted by HHS, health insurers pledged six key reforms aimed at cutting red tape, accelerating care decisions, and enhancing transparency for patients and providers. Companies represented at the roundtable included Aetna, Inc., AHIP, Blue Cross Blue Shield Association, CareFirst BlueCross BlueShield, Centene Corporation, The Cigna Group, Elevance Health, GuideWell, Highmark Health, Humana, Inc., Kaiser Permanente, and UnitedHealthcare.

Participating health insurers have pledged to:

- Standardize electronic prior authorization submissions using Fast Healthcare Interoperability Resources (FHIR®)-based application programming interfaces.
- Reduce the volume of medical services subject to prior authorization by January 1, 2026.
- Honor existing authorizations during insurance transitions to ensure continuity of care.
- Enhance transparency and communication around authorization decisions and appeals.
- Expand real-time responses to minimize delays in care with real-time approvals for most requests by 2027.
- Ensure medical professionals review all clinical denials. ❖

Health insurance plans announce commitments to streamline, simplify and reduce prior authorization

WASHINGTON, DC – Health insurance plans on June 23rd announced a series of commitments to streamline, simplify and reduce prior authorization – a critical safeguard to ensure their members' care is safe, effective, evidence-based and affordable. Building on health plans' existing efforts, these new actions are focused on connecting patients more quickly to the care they need while minimizing administrative burdens on providers.

These commitments are being implemented across insurance markets, including for those with commercial coverage, Medicare Advantage and Medicaid-managed care consistent with state and federal regulations, and will benefit 257 million Americans.

For patients, these commitments will result in faster, more direct access to appropriate treatments and medical services with fewer challenges navigating the health system. For providers, these commitments will streamline prior authorization workflows, allowing for a more efficient and transparent process overall, while ensuring evidence-based care for their patients.

"The health care system remains fragmented and burdened by outdated manual processes, resulting in frustration for patients and providers alike. Health plans are making voluntary commitments to deliver a more seamless patient experience and enable providers to focus on patient care, while also helping to modernize the system," said AHIP President and CEO **MIKE TUFFIN**.

"These measurable commitments – addressing improvements like timeliness, scope and streamlining – mark a meaningful step forward in our work together to create a better system of health," said **KIM KECK**, President and CEO, Blue Cross Blue Shield Association. "This is an important foundation to address bigger problems together, at a time when technology and interoperability can deliver real improvements to patient experience."

Participating health plans commit to:

- **Standardizing Electronic Prior Authorization:** Participating health plans will work toward implementing common, transparent submissions for electronic prior authorization. This commitment includes the development of standardized data and submission requirements (using FHIR® APIs) that will support seamless, streamlined processes and faster turn-around times. The goal is for the new framework to be operational and available to plans and providers by January 1, 2027.
- **Reducing the Scope of Claims Subject to Prior Authorization:** Individual plans will commit to specific reductions to medical prior authorization as appropriate for the local market each plan serves, with demonstrated reductions by January 1, 2026.
- **Ensuring Continuity of Care When Patients Change Plans:** Beginning January 1, 2026, when a patient changes insurance companies during a course of treatment, the new plan will honor existing prior authorizations for benefit-equivalent in-network services as part of a 90-day transition period. This action is designed to help patients avoid delays and maintain continuity of care during insurance transitions.
- **Enhancing Communication and Transparency on Determinations:** Health plans will provide clear, easy-to-understand explanations of prior authorization determinations, including support for appeals and guidance on next steps. These changes will be operational for fully insured and commercial coverage

by January 1, 2026, with a focus on supporting regulatory changes for expansion to additional coverage types.

- **Expanding Real-Time Responses:** In 2027, at least 80 percent of electronic prior authorization approvals (with all needed clinical documentation) will be answered in real-time. This commitment includes adoption of FHIR® APIs across all markets to further accelerate real-time responses.
- **Ensuring Medical Review of Non-Approved Requests:** Participating health plans affirm that all non-approved requests based on clinical reasons will continue to be reviewed by medical professionals – a standard already in place. This commitment is in effect now.

"Private-sector collaboration and solution-oriented commitments are critical to improve policy and tackle challenges. With membership spanning the entire healthcare continuum, we appreciate the need to balance appropriate medical management with timely access to care. This announcement from health insurance plans is an important step toward improving the prior authorization process," said **MARIA GHAZAL**, President and CEO of the Healthcare Leadership Council. "We must seize this opportunity to turn these initiatives into real, sustained progress for patients."

"The National Health Council (NHC) welcomes the commitment of health plans to reform prior authorization practices as an encouraging step toward better access to care. For years, the NHC has called for changes that make the system work easier and better for people living with chronic diseases and disabilities," said **RANDALL RUTTA**, NHC's Chief Executive Officer. "The NHC is a ready partner to AHIP, BCBSA and health plans making these commitments to promote meaningful action that reduces administrative burden, increases transparency and centers on the needs of patients."

"We are encouraged by this collective commitment to reform prior authorization practices. Physicians have long advocated for reforms that help ensure that patients receive timely, medically necessary care and reduce administrative burden – including the elimination of unnecessary prior authorizations," said **SHAWN MARTIN**, Executive Vice President and Chief Executive Officer of the American Academy of Family Physicians. "While this commitment is a step in the right direction, we will ultimately measure its impact by real changes in the day-to-day experiences of patients and the physicians who care for them. We look forward to collaborating with payers to ensure these efforts lead to meaningful and lasting improvements in patient care."

Progress will be tracked and reported. A full list of participating health plans and additional information are available at: www.ahip.org/supportingpatients and https://www.bcbs.com/ImprovingPA. ❖

AMA responds as health insurers try again at voluntary prior authorization reforms

Credits agency officials & federal lawmakers for leadership and holding industry accountable

BOBBY MUKKAMALA, MD
PRESIDENT, AMERICAN MEDICAL ASSOCIATION

"The American Medical Association has been a leading voice in the call for prior authorization reform during the last decade, and we therefore applaud Secretary Kennedy, Administrator Oz, and Deputy Administrator Klomp for their leadership in convening the health insurance industry to address the urgent need for prior authorization reform. The proposals announced today would help right-size and streamline a process that is harming our patients daily. In fact, the announced reforms are ones the AMA has long advocated for to policymakers and echo commitments health plans previously agreed to in the 2018 Consensus Statement on Improving the Prior Authorization Process, including reducing the volume of prior authorization requirements, protecting care continuity as patients transition to new health plans, improving transparency, and automating the process.

"Despite widespread calls for meaningful reforms and the insurance industry's past promises, the prior authorization process remains costly, inefficient, opaque, and too often hazardous for patients. That is why the AMA enthusiastically supported recent federal regulations that applied reforms to limited health insurance markets, including Medicare Advantage. We are optimistic that health plans' pledge to expand the scope of several of these important reforms to other insurance types will provide more patients and physicians with relief. Moreover, we commend Senator Marshall and Congressman Murphy for their remarks at the event, as well as the continued bipartisan, bicameral commitment to codify these changes into law via passage of the Improving Seniors' Timely Access to Care Act.

"We are pleased with the industry's recognition that the current system is not working for patients, physicians or plans. However, patients and physicians will need specifics demonstrating that the latest insurer pledge will yield substantive actions to bring immediate and meaningful changes, break down unnecessary roadblocks, and keep medical decisions between patients and physicians. The AMA will closely monitor the implementation and impact of these changes as we continue to work with federal and state policymakers on legislative and regulatory solutions to reduce waste, improve efficiency, and, most importantly, protect patients from obstacles to medically necessary care." ❖

General Assembly approves bill to reduce prior authorization requirements for primary care

STATE HOUSE – The General Assembly today approved legislation sponsored by Senate Health and Human Services Committee Chairwoman **MELISSA MURRAY** and Rep. **BRANDON POTTER** to create a three-year pilot program prohibiting insurers from requiring prior authorization for medically necessary health care services ordered by patients' primary care providers.

The legislation (2025-S 0168B, 2025-H 5120A), which now goes to the governor, is meant to remove a roadblock that slows down patient care and consumes hours of primary care providers' and their staffs' time each day.

The bill is included the package of legislation endorsed by Senate leadership this session to address health care accessibility and affordability.

"It is the health care providers, not insurers, who know best what care is needed for their patients. And we need our primary care providers focused on providing care, not haggling with insurance companies," said Chairwoman Murray (D-Dist. 24, Woonsocket, North Smithfield).

Said Representative Potter (D-Dist. 16, Cranston), "We know all too well that Rhode Islanders are struggling to find primary care doctors, and those fortunate enough to have one are facing longer waits for appointments. The situation is only made worse when doctors have to spend their time battling insurance companies instead of treating patients. This is a step to ease that burden, expand access to basic health care, and ensure medical decisions are made by doctors based on what's best for patients – not by insurance companies prioritizing their bottom line."

The legislation would, for the three years beginning Oct. 1, prohibit insurers from imposing prior authorization requirements for any admission, item, service, treatment, or procedure ordered by a primary care provider, including general internists, family physicians, pediatricians, geriatricians, OB-GYNs, nurse practitioners, physician assistants and other health care providers who are credentialed with the insurer as a primary care provider. The prohibition does not extend to prescription drugs.

The bill requires annual reports from all insurers in Rhode Island, as well as from a workgroup from the Office of the Health Insurance Commissioner, to assist in assessing the success of the pilot program at improving access to primary care services, availability of staff to perform other office functions, increases in patient appointments and reductions in care delay.

If the pilot is found effective, it would be up to the General Assembly to vote to extend the program past its Oct. 1, 2028, expiration.

"Rhode Island's primary care system is at a breaking point. The recent closure of Anchor Medical left more than 25,000 patients searching for new primary care physicians – adding immense strain to a system already struggling to meet demand. Practices are reporting long wait times, limited capacity and increasing burnout. In this context, we must take immediate focused steps to strengthen the foundation of our health care system: primary care," said **KARA STAVROS, MD**, president of the Rhode Island Medical Society, in written testimony in favor of the legislation. "One of the most burdensome and unnecessary barriers to timely care is prior authorization. While intended as a cost-control measure, in practice, it delays needed treatment, increases administrative waste and undermines clinical decision-making.…In this moment of crisis, we cannot allow bureaucratic process to interfere with patients' ability to access timely, effective care. Rhode Islanders deserve better."

According to the American Medical Association, which has been advocating to reduce prior authorization requirements, the average physician practice completes 45 prior authorizations per physician per week. According to the most recent AMA survey, 94% of physicians believe prior authorization delays care. The Rhode Island Medical Society has also advocated for reductions in prior authorization requirements. ❖

Assembly OKs bill to help foreign-trained doctors to practice medicine in Rhode Island

STATE HOUSE — The General Assembly approved legislation introduced by Rep. **JOSEPH J. SOLOMON, Jr.** and Sen. **LORI URSO** that would help internationally trained physicians acquire medical licenses by eliminating barriers such as repeating residency programs.

The bill (2025-H 5108Aaa, 2025-S 0347Aaa) would allow internationally trained physicians to practice at health care facilities in Rhode Island under the guidance, assessment and evaluation of licensed physicians in the state, offering a pathway to full licensure outside of the current requirements to train in accredited United States residency training programs.

"Many talented foreign physicians face an assortment of bureaucratic hurdles in practicing medicine in America, including having to repeat residency, costly licensure requirements, and increasing restrictions," said Representative Solomon (D-Dist. 22, Warwick). "As the physician shortage worsens, we need to tap into this skilled pool of professionals to strengthen our medical community with multilingual, culturally competent physicians – especially in underserved communities."

This legislation is modeled on the Physician Pathway Act, which was enacted last year in Massachusetts after a statewide task force determined that more than one in five foreign-trained

health care professionals in the commonwealth were either unemployed or working in low wage, low-skilled jobs.

"We worked with the Department of Health and the Board of Medical Licensure to develop proper language to ensure due diligence in providing this pathway," said Senator Urso (D-Dist. 8, Pawtucket). "I hope it opens the door – even if just a little – to easing the burdens on our primary care physicians."

Under this legislation, an internationally-trained physician would be defined as "a physician who has received a degree of doctor of medicine or its equivalent from a medical school located outside the United States with recognized accreditation status from the Educational Commission for Foreign Medical Graduates."

Such physicians would be eligible to apply for a limited international physician license to practice medicine for a renewable one-year term after satisfying certain criteria, provided that such limited registration would supply a pathway to apply for the issuance of a full unrestricted license to practice medicine in accordance with the criteria.

The measure now moves to the governor's office. ❖

Katherine MacCallum, MD, of Brown Surgical Associates, Brown University Health, first in RI to perform Limb-Saving Limflow® TADV procedure

PROVIDENCE — In a major advancement for patients suffering from advanced peripheral arterial disease (PAD), **KATHERINE MACCALLUM, MD**, vascular surgeon with Brown Surgical Associates and Brown University Health, has become the first physician in Rhode Island to perform the LimFlow® TADV (Transcatheter Arterialization of the Deep Veins) procedure – a breakthrough treatment for patients with Chronic Limb-Threatening Ischemia (CLTI) who face the imminent threat of major amputation.

CLTI is a severe and life-altering form of PAD that manifests as non-healing wounds, intractable pain, and eventual limb loss.1 The LimFlow® TADV System is the first and only FDA-approved device designed to provide a minimally invasive solution by rerouting oxygenated blood into the deep venous system, restoring circulation where arteries have failed.

"This technology allows us to offer new hope to patients who previously had no other treatment options besides major amputation," said Dr. MacCallum. "By restoring blood flow to the foot, we're not only saving legs, we're enabling these patients to retain their independence, lessen the need for prolonged hospital and rehabilitation stays, and ultimately saving lives."

The LimFlow® procedure has been shown to significantly improve outcomes for patients with CTLI and no options for surgical bypass:

- 73% limb salvage at 12 months; 68% sustained at 24 months
- 92% healed or healing wounds at 12 months; 83% at 24 months
- 69% of patients pain-free at 24 months[2]

"LimFlow® TADV provides a new option for treating no-option CLTI with demonstrated limb salvage and wound healing through two years, even in the sickest patients," said **DR. DAN CLAIR**, as presented at VIVA 2024.3

The success of the LimFlow® procedure requires a collaborative team approach involving vascular surgeons, vascular lab technologists, wound care specialists, and podiatrists. Brown Surgical Associates and Brown University Health have long been at the forefront of such multidisciplinary models, and this new offering continues their tradition of innovation and comprehensive patient care. ❖

The success of the LimFlow® procedure requires a collaborative team approach involving vascular surgeons, vascular lab technologists, wound care specialists, and podiatrists. [COURTESY OF BROWN SURGICAL ASSOCIATES]

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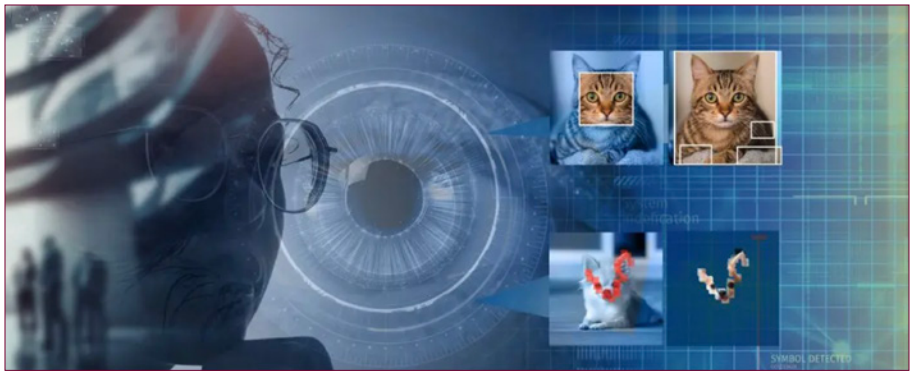
1. Centers for Disease Control and Prevention. Peripheral Arterial Disease (PAD).
2. LimFlow TADV Clinical Trial Data.
3. Clair D. VIVA 2024 Presentation.

Training AI to see more like humans

ALEXANDRIA, VA — Supported in part by the U.S. National Science Foundation, Brown University researchers are teaching AI to see more like humans, opening doors to more accurate AI solutions.

At Brown University, an innovative new project is revealing that teaching artificial intelligence to perceive things more like people may begin with something as simple as a game. The project invites participants to play an online game called Click Me, which helps AI models learn how people see and interpret images. While the game is fun and accessible, its purpose is more ambitious: to understand the root causes of AI errors and to systematically improve how AI systems represent the visual world.



The image compares how an AI model performs under two training conditions: with ClickMe maps and without them. On the left, "With ClickMe Maps", the model focuses on small, meaningful details – like the cat's facial features – mimicking how humans naturally interpret images. On the right, "Without Maps", the model pays attention to broader, less specific regions, such as the entire animal or background elements. [U.S. NATIONAL SCIENCE FOUNDATION, ADOBE STOCK BY METAMORWORKS. MANNA PATIPARNPRECHAVUT (RHODE ISLAND SCHOOL OF DESIGN) AND JAY GOPAL (BROWN UNIVERSITY)]

Over the past decade, AI systems have become more powerful and widely used, particularly in tasks like recognizing images. For example, these systems can identify animals, objects or diagnose medical conditions from images. However, they sometimes make mistakes that humans rarely do. For instance, an AI algorithm might confidently label a photo of a dog wearing sunglasses as a completely different animal or fail to recognize a stop sign if it's partially covered by graffiti. As these models become larger and more complex, these kinds of errors become more frequent, revealing a growing gap between how AI and humans perceive the world.

Recognizing this challenge, researchers funded in part by the U.S. National Science Foundation propose to combine insights from psychology and neuroscience with machine learning to create the next generation of human-aligned AI. Their goal is to understand how people process visual information and translate those patterns into algorithms that guide AI systems to act in similar ways.

The Click Me game plays a central role in this vision. In the game, participants click on parts of an image they believe will be most informative for the AI to recognize. The AI only sees the parts of the image that have been clicked. Therefore, players are encouraged to think strategically about the most informative parts of the image rather than clicking at random to maximize the AI's learning.

The AI-human alignment occurs at a later stage, during which the AI is trained to categorize images. In this "neural harmonization" procedure, the researchers force the AI to focus on the same image features that humans had identified – those clicked during the game – to make sure its visual recognition strategy aligns with that of humans.

What makes this project especially remarkable is how successfully it has engaged the public. NSF funding has allowed the team to attract thousands of people to participate in Click Me, helping it gain attention across platforms like Reddit and Instagram, and generating tens of millions of interactions with the website to help train the AI model. This type of large-scale public participation allows the research team to rapidly collect data on how people perceive and evaluate visual information.

At the same time, the team has also developed a new computational framework to train AI models using this kind of behavioral data. By aligning AI response times and choices with those of humans, the researchers can build systems that not only match what humans decide, but also how long they take to decide. This leads to a more natural and interpretable decision-making process.

The practical applications of this work are wide-ranging. In medicine, for instance, doctors need to understand and trust the AI tools that assist with diagnoses. If AI systems can explain their conclusions in ways that match human reasoning, they become more reliable and easier to integrate into care. Similarly, in self-driving cars, AI that better understands how humans make visual decisions can help predict driver behavior and prevent accidents. Beyond these examples, human-aligned AI could improve accessibility tools, educational software and decision support across many industries. Importantly, this work also sheds light on how the human brain works. By emulating human vision in AI systems, the researchers have been able to develop more accurate models of human visual perception than were previously available.

This initiative underscores why federal support for foundational research matters. Through NSF's investment, researchers are advancing the science of AI and its relevance to society. The research not only pushes the boundaries of knowledge but also delivers practical tools that can improve the safety and reliability of the technologies we use daily. ❖