

## Steven Sepe

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**From:** Kenny Correia <kennycorreia1@gmail.com>  
**Sent:** Tuesday, March 3, 2026 8:39 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 - H7536: Eliminating the Credentialing Gap to Secure the Future of Rhode Island Primary Care

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**Correction:** Sorry, wrong bill number on previous email. This testimony is in support of 2026 -- H 7536.

Hi, my name is Dr. Kenny Correia, PharmD, BCACP, CDOE, and I am writing in strong support of bill H7536. This legislation is a critical step toward ensuring that clinical pharmacists—highly trained doctoral-level experts—are finally recognized as the "providers" we already are in practice.

**Impact Statement:** As Director of Pharmacy Services and a clinical pharmacist working under a CPA, I see the paradox daily: we provide high-level clinical care that keeps patients out of the hospital, yet we are systemically barred from the insurance credentialing processes that sustain every other member of the medical team, from NPs to Physical Therapists.

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

Rhode Island's primary care infrastructure is in a state of crisis, underscored by the devastating closure of Anchor Medical Associates. A central, unaddressed cause of this instability is the "**Credentialing Gap.**" Unlike other advanced healthcare providers, clinical pharmacists cannot be credentialed as "rendering providers" by most commercial and state insurance plans.

This exclusion is a significant barrier to the expansion of clinical pharmacy and high-quality patient care:

- **The Sustainability Crisis:** Under a Collaborative Practice Agreement (CPA), I manage complex patients and titrate life-saving medications. However, because I cannot be credentialed, these services cannot be billed directly. My salary is viewed as "overhead" by the practice rather than a revenue-generating service. In a low-margin PCMH environment, "overhead" is often the first thing cut, leading to the loss of vital clinical programs.
- **The Burden on Primary Care:** When pharmacists are not funded, the burden falls back onto overextended physicians. Research shows that integrated pharmacists can increase a practice's capacity by **80%** (Pharmacy, 2022). By blocking pharmacist reimbursement, the system "handcuffs" the clinicians who could solve the provider shortage.

- **The ROI Paradox:** Clinical pharmacist integration delivers a **Return on Investment (ROI) of up to 504%**, primarily through a **23.4% reduction in hospitalizations** (Matzke et al., 2018). We are saving the system millions in "avoided costs," but without provider status, those savings are never reinvested into the pharmacists who achieved them.

H7536 corrects this by requiring payers to recognize and reimburse pharmacists for the medical care we are already licensed and qualified to provide. I urge you to support H7536 and finally grant pharmacists the provider status necessary to secure the future of our state's healthcare.

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

Director of Pharmacy Services,

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