From:	Kenny Correia
To:	SLegislation
Cc:	Sen. Murray, Melissa A.; Sen. Lauria, Pamela J.; Sen. Urso, Lori; Sen. Appollonio, Peter A. Jr.; Sen. Rogers, Gordon E.; Sen. Thompson, Brian J.; Sen. Ujifusa, Linda L.; Sen. Valverde, Bridget G.; Sen. Lawson, Valarie J; Sen. Ciccone III, Frank A.; Sen-tikpoian@rilegislature.gov; Kristen Silvia; info@ripharmacists.org; Cfedericorx@gmail.com; Kenny Correia; KENNY CORREIA
Subject:	Subject: Support S2386, S2112, S2876, and S2877 Advancing Patient Care and Access
Date:	Tuesday, April 14, 2026 11:05:47 AM
Attachments:	Outlook-5rqj4yx1.png

Dear Chairwoman Murray and Members of the Senate Health and Human Services Committee,

Please accept this written testimony in strong support of S2386, S2876, S2877, and S2112. While all of these bills are important for patient access, the passage of S2386 is absolutely critical to the survival and growth of team-based primary care in Rhode Island.

Rhode Island has made commendable strides in recent years by expanding the pharmacist scope of practice to better serve our communities. However, expanding scope without a corresponding payment mechanism creates an unsustainable environment for healthcare practices. Currently, clinical pharmacists are performing highly complex, time-intensive patient care activities such as comprehensive medication management, chronic disease optimization, and preventative care interventions. Yet, we are forced to operate without a reliable avenue for reimbursement for these distinct clinical services.

In our Patient Centered Medical Home practice, our physicians and advanced practice providers clearly see the value of integrated clinical pharmacy services. Our providers are ready and eager to hire more pharmacists to expand our team-based care model. Unfortunately, we have hit a financial ceiling. We cannot find a sustainable way to expand these services without a permanent funding mechanism. Relying on one time grants or temporary pilot program funding is not a viable long term business strategy for hiring, training, and retaining highly credentialed clinical specialists.

S2386 provides the exact structural solution we need by establishing general coverage parity. The bill guarantees that services within our scope are covered just as they would be if performed by a physician, advanced practice nurse, or physician assistant. This parity is essential because clinical pharmacists frequently perform complex evaluation and management, medication therapy management, immunization administration, and the ordering and evaluation of clinical laboratory tests. Currently, we provide these core primary care functions without a reliable mechanism to bill for them, which severely stifles the growth of collaborative practice.

Furthermore, S2386 addresses critical operational hurdles by prohibiting insurers from requiring unnecessary supervision, signatures, or referrals from other providers as a condition of reimbursement. These arbitrary administrative barriers currently do nothing but delay patient care and create unnecessary paperwork for our physician colleagues. Pharmacists are highly trained clinical practitioners, and removing these hurdles allows us to practice at the top of our license efficiently.

The legislation also fixes a major systemic flaw by explicitly requiring health plans to include pharmacists in their participating medical provider networks. Right now, being restricted solely to pharmacy benefit networks prevents clinics from submitting medical claims for our clinical time. S2386 closes this loophole by clarifying that a pharmacy drug benefit network does not satisfy the requirement for medical network inclusion. Finally, by directing the state to establish this coverage under Medicaid, the bill ensures that our most vulnerable patient populations will not be left behind and can equitably benefit from comprehensive medication management.

I also want to register my strong support for S2112, which ensures emergency access to two doses of glucagon per year, as well as S2876 and S2877, which cap copays for prescription inhalers and diabetes supplies. Removing financial barriers to life saving rescue medications and daily disease management supplies prevents catastrophic outcomes and keeps our patients out of the hospital.

Thank you for your time and for your commitment to improving healthcare in Rhode Island. I strongly urge the committee to recommend S2386 for passage so we can finally build a sustainable, team based healthcare system.

Sincerely,

Be well,

Kenny Correia, PharmD, BCACP, CDOE

Director of Pharmacy Services
Arches Medical