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Sent: Tuesday, April 14, 2026 1:29 PM
To: House Health and Human Services Committee
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Subject: House Bill No. 7921 RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACISTS TEST-AND-TREAT AUTHORITY ACT

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April 13, 2026

The Honorable Senator Chair Susan Donovan
Chair of the Rhode Island Senate Committee on Health and Human Services
State House
82 Smith Street
Providence, RI 02903

RE: House Bill No. 7921 RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACISTS TEST-AND-TREAT AUTHORITY ACT

Dear Chair Donovan and Members of the Committee,

As a licensed pharmacist, fellowship-trained infectious diseases specialist, and Dean of the University of Rhode Island College of Pharmacy, I have spent more than two decades on the front lines of patient care at the Providence VA, where pharmacists practice with prescriptive authority. I have seen firsthand the difference it makes when pharmacists are fully empowered to care for patients.

I strongly support Rhode Island legislation that expands pharmacists' independent prescribing authority and ensures reimbursement for pharmacist-provided patient care services. These are not incremental changes, they are high-impact, evidence-based solutions that will expand access to care, relieve pressure on an overextended healthcare workforce, and improve patient outcomes.

Rhode Island is facing growing demand for timely, accessible care, especially in rural and underserved communities. We cannot afford to sideline highly trained clinicians who are ready to help. Empowering pharmacists to practice at the top of their training, and ensuring they are reimbursed for the care they provide, is a direct, actionable step toward a stronger, more responsive healthcare system.

Pharmacists are among the most accessible and trusted healthcare professionals here in Rhode Island. Patients interact with pharmacists far more frequently than with any other clinician, especially when managing chronic conditions or seeking timely care. Yet despite pharmacists already delivering high-value clinical services, their role remains underutilized due to statutory and reimbursement limitations. This legislation appropriately modernizes Rhode Island law by authorizing pharmacists to independently prescribe within defined drug categories and by ensuring fair compensation for direct patient care services.

Pharmacists Are Practice-Ready and Clinically Trained

All pharmacists licensed in the United States graduate from programs accredited by the [Accreditation Council for Pharmacy Education \(ACPE\)](#) and earn a Doctor of Pharmacy (PharmD) degree. ACPE standards ensure graduates are **practice-ready at the time of graduation**, with demonstrated competence in:

- Clinical patient assessment and evaluation
- Evidence-based decision-making and therapeutic selection
- Ordering, interpreting, and applying clinical laboratory data
- Chronic disease and population health management
- Public health promotion, prevention, and harm reduction
- Interprofessional collaboration and care coordination

Pharmacy graduates complete extensive experiential education in community, ambulatory care, and health-system settings where they routinely assess patients, initiate and modify therapy under protocols, perform point-of-care testing, and monitor outcomes. This legislation appropriately aligns pharmacists' legal authority with their education, training, and demonstrated competencies.

Expanding Access Through Independent Prescribing

Authorizing pharmacists to independently prescribe medications and devices critical to public health—including treatments for opioid use disorder, diabetes, hypertension, hyperlipidemia, asthma and COPD, tobacco cessation, and infectious diseases diagnosed through point-of-care testing - **will significantly expand timely access to care**. These are conditions pharmacists already manage daily through medication therapy management, patient counseling, and care coordination.

In rural areas and communities facing provider shortages, pharmacies are often the most consistent point of healthcare contact. Empowering pharmacists to practice at the top of their license will reduce delays in care, ease pressure on primary care and emergency departments, and improve continuity of treatment.

Ensuring Reimbursement for Pharmacist-Provided Care

Equally important is recognizing pharmacists as reimbursable healthcare providers when they deliver direct patient care services. Pharmacists routinely perform essential services such as:

- Evaluation and management of patients, including comprehensive medication reviews, history-taking, and clinical decision-making
- Medication therapy management (MTM) to improve adherence, prevent adverse drug events, and optimize treatment for chronic conditions
- Immunization education and administration, expanding vaccine access and uptake in underserved communities
- Ordering and evaluating clinical laboratory tests, including cholesterol screening, hemoglobin A1c, and other waived point-of-care tests to guide therapy and ensure medication safety

Despite already providing these high-value services, often in collaboration with physicians, advanced practice nurses, and physician assistants, pharmacists are **frequently excluded from insurance**

reimbursement. Ensuring parity in coverage when pharmacists deliver these services is essential for sustainability, equity, and responsible workforce utilization.

Public Health Impact and Cost Savings

Expanding pharmacist scope and reimbursement will improve patient outcomes while lowering overall healthcare costs. Pharmacist-led interventions are associated with reduced hospital admissions, fewer emergency department visits, improved chronic disease control, and safer medication use. National data consistently demonstrate that pharmacist-provided care yields substantial cost savings by preventing avoidable complications and optimizing therapy.

Pharmacists also play a critical role in public health efforts, including opioid stewardship, smoking cessation, chronic disease prevention, and response to infectious diseases. These contributions are especially impactful in rural and underserved communities where access gaps are greatest.

Conclusion

This legislation is a thoughtful, patient-centered approach that leverages an existing, highly trained healthcare workforce to meet Rhode Island's current and future health needs. It expands access, supports public health, promotes cost-effective care, and ensures appropriate regulatory oversight while preserving professional autonomy.

I strongly urge your support for these reforms to recognize pharmacists as essential providers within Rhode Island's healthcare system. I would welcome the opportunity to serve as a resource or provide further expertise as this legislation advances.

Thank you for your time and consideration.

Sincerely,



Kerry L. LaPlante, PharmD., FCCP, FIDSA, FIDP
Dean, College of Pharmacy, University of Rhode Island, Kingston, RI

**Note: I understand that we may be working on different schedules. Please do not feel rushed to respond if this email pops up on your phone or outside a time you normally respond to emails. I encourage you to use downtime for rest and rejuvenation.

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