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Sent: Tuesday, April 14, 2026 11:19 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; Cfedericorx@gmail.com; info@ripharmacists.org; Kenny Correia; KENNY CORREIA
Subject: Support H7921 Pharmacists Test and Treat Authority Act
Attachments: Pharmacists prove effective, less costly care option for minor illnesses _ Pharmacy and Pharmaceutical Sciences _ Washington State University.pdf; 6625 _Project_IMPACT_Test_and_Treat (1).pdf

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Dear Chairperson and Members of the House Health and Human Services Committee,

Please accept this written testimony in strong support of H7921, the Pharmacists Test and Treat Authority Act.

Timely access to testing and treatment for acute communicable conditions like influenza, COVID 19, strep throat, and STIs is a fundamental public health necessity. Empowering pharmacists to order and interpret CLIA waived tests and subsequently prescribe appropriate medications directly addresses significant gaps in patient care. When patients can get tested and treated in one highly accessible location, it prevents self-limiting conditions from worsening and diverts non-emergency cases away from overburdened urgent care centers and emergency departments.

The clinical efficacy and financial benefits of this model are not theoretical; they are proven. A recent peer reviewed study from Washington State University analyzing three years of patient data found that pharmacist led care for minor illnesses costs an average of \$278 less per visit compared to traditional primary care, urgent care, or emergency room settings. To highlight a specific example from the study, treating an uncomplicated urinary tract infection at a pharmacy cost an average of just \$30. That exact same condition cost \$121 at a physician's office and a staggering \$963 in the emergency room. You can review the summary of this data here: <https://pharmacy.wsu.edu/2024/05/29/pharmacists-prove-effective-less-costly-care-option-for-minor-illnesses/>

Crucially, this lower cost does not equate to lower quality care. National pilot programs like the American Pharmacists Association Foundation's Project IMPACT Test and Treat study consistently demonstrate high quality outcomes. During that nationwide clinical study, 88 percent of patients who tested positive and were prescribed medications by a pharmacist received their treatment on the exact same day. Furthermore, a large majority of patients indicated that without the pharmacy access, they would have unnecessarily sought higher acuity care at an emergency room or walk in clinic. The

published findings for this study are available here:

<https://pubs.lib.umn.edu/index.php/innovations/article/view/6625>

However, addressing financial sustainability through medical billing is the required next step to truly expand this access. As a Director of Pharmacy Services operating within a Patient Centered Medical Home, I see this barrier firsthand. Expanding our scope of practice without a concurrent payment mechanism creates an unfunded mandate that is unsustainable for clinics and independent pharmacies. Providing test and treat services requires dedicated clinical time, physical resources, and administrative overhead.

H7921 solves this exact problem. It explicitly requires health plans to cover these services and properly include pharmacists in their medical provider networks, preventing insurers from restricting us to drug benefit networks alone. This payment parity ensures that the test and treat model is financially viable to implement and sustain across Rhode Island.

Passing H7921 is a necessary, evidence based step to modernize our healthcare delivery, reduce system wide costs, and ensure sustainable access for our patients.

Thank you for your time and for prioritizing the health of Rhode Islanders. I strongly urge the committee to recommend H7921 for passage.

Be well,

Kenny Correia, PharmD, BCACP, CDOE

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