

RI delegation announces \$7.94M grant for new mental health facility for children at Bradley Hospital

EAST PROVIDENCE — In an effort to help Bradley Hospital provide cutting-edge research and state-of-the-art facilities to support children dealing with mental health disorders, Rhode Island's Congressional Delegation announced a new \$7,940,991 federal grant for Bradley Hospital to advance the construction of a pediatric psychiatric research laboratory, to be co-located on Bradley's hospital campus in East Providence.

U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and U.S. Representatives **SETH MAGAZINER** and **GABE AMO** said the new federal funding, which is administered by the National Institutes of Health (NIH), will help build a state-of-the-art facility to enhance pediatric psychiatric research and centralize services in one convenient, modern facility.

"Bradley's new facility will provide Rhode Islanders with high-quality mental health care and help conduct innovative research initiatives that will enhance treatment and prevention

efforts. This federal grant is a major boost to help advance the project and better serve the community, especially our youngest patients in need of mental health services," said Senator Reed, a member of the Appropriations Committee.

"Without a dedicated space on campus, Bradley Hospital's research laboratories are scattered across multiple locations, limiting collaboration and distancing scientists from the very patients who stand to benefit most from their work. A unified facility would not only provide the appropriate space for advanced research and equipment but also bring researchers closer to their patients – accelerating discoveries, improving outcomes, and fostering vital collaboration across core labs. This proposed center would significantly enhance Bradley Hospital's capacity to address the urgent and evolving challenges in youth and adolescent psychiatry and behavioral health," said Bradley Hospital President **HENRY SACHS III, MD**. ❖

Northeast Public Health Collaborative forms

Several Northeastern states and America's largest city have been collaborating since early 2025 and on September 19th formally announced the Northeast Public Health Collaborative, a voluntary regional coalition of public health agencies and leaders, brought together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and promote and protect evidence-based public health.

The Collaborative's shared purpose is to work together in new ways – optimizing the use of shared resources, innovating and reimagining core services – to ensure trust in public health, respond to public health threats, advance community health and strengthen confidence in vaccines and science-based medicine. The group's shared goal is to protect the health, safety and well-being of all residents by providing information based on science, data, and evidence, while working to ensure equitable access to vaccines, medications and services.

The regional partnership, which was informally established several months ago, held its first in-person meeting in Rhode Island in August. The Collaborative has already formed interjurisdictional working groups to identify opportunities for

collaboration and shared planning across multiple public health disciplines including public health emergency preparedness and response, vaccine recommendations and purchasing, data collection and analysis, infectious disease, epidemiology and laboratory capacity and services.

Members of the Collaborative worked together on science-based guidance for health care personnel (HCP) advising on precautions health care workers should take to protect themselves and patients during respiratory virus season. Other examples of collaborative efforts include sharing information on public health emergency preparedness related to three FIFA (International Federation of Association Football) World Cup host cities within the collaborative, exploring workforce pipeline activities given the understaffing in public health and coordinating state lab related activities and services.

Rhode Island Department of Health Director **JERRY LARKIN, MD**, said, "Collaboration is the core of public health. We look forward to continuing to work with the Northeast Public Health Collaborative to improve information sharing, coordinate on public health initiatives, and develop policy that is grounded in science and data. This partnership will advance

our work to prevent disease and promote the health and safety of the people in every community in Rhode Island."

Connecticut Department of Public Health Commissioner **MANISHA JUTHANI, MD**, said, "In public health, we are always stronger together. Pathogens know no borders. Particularly in the northeast, people cross borders daily for work and school. In a time of significant change in public health, we have benefited from the enhanced collaborations between our jurisdictions. We are confident that we will preserve and protect core public health principles and services as we navigate current changes together."

Maine CDC Director, **PUTHIER VA, MD**, said, "The people of Maine are known for their resilience, neighborly support, and a collaborative approach to solving community challenges. This spirit is evident in the Northeast Public Health Collaborative, which serves as an incubator for solutions in public health. By working together, we can build more adaptable, sustainable, and resilient public health framework for the region."

Massachusetts Commissioner of Public Health **ROBBIE GOLDSTEIN, MD, PhD**, said, "When our states speak in concert, our voice carries farther, and our

impact deepens. Those who work in public health are entrusted with a profound responsibility – a promise – to protect the health and safety of those in our states, to advance equity, and to ground every decision in data and evidence. Strong public health must stand high above ideology. Our region understands this, and we are moving forward, resolute, united, and guided by science.”

New Jersey Acting Health Commissioner **JEFF BROWN** said, “The interconnectedness of our populations and shared health challenges across the Northeast make this Collaborative a natural synergy and extension of our longstanding partnerships with peer health agencies to support the health of the people of New Jersey. Public health requires regular sharing of information, ideas, and best practices across jurisdictions and state lines. Whether it’s responding to a pandemic or an outbreak or preparing for a large-scale event such as the upcoming FIFA World Cup, with three host cities in the Northeast, working together helps

keep our residents safe and healthy. We look forward to continuing to do so with our colleagues in the Collaborative.”

New York State Health Commissioner **JAMES MCDONALD, MD, MPH**, said, “Everyone benefits when we work together. I am excited about this collaborative; we all share the same goal of achieving health and well-being for our people. New York is proud to be part of the Northeast Public Health Collaborative. By working together, we are creating a more adaptable, sustainable and resilient public health system for our state and the region.”

Pennsylvania Department of Health Secretary **DEBRA BOGEN, MD**, said, “Protecting public health has always been a collaborative effort. Continuing to work with public health experts in other states allows the exchange of best practices, pursuit of efficiencies, and opportunities for collaboration to better meet the needs of Pennsylvanians.”

New York City Acting Health Commissioner **MICHELLE MORSE, MD**, said,

“As the oldest and largest local health department in the nation, the New York City Health Department is proud to be a member of the Northeast Public Health Collaborative. We must always protect our public health infrastructure, reject misinformation, and maintain trust in science. The collaborative is working together to rebuild public trust, and provide factual information, so people can make informed decisions about their health, and continue our critical work to address health inequities.”

While the Northeast Public Health Collaborative members share common public health goals and objectives, they recognize that each state and city is independent with their own diverse populations and unique sets of laws, regulations and histories. Members may choose to participate in or adapt those specific initiatives consistent with their particular needs, values, objectives, and statutory or regulatory requirements. ❖

RIDOH issues 2025–2026 COVID-19 vaccine recommendations

PROVIDENCE — The Rhode Island Department of Health (RIDOH) recommends the 2025–2026 COVID-19 vaccine for most Rhode Islanders six months of age and older to protect against serious illness from COVID-19 over the coming weeks and months.

“COVID-19 vaccine can help prevent serious illness and hospitalization, and it is an important tool to support our healthcare system as a whole in Rhode Island,” said Director of Health **JERRY LARKIN, MD**. “Rhode Island has some of the best vaccination rates in the country because we make vaccine access a priority, and because we base our recommendations on science and data.”

Children six months to two years of age and adults 19 years of age and older (including pregnant women) should be vaccinated. For healthy children between two years and 18 years of age, parents should talk to a healthcare professional about whether COVID-19 vaccine should be administered.

Vaccination is particularly important for people 65 years of age and older and anyone who is at higher risk for severe illness from COVID-19. Health conditions that put someone at higher risk for severe COVID-19 include obesity, diabetes, heart disease, asthma or chronic lung disease, and being immunocompromised. Additionally, pregnancy puts someone at higher risk for severe illness from COVID-19. The COVID-19 vaccine

is safe during pregnancy. Vaccination can protect women and their infants after birth.

These COVID-19 vaccine recommendations come after Governor **DAN MCKEE**, RIDOH, and the Office of the Health Insurance Commissioner (OHIC) announced steps to ensure access to COVID-19 vaccine. RIDOH and OHIC issued a Bulletin to third-party payers to ensure coverage of COVID-19 vaccine for Rhode Islanders six months of age and older. Additionally, RIDOH issued a standing order to also allow pharmacists to administer COVID-19 vaccine to all patients who are three years of age and older. (While pharmacies can still set their own vaccination criteria and may require a patient to self-attest to having a condition that puts you at risk for severe COVID-19, a majority of Rhode Islanders fall into at least one of these categories of conditions and can be vaccinated in a pharmacy.)

Rhode Island’s recommendations for the 2025–2026 COVID-19 vaccine are in alignment with the recommendations from several major medical organizations, such as the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. These recommendations are also in alignment with the guidance issued by the Northeast Public Health Collaborative, a regional coalition of public health agencies. ❖

Governor McKee, Department of Health, Health Insurance Commissioner announce actions to protect access to COVID-19 vaccine

PROVIDENCE — Governor Dan McKee announced immediate measures on Sept. 12th to ensure continued access to the COVID-19 vaccine for all Rhode Islanders older than six months of age who want to receive one.

“We are taking action in Rhode Island to ensure that the public health turmoil at the national level does not affect the ability of Rhode Islanders to access vaccines that keep us healthy and safe,” said Governor **DAN MCKEE**. “It’s crucial that people who want to get the COVID-19 vaccine have the ability to do so in Rhode Island.”

At Governor McKee’s direction, the Rhode Island Department of Health (RIDOH) and the Office of the Health Insurance Commissioner (OHIC) issued a Bulletin to insurers to ensure coverage of COVID-19 vaccine according to the vaccination recommendations by major medical organizations, such as the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. Collectively, these organizations recommend that the COVID-19 vaccine be available for everyone six months of age and older. At the Governor’s direction, prior to the issuance of this bulletin, both RIDOH and OHIC met with insurance providers on this issue, and providers indicated they would provide continued coverage in alignment with this order.

At the Governor’s direction, RIDOH has also issued a standing order to allow pharmacists to administer the 2025–2026 COVID-19 vaccine to all patients who are three years of age and older, independent of the FDA indications. The COVID-19 vaccine is currently available in many retail pharmacies in Rhode Island. Pharmacies may still set their own vaccination criteria and may require clients to self-attest to either being at least 65 years of age or having a condition that puts them at higher risk for COVID-19. It is important to note that the list of conditions is broad and that the majority of Rhode Islanders may fall into at least one of these condition categories and can be vaccinated in a pharmacy.

“There is a place in Rhode Island for everyone in the state older than six months of age to get their COVID-19 vaccine,” said Director of Health **JERRY LARKIN, MD**. “Rhode Island has some of the best overall vaccination rates in the country because we make vaccine access a priority, and because RIDOH bases its recommendations on science and data. We will continue to make the COVID-19 vaccine available, and we will continue to be the source of science and fact-based information about vaccines in Rhode Island.”

“Access to the COVID-19 vaccine promotes public health and mitigates outbreaks of disease that raise insurance costs and strain our hospitals and health care providers,” said Health Insurance Commissioner **CORY KING**. “Vaccine coverage without

patient cost-sharing eliminates financial barriers for consumers and preserves necessary access.”

Most Rhode Islanders will get their COVID-19 vaccine through their primary care provider, at a health center, or at a pharmacy. The COVID-19 vaccine will be available in the offices of primary care providers in the coming weeks. A physician can administer the 2025–2026 COVID-19 vaccine to anyone older than six months of age. The offices of pediatricians and family physicians are the best option for accessing the COVID-19 vaccine for children, especially those between six months and five years of age.

“The Rhode Island Health Center Association strongly supports the Governor and RIDOH’s decision to ensure full access to COVID-19 vaccines. As Rhode Island’s community health centers serve over 220,000 Rhode Islanders, including patients who are uninsured, this action reflects a commitment to keeping all Rhode Islanders healthy,” said **ELENA NICOLELLA**, President and CEO of the Rhode Island Health Center Association.

“The Rhode Island Medical Society strongly supports the state’s leadership in ensuring broad access to the updated COVID-19 vaccine. By aligning with science-based recommendations and working collaboratively with insurers, pharmacies, and providers, the state is helping to protect the health of our patients and our communities. We are grateful for this partnership and remain committed to working alongside the Department of Health to make vaccination accessible to all Rhode Islanders,” said **KARA STAVROS, MD**, President of the Rhode Island Medical Society.

“The Rhode Island Chapter of the American Academy of Pediatrics thanks Gov. McKee and the Rhode Island Department of Health for ensuring access and availability of COVID-19 vaccines for children and adults. We are proud that the important steps announced today will contribute to the health and well-being of the children and others in our wonderful state,” said **SCOTT A. RIVKEES, MD**, President of the Rhode Island Chapter of the American Academy of Pediatrics.

“I am proud to stand alongside our Department of Health and the Governor in expressing strong confidence in the safety and effectiveness of COVID-19 vaccines,” said **MICHAEL P. KOSTER, MD**, Vice President of the Rhode Island Chapter of the American Academy of Pediatrics.

“Arches Medical would like to formally express our full support for the state’s work to expand vaccine and COVID access. As an organization committed to the well-being of the public, we believe these initiatives are crucial for ensuring health equity and protecting our communities,” said **KENNY CORREIA, PharmD, BCACP, CDOE**, Director of Pharmacy Services at Arches Medical. ❖

Rhode Island Life Science Hub fueling the future of innovation with investments in innovative life science companies

PROVIDENCE — The Rhode Island Life Science Hub (RILSH), the state-supported organization dedicated to growing Rhode Island's life sciences ecosystem, announced the strategic investment of \$4 million dollars in nondilutive funding to companies furthering its mission of building the RI Life Science community. With these most recent awards, RILSH has now deployed a total of \$16 million dollars since its launch, fueling the growth of Rhode Island-based companies, attracting new businesses and investments, and accelerating the translation of scientific breakthroughs into real-world solutions.

"These latest investments highlight the breadth of innovation happening in Rhode Island and underscore our commitment to positioning the state as a competitive hub for life sciences," said **DR. MARK A. TURCO**, President and CEO of the R.I. Life Science Hub. "We are proud to provide nondilutive funding to this new cohort of companies, which – together with past recipients – are fueling innovation across our core clusters of neuroscience, health and aging, RNA, and immunology. By supporting advances in therapeutics, diagnostics, and medical technologies, we are helping companies grow and thrive in Rhode Island."

These companies reflect Rhode Island's growing strengths across its priority areas of research:

Trace Sensing Technologies, a University of Rhode Island spinout relocating from Connecticut, is pioneering advanced sensors to detect breath biomarkers for early, non-invasive disease diagnosis. This funding will support the development of Trace's platform technology, TRACE-E, aimed at identifying patients with chronic kidney disease in its earliest stages.

Expanse Medical, a California-based MedTech innovation leader, will expand its operations to the East Coast with a new base in Rhode Island. Expanse pioneers breakthrough solutions to clinical bottlenecks through first-principles engineering, deep clinical insight, and full-cycle product development, backed by leading industry partners. Expanse also plans to use the strategic RI headquarters to propel the development of its portfolio company's proprietary and unique medical device solution to the treatment of patients with erectile dysfunction.

Lenoss Medical is advancing minimally invasive, first of its kind, biological spinal fracture treatments that harness the body's natural bone-healing properties, offering a new approach to orthopedic care. Lenoss is a commercial stage technology and will use funding to scale its U.S.-based operations.

TEEM Therapeutics is a Brown University spinout that is working in the regenerative medicine field and developing precision drugs for heart disease by integrating tissue-engineered human heart models with advanced sensors and software to identify novel therapeutic targets. Funding will be used to establish RI headquarters for the company.

Line Diagnostics is a Brown University spinout creating ultrasensitive blood and Pap smear tests for early and reliable detection of ovarian, uterine, and other cancers, addressing critical gaps in women's health diagnostics. Funding will be used to establish RI headquarters for the soon to be established company. ❖



VA Providence Director Lawrence Connell speaks about the importance of THRIVE during the Center Expert and Shareholder Forum (CESF). [PROVIDENCE VA]

VA Providence leadership participates in the Center Expert and Shareholder Forum

PROVIDENCE — VA Providence leadership participated in the Center Expert and Shareholder Forum (CESF) on September 10th, which brought together researchers and stakeholders to discuss ongoing projects and their real-world impact on long-term services and supports.

Director **LAWRENCE CONNELL** opened his remarks by thanking participants and offering special recognition to **JAMES RUDOLPH, MD**, director of the THRIVE COIN, for his leadership in advancing Veteran care. Connell emphasized that research is at the heart of VA Providence's mission, driving evidence-based care and ensuring better outcomes for Veterans.

The event highlighted THRIVE COIN's research initiatives, including projects that show how integrating social workers into primary care reduces ER visits, how social risk data can predict readmissions, and the urgent need to better understand dementia among Veterans experiencing housing instability. Additional studies at VA Providence are focused on innovative models such as hospital-at-home programs, enhancing end-of-life and post-acute care, and developing person-centered approaches in long-term care. Current projects also address mental health – including suicide prevention, substance use disorders, and depression in community living centers – as well as the impact of COVID-19, food insecurity, and housing stability on vulnerable Veteran populations.

Discussions also highlighted VA Providence's partnerships with Geriatric & Extended Care, the Office of Homeless Programs, the Office of Health Equity, the Office of Mental Health, Pharmacy Benefits Management, and the Office of Rural Health, reflecting the center's theme of Research That Brings Long-Term Service and Support to Veterans.

Connell concluded by looking ahead to the State of the THRIVE COIN update and thanked attendees for their expertise, dedication, and commitment to advancing Veteran-centered care. ❖



VA Providence staff and Veterans march down Chalkstone Avenue to support Veteran Suicide Prevention. [COURTESY OF THE PROVIDENCE VA]

Providence VA hosts suicide prevention walk and fair

PROVIDENCE — As part of Suicide Prevention Awareness Week in September, the VA Providence Suicide Prevention Team hosted a Suicide Prevention Walk and Resource Fair.

Veterans, employees, and community partners walked together to honor those impacted by suicide and to raise awareness about available resources. At the resource fair, attendees connected with VA mental health staff, community providers, and peer support specialists to learn about crisis response, coping strategies, and ongoing care options. The event emphasized the message that suicide prevention is everyone's responsibility, and that no Veteran should ever feel alone. ❖

Care New England participates in statewide suicide prevention training, reaches nearly 90 clinicians

PROVIDENCE — In a major step forward for suicide prevention in Rhode Island, Care New England (CNE) collaborated with the Rhode Island Department of Health (RIDOH) to lead the successful training of 89 clinicians across the state in Counseling on Access to Lethal Means (CALM). CALM is an evidence-based training aimed at reducing deaths by suicide. It focuses on creating a safer environment in the home when an individual is at high risk for suicide.

The training focused on clinicians in emergency and behavioral health settings, where opportunities for early intervention are critical – especially among men aged 25–64, the group most affected by suicide in Rhode Island.

CALM equips healthcare professionals to intervene both during a crisis and preventively, helping patients and families create safer environments. A new evaluation from RIDOH underscores the impact of CNE's efforts:

- 83% of participating CNE clinicians now screen for suicide risk, with 67% doing so at every patient visit.
- 61% report daily conversations about suicide risk with patients.

Clinicians reported a significant increase in confidence in collaborating with patients and families around safety and secure storage of medications – conversations shown to reduce suicide risk.

Training was funded by a grant from the Centers for Disease Control to RIDOH, as well as philanthropic donations to Butler Hospital. ❖

ACOG affirms safety and benefits of acetaminophen during pregnancy

The following is a statement from **STEVEN J. FLEISCHMAN, MD, MBA, FACOG**, president of the American College of Obstetricians and Gynecologists (ACOG):

"Suggestions that acetaminophen use in pregnancy causes autism are not only highly concerning to clinicians but also irresponsible when considering the harmful and confusing message they send to pregnant patients, including those who may need to rely on this beneficial medicine during pregnancy.

"The announcement by HHS is not backed by the full body of scientific evidence and dangerously simplifies the many and complex causes of neurologic challenges in children. It is highly unsettling that our federal health agencies are willing to make an announcement that will affect the health and well-being of millions of people without the backing of reliable data.

"In more than two decades of research on the use of acetaminophen in pregnancy, not a single reputable study has successfully concluded that the use of acetaminophen in any trimester of pregnancy causes neurodevelopmental disorders in children. In fact, the two highest-quality studies on this subject – one of which was published in JAMA last year – found no significant associations between use of acetaminophen during pregnancy and children's risk of autism, ADHD, or intellectual disability.

"The studies that are frequently pointed to as evidence of a causal relationship, including the latest systematic review released in August, include the same methodological limitations – for example, lack of a control for confounding factors or use of unreliable self-reported data – that are prevalent in the majority of studies on this topic.

"Acetaminophen is one of the few options available to pregnant patients to treat pain and fever, which can be harmful to pregnant people when left untreated. Maternal fever, headaches as an early sign of preeclampsia, and pain are all managed with the therapeutic use of acetaminophen, making acetaminophen essential to the people who need it. The conditions people use acetaminophen to treat during pregnancy are far more dangerous than any theoretical risks and can create severe morbidity and mortality for the pregnant person and the fetus.

"When considering the use of medication in pregnancy, it's important to consider all potential risks along with any benefits. The data from numerous studies have shown that acetaminophen plays an important – and safe – role in the well-being of pregnant women."

To learn more, see ACOG's frequently asked questions on acetaminophen in pregnancy. ❖

Treating opioid addiction in jails improves treatment engagement, reduces overdose deaths and reincarceration

BETHESDA, MD — A study supported by the National Institutes of Health (NIH) finds that individuals who received medication for opioid use disorder (MOUD) while incarcerated were significantly more likely to continue treatment six months after release than those who did not receive MOUD. The study also found that receiving MOUD in jail was associated with a 52% lower risk of fatal opioid overdose, a 24% lower risk of non-fatal opioid overdose, a 56% lower risk of death from any cause, and a 12% lower risk of reincarceration after release. These outcomes underscore the importance of providing MOUD treatment during incarceration.

Published in *The New England Journal of Medicine*,¹ the study analyzed data from 6,400 people with probable opioid use disorder who were incarcerated in seven Massachusetts county jails between September 2019 and December 2020. Of these, 42% received MOUD while in jail, while 58% did not. Researchers monitored treatment engagement, opioid overdose, reincarceration, and mortality for all participants for up to six months after release.

“These findings demonstrate the importance of providing medications to treat opioid use disorder in correctional settings,” said **NORA D. VOLKOW, MD**, director of NIDA. “Offering effective opioid treatment to people in jail is a critical step toward addressing the opioid crisis, promoting recovery, saving lives and reducing reincarceration. It’s a win-win for public health.”

The opioid epidemic remains a devastating public health challenge in the United States, contributing to more than 80,000 deaths in 2024 alone. People with opioid use disorder are over-represented in jails compared to the general population. Despite their effectiveness, MOUD is available in only about 13% of U.S. jails and is often restricted to specific groups, such as pregnant women. This limited access contributes to forced withdrawal, increasing the risk of relapse and overdose post-release.

Massachusetts has been especially impacted by the overdose epidemic, with fatal opioid-related overdoses quadrupling over the past two decades. In response, a 2018 state law mandated a four-year pilot program to provide all U.S. Food and Drug Administration-approved MOUD – buprenorphine, methadone, and naltrexone – in five county jails, with two additional jails voluntarily joining the program. The law requires that individuals already receiving treatment for opioid use disorder continue it during detention, begin treatment before release when appropriate, and be connected to community care after release.

To evaluate the impact of the pilot program, the Massachusetts Department of Public Health partnered with the Massachusetts Justice Community Opioid Innovation Network (MassJCOIN) and participating jails to conduct a comprehensive

study tracking post-release outcomes. Researchers collected data directly from incarcerated individuals and extracted information from jail administrative and clinical records. These data were integrated with the Massachusetts Public Health Data Warehouse, which links over 35 state databases to track treatment for substance use disorders, incarceration, mortality, and other public health indicators. This linkage enabled a robust analysis of the program’s impact on key post-release outcomes.

Treatment in jail was strongly associated with better outcomes after release. Within the first 30 days, 60.2% of those who received MOUD in jail, initiated treatment in the community, compared to only 17.6% of individuals who weren’t treated. Half of the group treated in jail stayed on medication for at least 75% of the first 90 days after release, while only 12.3% of the untreated group did the same. Six months after release, 57.5% of those who received treatment in jail continued receiving MOUD, compared to just 22.8% of those who did not. Most people treated in jail received buprenorphine (67.9%) followed by methadone (25.7%) and naltrexone (6.5%).

“The Massachusetts initiative represents a model for how jails can play a vital role in addressing the opioid epidemic in the community,” said **PETER D. FRIEDMANN, MD, MPH**, lead author and addiction medicine physician at the University of Massachusetts Chan Medical School. Senior author **ELIZABETH A. EVANS, PhD**, a public health professor from University of Massachusetts-Amherst added, “establishing these types of programs in local jails is a powerful and effective strategy for engaging and retaining people in treatment and reducing overdose deaths after release.”

Future research should explore the generalizability of these findings to other correctional systems, as well as how outcomes differ across population subgroups and by the type of medication received. Research to examine which strategies for implementing MOUD in jails are most effective in supporting recovery after release are also needed.

This research was supported by the Justice Community Opioid Innovation Network (JCOIN), a nationwide research program that tests strategies to expand effective treatment, recovery, and related services for individuals with opioid use disorder involved in the criminal justice system. JCOIN is funded by the NIH’s National Institute on Drug Abuse as part of the NIH Helping to End Addiction Long-term® (NIH HEAL Initiative®). ❖

Reference

PD Friedmann, et al. Medications for Opioid Use Disorder in County Jails: Outcomes After Release. *New England Journal of Medicine*. 2025. DOI: 10.1056/NEJMsa2415987

NIH launches \$50M Autism Data Science Initiative (ADSI)

BETHESDA, MD — The National Institutes of Health has launched the Autism Data Science Initiative (ADSI), a landmark research effort that will harness large-scale data resources to explore contributors to the causes and rising prevalence of autism spectrum disorder. More than \$50 million in awards will support 13 pioneering projects that draw on genomic, epigenomic, metabolomic, proteomic, clinical, behavioral and autism services data. These projects will integrate, aggregate and analyze existing data resources, generate targeted new data and validate findings through independent replication hubs.

“Our Autism Data Science Initiative will unite powerful datasets in ways never before possible,” said NIH Director **JAY BHATTACHARYA, MD, PhD**. “By bringing together genetics, biology, and environmental exposures, we are opening the door to breakthroughs that will deepen our understanding of autism and improve lives.”

A key feature of ADSI is the use of exposomics – the comprehensive study of environmental, medical, and lifestyle factors in combination with genetics and biology. Projects will investigate a wide range of influences, including environmental contaminants such as pesticides and air pollutants, maternal nutrition and diet, perinatal complications, psychosocial stress, and immune responses

during pregnancy and early development.

Examples of funded efforts include examining how prenatal exposures interact with genetic risk in large autism cohorts, how causal inference methods can clarify contributors to rising prevalence, and how adult outcomes such as community participation and mental health can be improved through service innovations. Independent replication and validation centers will test models across diverse populations, ensuring that findings are transparent, reproducible, and useful for real-world application.

Each ADSI research team will work in partnership with the autism community to help shape the direction of the research and ensure that the perspectives of autistic individuals, caregivers, and service providers inform the initiative.

According to Centers for Disease Control and Prevention data, autism prevalence in the United States has risen from fewer than 1 in 2,000 children in the 1970s to approximately 1 in 31 today. Autism is a highly variable condition characterized by challenges in social communication and interaction, alongside restricted or repetitive patterns of behavior and interests.

While these trends underscore the urgency of this research, the underlying causes remain complex and multifaceted. Research supported by NIH and others has shown a strong genetic component to



autism risk. However, nongenetic factors – such as environmental exposures and maternal health conditions – are less well understood.

ADSI will apply advanced analytic methods, including machine learning, exposome-wide analyses, and organoid models, to study how gene–environment interactions contribute to autism, how these and other factors influence prevalence over time, and how current treatments and services may be improved.

ADSI is a collaborative effort managed by NIH’s Division of Program Coordination, Planning, and Strategic Initiatives within the Office of the Director, along with the National Institute of Environmental Health Sciences, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Neurological Disorders and Stroke, the National Institute of Mental Health and the National Institute on Deafness and Other Communication Disorders.

A list of awardee institutions and project descriptions is available on the ADSI funded research page. ❖

Repeated head impacts cause early neuron loss and inflammation in young athletes

NIH-funded study reveals brain changes long before chronic traumatic encephalopathy (CTE) develops

BETHESDA, MD — Research supported by the National Institutes of Health (NIH) shows that repeated head impacts from contact sports can cause early and lasting changes in the brains of young- to middle-aged athletes. The findings show that these changes may occur years before chronic traumatic encephalopathy (CTE) develops its hallmark disease features, which can now only be detected by examining brain tissue after death.

“This study underscores that many changes in the brain can occur after repetitive head impacts,” said **WALTER**

KOROSHETZ, MD, director of NIH’s National Institute of Neurological Disorders and Stroke (NINDS). “These early brain changes might help diagnose and treat CTE earlier than is currently possible now.”



Scientists at the Boston University CTE Center, the U.S. Department of Veterans Affairs Boston Healthcare System and collaborating institutions analyzed postmortem brain tissue from athletes under age 51. Most of them had played American football. The team examined brain tissue from these athletes, using cutting-edge tools that track gene

activity and images in individual cells. Many of these tools were pioneered by the NIH's Brain Research Through Advancing Innovative Neurotechnologies® Initiative, or The BRAIN Initiative®. The researchers identified many additional changes in brains beyond the usual molecular signature known to scientists: buildup of a protein called tau in nerve cells next to small blood vessels deep in the brain's folds.

For example, the researchers found a striking 56% loss of a specific type of neurons in that particular brain area, which takes hard hits during impacts and also where the tau protein accumulates. This loss was evident even in athletes who had no tau buildup. It also tracked with the number of years of exposure to repetitive head impacts. The findings thus suggest that neuronal damage can occur much earlier than is visible by the currently known CTE disease marker tau. The team also observed that the brain's immune cells, called microglia, became increasingly activated in proportion to the number of years the athletes had played contact sports.

The study also revealed important molecular changes in the brain's blood vessels. These changes included gene patterns that could signal immune activity, a possible reaction to lower oxygen levels in nearby brain tissue, and thickening and growth

of small blood vessels. Together with these findings, the researchers identified a newly described communication pathway between microglia and blood vessel cells. The authors suggest that this crosstalk may help explain how early cellular problems set the stage for disease progression long before CTE becomes visible.

The study is one of the first to focus on younger athletes, shifting attention from advanced CTE in older people to the earliest cellular signatures of damage.

"What's striking is the dramatic cellular changes, including significant, location-specific neuron loss in young athletes who had no detectable CTE," said **RICHARD HODES, MD**, director of NIH's National Institute on Aging (NIA). "Understanding these early events may help us protect young athletes today as well as reduce risks for dementia in the future."

By revealing the earliest cellular warning signs, this work lays the foundation for new ways to detect brain effects of repetitive head injuries and potentially lead to interventions that could prevent devastating CTE neurodegeneration.

This research was supported by NINDS and NIA through grants F31NS132407, U19AG068753, RF1AG057902, R01AG062348, R01AG090553, U54NS115266, and P30AG072978. ❖

AMA advocacy win: new federal policies will help physician practices share patient data

CHICAGO — Thanks to years of American Medical Association (AMA) advocacy, physician practices will soon benefit from long-overdue federal reforms that make sharing patient data faster, easier, and more complete without extra logins, endless clicking, or expensive add-ons.

New federal interoperability agreements require all participating electronic health records (EHRs) to connect directly to national data-sharing networks approved by the Centers for Medicare & Medicaid Services. These systems must now deliver real-time, full patient information, including clinical notes, images, and medication lists that physicians actually use in care, rather than the basic data fields that are now available.

"We're finally moving past the days of chasing down records and critical patient details. Large institutions and small

practices alike struggle with the lack of interoperability in patient records," said AMA President **BOBBY MUKKAMALA, MD**. "Physicians will be able to quickly see what tests have been conducted and what treatments recommended. We can decrease the cost of care by not repeating tests."

The new policies call for:

- **Real-time data exchange**
EHRs must support seamless access to full medical records, including unstructured data such as PDFs and images.
- **Automatic encounter notifications**
Practices will get alerts within 24 hours when their patients go to the emergency department, are hospitalized, or see another provider, giving them a chance to follow up quickly.

- **Fewer login barriers for patients**

Patients will be able to present digital IDs or QR codes at check-in, allowing outside records to flow directly into the EHRs without creating new portal accounts.

- **Smart visit summaries**

Patients will receive structured summaries of their visits, ready to take home, without creating extra log-ins.

In day-to-day practice, these changes could prevent duplicate lab orders when a patient recently had testing done elsewhere, catch medication changes made during a specialist visit, or intervene early after an ER discharge. Practices will be notified within 24 hours when their patients visit the emergency department or see another clinician, paving the way for coordinated care. ❖

Rhode Island Hospital launches first U.S. clinical trial combining focused ultrasound and immunotherapy

PROVIDENCE — Rhode Island Hospital has launched the nation's first clinical trial investigating the use of non-invasive focused ultrasound in combination with immunotherapy to treat brain metastases – marking a major milestone in the advancement of neuro-oncology care.

This groundbreaking study will evaluate the safety and efficacy of focused ultrasound technology as a potential alternative to conventional treatments such as surgery and radiation therapy, which can carry significant risks and side effects. By contrast, this clinical trial aims to determine whether focused ultrasound – a technique that uses sound waves to target tissue deep within the brain – can safely and more effectively treat metastatic tumors when paired with immunotherapy.

“Our laboratory research suggests this approach can significantly improve outcomes for patients with brain metastases,” said **CLARK C. CHEN, MD, PhD**, professor of neurosurgery and director of the Brain Tumor Program at Brown University Health. “We’re excited to lead this first-of-its-kind U.S. study and to offer patients a non-invasive option that could redefine how we treat brain tumors.”

The trial leverages a powerful combination: focused ultrasound to temporarily open the blood-brain barrier (BBB), and immunotherapy, a treatment that has already revolutionized outcomes for patients with advanced cancers, particularly lung cancer. The BBB, while protecting the brain from harmful substances, also blocks many anti-cancer therapies. By briefly disrupting this barrier, focused ultrasound allows immunotherapy drugs to reach brain tumors more directly and in greater concentrations.

This trial is being conducted in collaboration with leading U.S. medical institutions and sponsored by Insightec, a global leader in focused ultrasound technology. The research is supported by funding from the Rainwater Charitable Foundation, which also provided the clinical infrastructure enabling this innovative work.

For more information: [Study Details | Blood-brain Barrier \(BBB\) Opening Using Exablate Focused Ultrasound With Standard of Care Treatment of NSCLC Brain Mets | ClinicalTrials.gov](#) ❖