Dear Chair Murray and Honorable Members of the Senate Health & Human Services Committee,

I am writing to express my strong support for S2851, the Pharmacists Test-and-Treat Authority Act, and to respectfully urge your favorable consideration of this legislation. I offer this perspective as a licensed pharmacist practicing in Rhode Island, with firsthand experience delivering patient care and collaborating closely with prescribers across the healthcare system.

During the earliest days of the COVID-19 pandemic, I worked in a testing tent evaluating and testing individuals presenting with COVID-like symptoms, at a time when we had no effective treatments and limited understanding of the disease. That experience underscored the importance of timely access to testing, trusted healthcare professionals, and clearly defined treatment pathways, particularly during periods of system strain.

In my current clinical practice, I frequently consult with providers who need to prescribe post-exposure prophylaxis (PEP), advising on appropriate drug selection, dosing, contraindications, and prescription details. This type of clinical collaboration is routine for pharmacists. We are consistently relied upon for medication-specific decision-making, safety screening, and patient counseling, often acting as the final clinical checkpoint before therapy is initiated.

S2851 appropriately recognizes and formalizes this role. Pharmacists possess the clinical knowledge, training, and accessibility to safely provide testing and initiate treatment under evidence-based statewide protocols. Pharmacists are already dispensing these medications, assessing appropriateness, screening for drug interactions, and counseling patients on use and follow-up. Authorizing pharmacist-led test-and-treat services allows care for uncomplicated, protocol-driven conditions to occur more efficiently, without sacrificing safety or quality.

Importantly, pharmacist-provided test-and-treat services also represent a lower-cost setting of care that aligns directly with value-based healthcare principles. When patients can receive timely testing and treatment in a pharmacy, it reduces reliance on more expensive sites of care such as urgent care centers and emergency departments. This shift does not create new demand for care, it redirects existing demand to a setting that is more accessible, less costly, and better aligned with the acuity of these conditions.

From a system perspective, this model promotes cost avoidance, not cost expansion. Delays in testing or treatment often lead to clinical worsening, complications, or unnecessary escalation of care. Enabling pharmacists to intervene early helps prevent those downstream costs while improving patient experience and outcomes.

I also want to address the need for reimbursement to ensure sustainability. For S2851 to succeed in practice, not just in statute, it is essential that pharmacist-provided test-and-treat services are reimbursable. Without the ability to bill for these clinical services, pharmacist-led care models are simply not sustainable, regardless of their demonstrated value.

Pharmacists are expected to perform comprehensive clinical services under this bill: patient assessment, diagnostic testing, interpretation of results, medication selection, documentation, and coordination of care. These same activities are routinely reimbursed when provided by physicians, nurse practitioners, or physician assistants. Excluding pharmacists from reimbursement for comparable services creates an inconsistency that is difficult to justify and undermines long-term access to care.

Reimbursement parity is not about professional status, it is about aligning payment with value. Pharmacist-provided test-and-treat services deliver the right care, at the right time, in the right place, while helping contain total cost of care. If pharmacists are unable to bill for these services, the burden is shifted either to patients or to unreimbursed labor, which ultimately limits availability and scalability.

S2851 does not authorize open-ended care. Services are limited to evidence-based statewide protocols, with training and documentation requirements that ensure appropriate utilization and accountability. Covering these services when provided by pharmacists simply recognizes that equivalent care should be reimbursed equivalently, particularly when delivered in a more cost-effective setting.

As one of the most accessible healthcare professionals, pharmacists are uniquely positioned to expand access while supporting the broader healthcare system. S2851 is thoughtful, measured legislation that strengthens Rhode Island's care delivery infrastructure, improves access, and advances value-based care goals.

I respectfully urge the Committee to support S2851 and to ensure that pharmacists are able to practice to the full extent of their education and training, supported by reimbursement structures that allow these services to be delivered sustainably and equitably across our state.

Thank you for your time, leadership, and commitment to improving healthcare access for Rhode Islanders. I would welcome the opportunity to serve as a resource or to answer any questions as you consider this important legislation.

Sincerely,
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