

Steven Sepe

From: Kenny Correia <kennycorreia1@gmail.com>
Sent: Tuesday, March 3, 2026 8:48 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 - H7948: Improving Asthma Care Access through a \$25 Co-pay Cap for Inhalers and Devices

SUPPORT - H7948: Improving Asthma Care Access through a \$25 Co-pay Cap for Inhalers and Devices
Hi, my name is Dr. Kenny Correia, PharmD, BCACP, CDOE, and I am writing in strong support of bill **H7948**. This legislation is a critical measure to ensure that life-saving asthma medications and the equipment needed to administer them remain affordable for all Rhode Islanders.

Impact Statement: As a Board-Certified Ambulatory Care Pharmacist working in primary care, I frequently encounter patients who are forced to ration their inhalers or delay refills due to high out-of-pocket costs, leading directly to preventable emergency room visits and hospitalizations.

Formal Testimony:

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

I am writing to urge your passage of **H7948**. This bill seeks to cap the total amount a covered person is required to pay for prescription inhalers, devices, and equipment at **\$25.00 per thirty (30) day supply**. Crucially, it also mandates that this coverage **not be subject to any deductible**.

The clinical and economic necessity of H7948 is clear:

- **Eliminating Barriers to Adherence:** Asthma is a chronic respiratory condition that requires consistent medication adherence to prevent acute exacerbations. High co-pays and deductibles are significant barriers that lead to non-adherence. By capping costs at \$25, H7948 ensures that financial status does not dictate a patient's ability to breathe.
- **Economic Return on Prevention:** We know that preventative care is far more cost-effective than acute crisis management. Integrated pharmacist-led collaborative care models have demonstrated a **Return on Investment (ROI) of up to 504%**, primarily by achieving a **23.4% reduction in hospitalizations**. Capping the cost of asthma therapy is a strategic investment that will save the Rhode Island healthcare system millions in avoided emergency room and inpatient costs.
- **Streamlining Necessary Care:** H7948 specifies that prior authorization policies should only be used to confirm medical necessity based on a diagnosis. This reduces the administrative burden on both providers and patients, ensuring that life-saving therapy is not delayed by red tape.

- **Comprehensive Coverage:** This bill correctly recognizes that an inhaler is only effective if the patient also has the necessary equipment, such as **nebulizers and holding chambers**, to administer it. Including these devices in the \$25 cap ensures comprehensive support for the patient's respiratory health.

By supporting **H7948**, you are taking a decisive step to protect vulnerable patients and improve the overall efficiency of our healthcare system. I urge you to vote "Ought to Pass" on this essential legislation.

Dr. Kenny Correia, PharmD, BCACP, CDOE

Director of Pharmacy Services, Arches Medical

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