



Rhode Island Pharmacists Association

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14 April 2026

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Chair Susan Donovan, House Committee on Health & Human Services
State House

82 Smith Street

Providence, RI 02903

RE: H7921 – RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACISTS TEST-AND-TREAT AUTHORITY ACT

Dear Chair Donovan, HHS Committee and Rep. McGaw,

The Rhode Island Pharmacists Association (RIPA) is in **strong support of H7921**, allowing pharmacists to test and treat certain conditions that rely on timely management for both effectiveness and potential spread among the community.

Currently, 42 states allow pharmacists to administer point of care testing (POCT), and 30 of those states allow pharmacists to treat based on the results of those tests.

Pharmacist-led "test-and-treat" programs for conditions like influenza, group A streptococcus, STIs and other conditions, yield clinical outcomes comparable to traditional primary care settings.

When pharmacists manage minor ailments, patients receive treatment significantly faster due to access – off hours, weekends, holidays and office availability. Patients often have stronger relationships with their pharmacy team, than those they would encounter in the Emergency Room or Urgent Care – meaning more specific knowledge of their conditions, medication list and allergies.

For instance, in states where pharmacists manage UTIs, successful clinical resolution rates remain high while significantly reducing the time from symptom onset to medication initiation (Klepser et al). Furthermore, pharmacist intervention in chronic disease management, supported by their ability to interpret lab results and adjust medications, has led to measurable improvements in blood pressure and A1C levels (Hess et al.).

Additional literature can be found at the National Alliance of State Pharmacists Association website:

<https://naspa.us/resource/pharmacist-prescribing-for-strep-and-flu-test-and-treat>

Cost Savings and Economic Impact

The economic argument for this legislation is twofold: it reduces direct healthcare expenditures and prevents high-cost emergency room (ER) visits.

- **Diversion from High-Cost Settings:** A significant portion of ER visits are for non-emergent conditions that could be managed at a community pharmacy. Authorizing pharmacists to test and treat these cases from over-burdened hospitals, saving the state's healthcare system millions annually.
- **Preventative Savings:** By providing immediate access to antivirals or antibiotics through a pharmacy, we prevent minor infections from escalating into severe complications that require hospitalization (Padiyara et al.).

Research estimates that for every \$1 invested in pharmacist-led clinical services, the healthcare system sees a return of approximately \$4 in avoided costs (Chui et al.)

Addressing the Primary Care Shortage

With a growing shortage of primary care physicians, many patients—particularly in rural or underserved areas—face weeks-long wait times for simple diagnostic appointments. Pharmacists are uniquely positioned to fill this gap, based on access, and clinical training. Approximately 90% of Americans live within five miles of a community pharmacy, making them the first line of defense in our healthcare system.

*Affiliated with the American Pharmacists Association and the
National Community Pharmacists Association*

This bill helps to ensure patients have access to care for conditions which are easy to manage based on a diagnostic point of care test, and utilize the expertise of pharmacists in medication selection. This does not replace the physician/advanced practice provider-patient relationship; rather, it strengthens the healthcare team.

It allows others to focus on complex diagnostic cases while ensuring that patients with routine, time-sensitive needs receive care immediately.

Thank you,

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Citations

Chui, Michelle A., et al. "The Economic Value of Pharmacist Interventions: A Review." *American Journal of Pharmaceutical Education*, vol. 85, no. 7, 2021.

Hess, Rick, et al. "Impact of Pharmacist-Led Chronic Care Management on Clinical Outcomes." *Journal of the American Pharmacists Association*, vol. 58, no. 4, 2018, pp. 402-409.

Klepser, Michael E., et al. "Effectiveness of a Pharmacist-Initiated Test-and-Treat Program for Influenza and Streptococcus." *Journal of the American Pharmacists Association*, vol. 56, no. 1, 2016, pp. 14-21.

Padiyara, Reny S., et al. "Economic Impact of Pharmacist-Led Minor Ailment Programs." *Pharmacoeconomics - Open*, vol. 4, no. 3, 2020, pp. 385-397.