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To: [SLegislation](#)
Cc: [Sen. Valverde, Bridget G.](#); [Rhode Island Pharmacists Association](#); [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.](#)
Subject: Written Testimony in Support of S2866 – Collaborative Pharmacy Practice
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Written Testimony in Support of S2866

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

I am writing in strong support of **S2866**, legislation related to **Collaborative Pharmacy Practice**. This bill modernizes Rhode Island's existing collaborative practice statute by expanding eligibility beyond physicians alone to include other qualified healthcare providers, while maintaining patient safety, clinical accountability, and professional oversight.

As a licensed pharmacist and Director of Population Health Management in primary care, I have firsthand experience with collaborative practice agreements (CPAs) and their effects on access, quality, and efficiency of care. Under current law, pharmacists already engage in drug therapy management through written protocols, which include initiating, adjusting, monitoring, or stopping medications; reviewing patient histories; tracking vital signs; and ordering and assessing limited laboratory tests when authorized. S2866 appropriately builds on this existing framework rather than establishing a new or untested model.

Importantly, S2866 removes unnecessary barriers by allowing pharmacists to enter into CPAs with other healthcare providers who have prescribing authority, reflecting how modern, team-based care is delivered today. In many practice settings, particularly primary care, behavioral health, and chronic disease management, care is provided by interdisciplinary teams where physicians, advanced practice providers, pharmacists, and nurses each work at the top of their licenses. This legislation aligns state law with that reality while maintaining clear requirements for written agreements, adherence to clinical guidelines, annual review, and accountability to existing boards and the Department of Health.

From a patient and system perspective, collaborative pharmacy practice enhances timely medication management, supports chronic disease control, decreases preventable utilization, and eases clinician workload. Pharmacists' advanced training in pharmacotherapy uniquely qualifies them to handle complex medication regimens, especially for conditions like hypertension, diabetes, asthma, and hyperlipidemia—areas essential to population health and value-based care initiatives across Rhode Island.

S2866 is a well-considered, patient-focused update that maintains safeguards while allowing healthcare teams to operate more efficiently. I respectfully urge the Committee to support this bill.

Thank you for the opportunity to submit written testimony. I am happy to serve as a resource or provide additional perspective if needed.

Respectfully submitted,

Caitlin Kennedy, PharmD, MHA
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