

## Steven Sepe

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**From:** Caitlin Kennedy <ckennedy591@gmail.com>  
**Sent:** Monday, March 2, 2026 1:03 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 - H7938 - Inhalers and delivery devices

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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-7948, which would cap patient cost-sharing for prescription asthma inhalers and necessary delivery devices at \$25 per thirty-day supply.

Asthma and other chronic respiratory conditions affect thousands of Rhode Island residents and require consistent access to inhaled medications and appropriate delivery devices to prevent exacerbations, emergency department visits, and hospitalizations. Despite the availability of effective therapies, cost remains a significant barrier to adherence for many patients. High out-of-pocket costs often lead patients to ration medications, delay refills, or forgo essential devices such as spacers or nebulizers that are critical for safe and effective medication delivery.

House Bill H-7948 addresses this challenge by establishing a clear and predictable monthly cost cap for FDA-approved prescription inhalers, as well as prescribed delivery devices and equipment, including nebulizers and holding chambers. By applying this cap regardless of deductible status, the bill ensures that patients can access these essential therapies when they are needed most, rather than delaying care due to cost.

From a clinical perspective, adherence to inhaled therapies is foundational to effective management of asthma and chronic respiratory diseases. When patients are unable to afford their inhalers or delivery devices, the result is often worsening symptoms, preventable exacerbations, and increased reliance on emergency or inpatient care. Ensuring the affordability of both medications and the devices used to administer them supports better disease control and improves patients' quality of life.

Importantly, H-7948 includes appropriate safeguards for responsible implementation. Prior authorization may still be used to confirm medical necessity, but it will not serve as a barrier to access. The Office of the Health Insurance Commissioner retains enforcement authority and regulatory oversight to ensure compliance and alignment with federal requirements. Additionally, the bill allows health plans to reduce cost-sharing below the cap, preserving flexibility while establishing a meaningful affordability floor for patients.

As a pharmacist working closely with patients managing asthma, COPD, and other respiratory conditions, I regularly see the negative impact of unaffordable inhalers and devices. A reasonable monthly cap on these essential therapies

is a practical, patient-centered policy that supports adherence, reduces preventable healthcare utilization, and promotes better health outcomes.

For these reasons, I respectfully urge the Committee to support House Bill H-7948 and advance legislation that improves access to essential respiratory medications and devices for Rhode Island residents.

Thank you for your leadership and for the opportunity to provide testimony in support of policies that strengthen access to high-value, evidence-based care.

Sincerely,

Caitlin Kennedy, PharmD, MHA

Warwick, RI