

3 March 2026

[submitted electronically via: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)]

The Honorable Susan Donovan

Chair, House Committee on Health & Human Services

State House

82 Smith Street

Providence, RI 02903

RE: H7934 - AN ACT RELATING TO BUSINESSES AND PROFESSIONS - PHARMACIES

Dear Chair Donovan and Members of the Committee:

My name is Alex Petzold, and I am a Doctor of Pharmacy student who has trained in community pharmacy settings, including CVS and Walgreens. Thank you for the opportunity to provide testimony in support of H7934.

This bill amends existing law by expanding pharmacist authority to administer immunizations to individuals aged 3 to 18. Currently, pharmacists may administer influenza and coronavirus disease 2019 (COVID-19) vaccines to this age group. This legislation broadens that authority to include routine, scheduled, or recommended immunizations, while preserving all existing safeguards. Parental consent remains required. Pharmacists must electronically report administered immunizations to the Department of Health within seven days. Pharmacists must also notify the patient's primary care provider within fourteen days when known, and make a good-faith effort to obtain that information. These provisions maintain coordination, transparency, and continuity of care.

In my experience in community pharmacy practice, I have met parents working to ensure their children are up to date on required and recommended vaccinations for school. Immunization history and vaccine recommendations are integrated directly into patient profiles. When a record is accessed, pharmacy systems identify age-appropriate vaccines based on established schedules and prior vaccination history. This allows pharmacists to counsel families in real time on which vaccinations may be due, review those already received, and support adherence to recommended immunization schedules. I have also assisted parents referred by pediatricians for school-required vaccines and used the immunization registry to retrieve and provide accurate documentation for school submission. These interactions demonstrate that pharmacies already operate within established reporting systems and collaborate with primary care providers to ensure coordinated, accessible care.

This legislation does not replace pediatric care. It expands access within a structured and regulated framework that already includes consent requirements, mandatory reporting, and provider notification. By allowing pharmacists to administer all routine, scheduled, or recommended immunizations to individuals aged 3 to 18, the state strengthens timely access while preserving professional standards and care coordination. For these reasons, I respectfully ask the Committee to support this legislation.



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