

2 March 2026

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan
Chair, House Committee on Health & Human Services
State House
82 Smith Street
Providence, RI 02903

**RE: SUPPORT – H7536 – AN ACT RELATING TO INSURANCE – ACCIDENT AND SICKNESS INSURANCE POLICIES
(Coverage for Pharmacists’ Services)**

Dear Chair Donovan and Members of the Committee:

My name is Todd Brothers, PharmD, BCCCP, BCPS. I am a Clinical Associate Professor at the University of Rhode Island College of Pharmacy and a practicing critical care pharmacist in Rhode Island. I am writing in strong support of House Bill 7536.

H7536 ensures that health insurance plans provide coverage for pharmacist-delivered patient care services when those services fall within the lawful scope of pharmacy practice and would otherwise be covered if performed by a physician, advanced practice nurse, or physician assistant. This legislation establishes reimbursement parity for clinical services such as evaluation and management, medication therapy management, immunization education and administration, medication administration, and ordering and evaluation of clinical laboratory tests. Pharmacists are doctoral-trained healthcare professionals with extensive expertise in pharmacotherapy, medication safety, and chronic disease management. Across Rhode Island, pharmacists already provide these services in hospitals, ambulatory care clinics, community pharmacies, and collaborative practice settings. However, the lack of direct reimbursement mechanisms limits patient access to timely, cost-effective care. H7536 removes this structural barrier by recognizing pharmacists as healthcare providers within insurer networks, not merely dispensers of medications.

Importantly, the bill maintains appropriate safeguards. It does not require payment for duplicative services and applies within insurer networks, with provisions ensuring patient access if services are not otherwise available. It also includes a sunset clause, allowing the General Assembly to evaluate the policy’s impact. These features reflect thoughtful legislative design that balances access, accountability, and fiscal responsibility. From a clinical and public health standpoint, expanding reimbursement for pharmacist services strengthens team-based care and improves management of conditions such as diabetes, hypertension, anticoagulation therapy, heart failure, infectious diseases, and preventive health services. Evidence consistently demonstrates that pharmacist-led interventions improve medication adherence, reduce hospitalizations, and lower overall healthcare costs.

H7536 aligns Rhode Island with national trends recognizing pharmacists as essential healthcare providers and expands access to high-quality, patient-centered care without expanding scope beyond what state law already permits.

For these reasons, I respectfully urge the Committee to support House Bill 7536. Thank you for your consideration and your continued commitment to improving healthcare access and outcomes for the residents of Rhode Island.

Respectfully submitted,



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