

Support - S2386

Dear,

I am a practicing pharmacist working in primary care and population health management, and I am writing to express my strong support for House Bill S2386. This bill establishes coverage for pharmacist-provided healthcare services across commercial insurance, nonprofit health plans, health maintenance organizations, and Medicaid.

Rhode Island is facing significant challenges with primary care access due to workforce shortages and an increasing burden of chronic diseases. As demand for services rises, it is crucial to fully utilize team-based care models that expand access while maintaining high standards of quality, safety, and oversight.

House Bill S2386 addresses a long-standing gap by requiring health plans to cover services delivered by pharmacists within their lawful scope of practice. This includes services provided under collaborative practice agreements that would otherwise be covered if performed by a physician, advanced practice nurse, or physician assistant. Importantly, this legislation does not expand the scope of practice but ensures coverage parity for services that pharmacists are already trained, licensed, and authorized to provide.

The bill appropriately defines covered pharmacist services to include patient evaluation and management, medication therapy management, immunization education and administration, medication administration, and the ordering and evaluation of clinical laboratory tests. These services are routinely provided by pharmacists as part of integrated care teams and are essential for optimizing medication use, supporting chronic disease management, and improving patient outcomes.

House Bill S2386 also includes important safeguards to ensure responsible implementation. Health plans are not required to pay for duplicative services when care is provided by multiple clinicians, and reimbursement to pharmacists does not require unnecessary supervision, referral, or signature. Additionally, plans must include an adequate number of pharmacists in their medical provider networks, recognizing that simply participating in a pharmacy drug benefit does not guarantee access to clinical pharmacist services.

From a population health and primary care perspective, covering pharmacist-provided services enhances access to timely care, reduces avoidable medication-related complications, and allows physicians and advanced practice providers to concentrate on diagnosis and complex clinical decision-making. These benefits are particularly impactful in settings where primary care capacity is limited, and patients encounter barriers to frequent office visits.

House Bill S2386 also thoughtfully addresses Medicaid implementation by directing the Executive Office of Health and Human Services to pursue any necessary state plan amendments or waivers to support coverage, with a specified timeline for submission. The delayed effective date and sunset provision allow the state, payers, and providers to assess the impact, monitor outcomes, and make informed decisions about long-term adoption.

Overall, H-S2386 reflects the effective delivery of care in team-based models and aligns Rhode Island with other states that recognize pharmacist-provided clinical services as integral to accessible, high-quality care. By establishing coverage parity while preserving appropriate safeguards, this legislation strengthens primary care capacity and improves access for Rhode Island patients.

For these reasons, I respectfully urge the Committee to support H-S2386 and advance this important legislation. Thank you for your leadership and for the opportunity to provide testimony in support of policies that strengthen team-based care and improve health outcomes across Rhode Island.

Sincerely,

Caitlin Kennedy, PharmD, MHA

Warwick, RI