



DEPARTMENT OF PHARMACY PRACTICE AND CLINICAL RESEARCH
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[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Melissa Murray
Chair, House Committee on Health & Human Services
State House
82 Smith Street
Providence, RI 02903

RE: SUPPORT – S2866 – AN ACT RELATING TO BUSINESSES AND PROFESSIONS – COLLABORATIVE PHARMACY PRACTICE

Dear Chair Murray and Members of the Committee:

My name is Todd Brothers, PharmD, BCCCP, BCPS. I am a Clinical Associate Professor at the University of Rhode Island College of Pharmacy and a practicing critical care pharmacist in Rhode Island. I am writing in strong support of **Senate Bill 2866**, along with its companion bill introduced in the House. This legislation modernizes Rhode Island's collaborative pharmacy practice statute by allowing pharmacists to enter into collaborative practice agreements directly with licensed providers and by eliminating the unnecessary board approval process prior to implementation.

Collaborative pharmacy practice agreements are structured, written agreements that allow pharmacists with advanced training to initiate, adjust, monitor, or discontinue drug therapy pursuant to an agreed-upon protocol. These models are evidence-based and widely utilized across the country to improve chronic disease management, medication safety, and healthcare access. In real-world practice, administrative delays in approving agreements can slow patient access to care without adding meaningful patient safety protections. S2866 maintains accountability by requiring written agreements, annual review, adherence to clinical guidelines, and oversight authority if concerns arise. What it removes is duplicative pre-approval bureaucracy that impedes timely team-based care.

From a clinical standpoint, pharmacists are doctoral-trained medication experts. Collaborative practice allows healthcare teams to respond efficiently to conditions such as diabetes, hypertension, anticoagulation management, heart failure, and infectious diseases, where timely medication adjustment directly impacts hospitalization and long-term outcomes.

Importantly, this legislation reflects prior recognition of its value. S2866 strengthens interdisciplinary care, improves patient access, and aligns Rhode Island with national standards for team-based healthcare delivery.

For these reasons, I respectfully urge the Committee to support Senate Bill 2866 and its House companion bill.

Thank you for your consideration and your continued commitment to improving healthcare in Rhode Island.

Respectfully submitted,

Todd Brothers

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