

14 April 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: H7921 - AN ACT RELATING TO BUSINESSES AND PROFESSIONS - PHARMACIES

Dear Chair Donovan and Members of the Committee:

**Testimony in Support of H 7921 (McGaw) - Relating to Businesses and Professions - Pharmacists Test-and-Treat Authority Act - Bratberg**

Chair Donovan and Members of the House Health & Human Services Committee:

My name is Dr. Jeffrey Bratberg, and I write in strong support of H 7921, the *Pharmacists Test-and-Treat Authority Act*. I write as a pharmacy professor, infectious diseases specialist, and public health advocate. I have spent years working at the intersection of medication access, clinical implementation, and pharmacy and public health policy, and I write in full support of this bill in my personal capacity, not on behalf of my employer, the University of Rhode Island.

**H7921 will improve timely access to care for common infectious conditions by allowing pharmacists, under statewide protocols, to perform CLIA-waived testing, interpret results, and initiate appropriate treatment on the spot in any setting.** Pharmacists will counsel patients, refer to different clinicians and care settings when needed, document and notify primary care clinicians with patient consent, and comply with public health reporting requirements. Just as importantly, the bill pairs this authority with compensation language so these services can be sustained in practice.

Community and clinic-based pharmacists already play key roles in vaccinations, point-of-care testing, and disease management. **In many communities, pharmacies are the most accessible healthcare sites in terms of geography, hours, and walk-in availability.** That matters for working families, older adults, people without a regular primary care clinician, and patients facing transportation or scheduling barriers.

For influenza, COVID-19, and Group A *Streptococcus* pathogens, **timely treatment matters.** Antiviral medications for early treatment are especially important for patients at higher risk of complications and hospitalization. When access is delayed by the need to schedule a separate medical visit, obtain testing elsewhere, and then travel again to a pharmacy, patients can easily miss the window when treatment is most beneficial. The issue is straightforward: faster diagnosis, faster treatment, fewer unnecessary delays.

The evidence base is also encouraging. A 2025 prospective evaluation of Project IMPACT: Test and Treat found that among patients with positive results, 88% of those prescribed medication received it within one day, 98% reported satisfaction with the service, and the model demonstrated meaningful cost savings to patients and the healthcare system.

I urge the committee to support H7921. This bill is clinically sound, operationally feasible, and responsive to the realities of infectious disease care and public health access. It will help Rhode Islanders get tested, treated, and back on the path to recovery more quickly and more equitably. Thank you for your consideration.

Sincerely,

