

9 March 2026

[submitted electronically via: slegislation@rilegislature.gov]

The Honorable Melissa Murray Chair, Senate Committee on Health & Human Services
State House

82 Smith Street

Providence, RI 02903

RE: S2876 – AN ACT RELATING TO INSURANCE – PRESCRIPTION DRUG BENEFITS

Dear Chair Murray and members of the Committee:

My name is Connor Charbonneau, and I am a fourth-year Doctor of Pharmacy student at the University of Rhode Island. I am a lifelong resident of Pawtucket and currently work as a pharmacy intern at Rhode Island Hospital and URI Health Services. I'm writing in support of Senate Bill 2876.

S2876 aims to address one of the major barriers to medication adherence by capping patient cost-sharing at \$25 per 30-day supply for prescription inhalers and related equipment, while also prohibiting the application of deductibles for these essential medications. Financial barriers remain one of the most significant obstacles to proper medication use, and when patients cannot afford their inhalers, adherence suffers. Poor adherence can lead to worsening disease control, preventable exacerbations, and ultimately poorer health outcomes.

Beyond the direct impact on patients, these barriers also place significant strain on our healthcare system. During my time as an intern at Rhode Island Hospital, I have seen firsthand how busy both the adult and pediatric emergency departments can become and how many resources are required to care for patients experiencing acute asthma exacerbations. Asthma-related emergency department visits are a major driver of preventable healthcare utilization, and many of these visits could be avoided with consistent access to and adherence with maintenance inhaler therapy.

S2876 would help ensure that patients can consistently access the medications they rely on to control their asthma, rather than waiting until their condition worsens and requires emergency care.



Connor Charbonneau
Doctor of Pharmacy Candidate
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