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From: Caitlin Kennedy <ckennedy591@gmail.com>
Sent: Monday, March 2, 2026 12:45 PM
To: House Health and Human Services Committee
Cc: Rep. Donovan, Susan R; Rep. Giraldo, Joshua J.; Rep. Potter, Brandon C.; Rep. Ackerman, Mia A.; Rep. Bennett, David A.; Rep. Boylan, Jennifer; Rep. Fogarty, Kathleen A.; Rep. Cotter, Megan L.; Rep. Handy, Arthur; Rep. Hopkins, Marie A.; Rep. Kislak, Rebecca M.; Rep. McGaw, Michelle E.; Rep. Place, David J.; Rep. Speakman, June; Rep. Stewart, Jennifer A.; Rep. Shekarchi, K Joseph; Rep. Casimiro, Julie A.; Rep. Solomon, Joseph J. Jr.; Rep. Morales, David; Lynne Urbani; Chris Federico; Rhode Island Pharmacists Association
Subject: SUPPORT - H7424 Collaborative Pharmacy Practice

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Dear Chair Donovan and Members of the House Committee on Health & Human Services,

I am a practicing pharmacist working in primary care and population health management, and I am writing to express my strong support for House Bill H-7424, which addresses collaborative pharmacy practice in Rhode Island.

Rhode Island, like many states, is facing a significant shortage of primary care professionals, creating challenges for patients, clinicians, and care delivery systems. As the demand for primary care services grows—especially among patients with chronic and complex conditions—it is increasingly important to implement team-based care models that enhance capacity while maintaining high standards of quality and safety.

House Bill H-7424 supports collaborative pharmacy practice agreements, enabling pharmacists to work alongside physicians and other prescribers to provide medication-related care within a defined clinical framework. Importantly, the legislation modernizes the approval process for collaborative practice by removing unnecessary administrative barriers that do not improve patient safety and instead delay the implementation and use of these agreements in clinical practice.

In primary care settings, collaborative models help extend the reach of limited resources by enabling pharmacists to manage medication therapy, monitor treatment responses, and provide ongoing follow-up for stable patients. This enables physicians to concentrate on diagnosis and complex clinical decision-making. Streamlining the approval process for collaborative practice agreements allows care teams to spend less time on paperwork and more time delivering direct patient care.

In my daily work, collaborative pharmacy practice is an essential tool for addressing access challenges arising from the primary care shortage. Involvement of pharmacists under collaborative agreements improves the timeliness of care, supports chronic disease management, reduces medication-related problems, and enhances continuity of care for patients who might otherwise face delays. This is particularly impactful for conditions such as diabetes, hypertension, cardiovascular diseases, and anticoagulation management.

From a population health perspective, collaborative pharmacy practice strengthens primary care by improving medication adherence, preventing avoidable complications, and reducing unnecessary emergency department visits and hospitalizations. These outcomes are critical in an environment where primary care capacity is limited, and care teams must focus on keeping patients stable and well-managed in outpatient settings.

Importantly, House Bill H-7424 would align Rhode Island with the majority of other states that already support more efficient and flexible collaborative pharmacy practice models. These states have demonstrated that reducing administrative complexity—while preserving appropriate physician oversight—enhances access to care, promotes team-based practice, and delivers high-quality outcomes.

For these reasons, I respectfully urge the Committee to support House Bill H-7424 and its companion Senate bill. Thank you for your leadership and for the opportunity to provide testimony in support of legislation that strengthens primary care capacity and collaborative care across Rhode Island.

Sincerely,

Caitlin Kennedy, PharmD, MHA

Warwick, RI