



April 17, 2026

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan R. Donovan
Chair, Rhode Island House Health and Human Services Committee
82 Smith Street
Providence, RI 02903

SUPPORT – H7921, Pharmacists Test-and-Treat Authority Act

Dear Chair Donovan, First Vice Chair Giraldo, Second Vice Chair Potter, and members of the House Health and Human Services Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to support [House Bill \(H\) 7921](#). This bill would authorize trained pharmacists to independently provide test-and-treat services for certain common conditions pursuant to statewide protocols and ensure coverage of those services under state-regulated health plans. H7921 represents a thoughtful and evidence-based approach to improving timely access to care, strengthening public health infrastructure, and ensuring Rhode Island’s health care workforce is fully leveraged to meet Rhode Islanders’ health care needs.

H7921 recognizes pharmacists’ ability to initiate therapy for certain conditions, including influenza, COVID-19, group A streptococcal pharyngitis, HIV post-exposure prophylaxis, and additional conditions based on science, evidence, and public health needs determined by the Rhode Island Board of Pharmacy. Pharmacists are highly trained health care professionals, completing doctoral-level education focused on medication management, patient assessment, and clinical decision-making. H7921 appropriately recognizes pharmacist training and ensures Rhode Island pharmacists can provide care that meets the accepted standard of care.

Across the country, states that have adopted similar pharmacist practice authorities have seen improvements in access to care, patient satisfaction, and appropriate medication use, while maintaining high standards of safety and accountability and lowering costs by keeping patients out of expensive emergency rooms. For example, pharmacists can already test for and treat a range of health conditions in 14 states, via a statewide protocol, standing order, or independent prescriptive authority. Substantial published literature documents the proven and significant improvement to patient outcomes¹ and

¹ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

reduction in health care expenditures² when pharmacists are optimally leveraged as the medication experts on patient-care teams.

Additionally, H7921 makes essential changes to allow for the reimbursement of tobacco cessation services by health plans provided by pharmacists within their scope of practice. The increase in patient access to health care services provided by their pharmacist in Rhode Island is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, health plans are recognizing the value of the pharmacist and investing to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.³

As the most accessible health care professionals, pharmacists are vital providers of care, especially for those living in underserved communities. As you know, the U.S. Health Resources and Services Administration (HRSA) has determined that 100% of Rhode Island's population lives in a federally designated health professional shortage area.⁴ Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Rhode Island's recognition of many other health care providers.

It is also important to note that these programs are not expected to raise health plan costs, as published literature has shown that pharmacist-provided care results in significant cost savings and healthier patients.^{5,6} A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."⁷ This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that creating a similar program permitting pharmacists to practice clinical pharmacy and provide patient care services would have "minimal expenditure impact on state or local government."⁸

For these reasons, APhA supports H7921 to expand Rhode Islanders' access to pharmacist-provided patient care services and respectfully requests your "AYE" vote. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at mmurphy@aphanet.org.

² Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

³ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

⁴ <https://plainhealthaccess.com/state/ri>

⁵ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

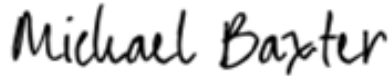
⁶ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁷ Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. Research in Social and Administrative Pharmacy. 2025. Article in Press. DOI: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

⁸ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

Sincerely,



Michael Baxter
Vice President, Government Affairs

cc: Representative Joshua J. Giraldo, First Vice Chair
Representative Brandon C. Potter, Second Vice Chair
Representative Mia A. Ackerman
Representative David A. Bennett
Representative Jennifer Boylan
Representative Megan L. Cotter
Representative Kathleen A. Fogarty
Representative Arthur Handy
Representative Marie A. Hopkins
Representative Rebecca M. Kislak
Representative Michelle E. McGaw
Representative David J. Place
Representative June Speakman
Representative Jennifer A. Stewart

About APhA: APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. **In Rhode Island, with 1,170 licensed pharmacists and 1,590 pharmacy technicians, APhA represents the pharmacists and student pharmacists who practice in numerous settings and provide care to many of your constituents.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.