

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

I am writing to express my strong support for S2856, legislation regarding pharmacist authority to administer routine, scheduled, and recommended immunizations to children and adolescents. I offer this support as a licensed clinical pharmacist practicing in Rhode Island, with firsthand experience navigating access barriers that patients and families increasingly face.

Rhode Island, like many states, is experiencing a significant primary care shortage, particularly in pediatrics and family medicine. Many families struggle to establish care, face long wait times for appointments, or lack the flexibility to attend visits during standard office hours. As a result, even routine preventive services-such as childhood and adolescent immunizations-are frequently delayed or missed, not due to hesitancy but due to access constraints.

In contrast, pharmacists are among the most accessible healthcare professionals in the community. Families already interact with pharmacists regularly, often without appointments, extended wait times, or transportation barriers. Expanding pharmacist authority to administer routine and recommended immunizations to children and adolescents simply allows care to be delivered where patients already are-particularly when access to primary care is limited or delayed.

S2856 is written thoughtfully and responsibly. The bill maintains parental consent requirements, mandates timely reporting to the Department of Health, and requires pharmacists to notify a child's primary care provider when known. Importantly, the legislation also accounts for circumstances in which a child does not currently have an established primary care provider-a reality that is becoming increasingly common given workforce limitations. In these cases, pharmacists are still required to meet public health reporting requirements, ensuring vaccination data are captured and continuity of care is preserved.

From a public health and value-based care perspective, improving access to routine childhood vaccinations is a high-value intervention. Missed or delayed immunizations increase the risk of preventable disease outbreaks, add strain to already limited primary care capacity, and can result in costly downstream care that could otherwise be avoided. Empowering pharmacists to provide these services helps close access gaps without duplicating care or compromising safety.

In practice, expanding pharmacist immunization authority does not replace the medical home-it supports it. By relieving some of the burden associated with vaccine delivery, primary care providers are better able to focus on complex medical, developmental, and behavioral needs that require longer visits and continuity of care. This is especially important in the context of current workforce shortages.

As a clinician, I have seen how access barriers-not lack of clinical need-drive gaps in preventive care. S2856 offers a pragmatic and evidence-based solution that strengthens Rhode Island's immunization infrastructure while respecting parental involvement, clinical standards, and coordination with primary care.

I respectfully urge the Committee to support S2856 and advance legislation that expands access to essential preventive services in a safe, responsible, and patient-centered manner-particularly as primary care access continues to be constrained.

Thank you for your time, leadership, and continued commitment to the health of Rhode Islanders. I would be glad to serve as a clinical resource or answer any questions as you consider this legislation.

Sincerely,
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