

2 March 2026

[submitted electronically via: HouseHealthandHumanServices@rilcislature.gov]

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

RE: SUPPORT – H7948 – AN ACT RELATING TO INSURANCE -- PRESCRIPTION DRUG BENEFITS (Co-Pay Cap for Prescription Asthma Inhalers, Devices, and Equipment)

Dear Chair Donovan and Members of the Committee:

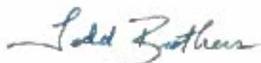
My name is Todd Brothers, PharmD, BCCCP, BCPS. I am a Clinical Associate Professor at the University of Rhode Island College of Pharmacy and a practicing critical care pharmacist in Rhode Island. I am writing in strong support of House Bill 7948.

H7948 would cap patient cost-sharing for prescription asthma inhalers, devices, and equipment at \$25 per thirty-day supply and prohibit the application of deductibles to these essential therapies. This legislation addresses a critical and well-documented barrier to care: medication affordability for individuals with asthma and other chronic respiratory conditions. From a clinical perspective, inhaled medications are foundational to the prevention and management of asthma exacerbations. When patients cannot afford controller inhalers or necessary devices such as nebulizers or holding chambers, adherence declines. This often results in preventable emergency department visits, hospitalizations, missed school and workdays, and in severe cases, life-threatening exacerbations. As a critical care pharmacist, I have seen firsthand the consequences of delayed or inconsistent access to inhaled therapies. Many severe asthma admissions could have been mitigated with consistent access to maintenance inhalers. Cost-related nonadherence remains one of the most significant drivers of preventable exacerbation.

Importantly, H7948 does not expand coverage mandates; it applies only when a health plan already provides coverage for these therapies. The bill simply ensures that cost-sharing remains reasonable and predictable. The inclusion of provisions limiting prior authorization to confirmation of medical necessity further protects patients from unnecessary administrative barriers while preserving appropriate oversight. By capping out-of-pocket costs at a manageable level, this legislation promotes medication adherence, supports chronic disease stability, and reduces downstream healthcare expenditures associated with acute exacerbations. Preventive access is both clinically sound and fiscally responsible.

H7948 represents a practical, patient-centered policy that improves access to essential respiratory medications while maintaining regulatory oversight through the Office of the Health Insurance Commissioner. For these reasons, I respectfully urge the Committee to support House Bill 7948. Thank you for your consideration and your continued commitment to improving healthcare affordability and outcomes in Rhode Island.

Respectfully submitted,



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