

## Steven Sepe

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**From:** Kenny Correia <kennycorreia1@gmail.com>  
**Sent:** Tuesday, March 3, 2026 8:42 AM  
**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; Kenny Correia; Kenny Correia  
**Subject:** SUPPORT - H7424: Modernizing Collaborative Pharmacy Practice to Support Comprehensive Patient Care

SUPPORT - H7424: Modernizing Collaborative Pharmacy Practice to Support Comprehensive Patient Care

Hi, my name is Dr. Kenny Correia, PharmD, BCACP, CDOE, and I am writing in strong support of bill **H7424**. This act is essential for removing antiquated barriers that currently limit the clinical reach of pharmacists within Rhode Island's healthcare teams.

**Impact Statement:** As a Director of Pharmacy Services working in a Patient-Centered Medical Home (PCMH), I know that modern healthcare is a team sport; H7424 ensures that pharmacists can collaborate with *all* relevant providers—not just physicians—to manage complex drug therapies effectively.

### Formal Testimony:

To the Honorable Members of the House Committee on Health and Human Services:

I am writing to urge your passage of **H7424**. This legislation provides a necessary update to our state's Collaborative Pharmacy Practice laws by expanding the definition of who may enter into a Collaborative Practice Agreement (CPA) with a pharmacist. By shifting the language from "physician" to "provider," this bill reflects the reality of modern clinical teams, which often include Nurse Practitioners and Physician Assistants as primary care leads.

The passage of H7424 is vital for several reasons:

- **Expanding Access to Specialized Care:** Clinical pharmacists under a CPA perform "Drug Therapy Management," which includes initiating, adjusting, and monitoring complex drug regimens. Currently, our ability to support patients is artificially restricted if their primary provider is not a physician. H7424 removes this bottleneck.
- **Proven Financial and Clinical Impact:** Collaborative pharmacist models are high-value interventions. Research shows these models deliver a **Return on Investment (ROI) of up to 504%**, primarily through a **23.4% reduction in hospitalizations** (Matzke et al., 2018). Expanding the number of providers who can collaborate with pharmacists will scale these savings across the state.
- **Operational Efficiency:** This bill streamlines the CPA process by removing the requirement for a formal department approval or denial process, allowing clinical teams to begin acting on

signed agreements immediately. In a state facing a primary care shortage, this agility is essential to prevent gaps in patient care.

- **Supporting the "Invisible" Provider:** Despite our doctoral-level training, pharmacists are often the "invisible" members of the team. H7424 validates our clinical role in performing vital assessments—including obtaining vital signs and ordering laboratory tests directly related to drug therapy—as part of a modern medical team.

Rhode Island's healthcare infrastructure needs clinicians working at the top of their licenses. H7424 ensures that pharmacists can partner with the full spectrum of healthcare providers to keep our residents safe and out of the hospital.

**Signature:**

**Dr. Kenny Correia, PharmD, BCACP, CDOE**

Director of Pharmacy Services, Arches Medical

Past President, Rhode Island Pharmacists Association

Cranston, RI