



Rhode Island Pharmacists Association

1643 Warwick Avenue, PMB 113, Warwick, RI 02889

www.ripharmacists.org

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[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 - Murray)– AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Murray and members of the Committee:

Thank you for once again introducing this legislation to increase the access of inhalers and delivery devices to improve the care for patients with respiratory conditions by limiting the cost passed along to the patient. Additionally, the 2024 legislation added delivery devices, such as a spacer, further demonstrates a commitment to reducing inhaler waste.

This bill has a House Companion, H7938.

Asthma and COPD remain two chronic respiratory conditions which contribute to a significant amount of morbidity and mortality across many demographics and socioeconomic groups. Additionally, uncontrolled asthma and COPD contribute to increase in health care provider visits, emergency room visits, and hospitalizations.

Non-adherence to inhalers is multifactorial, but often are due to improper technique, inappropriate selection, and cost. Pharmacists have an important role in managing respiratory conditions: navigating the selection of guideline-based regimens, ensure a patient's technique is suitable, and overcoming cost-barriers.

- **Global Initiative for Obstructive Lung Diseases (GOLD)** – recommends the importance of **patient selection**¹
- **Forced nonmedical switch** was associated with a **disruption in disease management for patients with asthma or COPD**, with **71% switching to another controller and 23% completely dropping off controller medications**²
- **Generally reported worsened outcomes** in terms of symptom control, SABA use (albuterol), OCS use (corticosteroids), adherence, and consultation rates³

In a pharmacist-led COPD disease management program in a RI primary care setting conducted by Kimball et. al, the mean number of exacerbations over a 1-year period **significantly decreased by 1.35 events** ($P = .01$) and the **mean number of hospital admissions and emergency department visits significantly decreased** by 0.85 events ($P = .02$). There was a significant cost savings of **\$248.29 for the mean monthly maintenance inhaler regimen costs per patient**.ⁱ This study underscores the importance of education and proper selection when considering barriers to reducing overall cost. Most inhaler switches do not have the benefit of this service, and lead to negative consequences.

Inhaler cost is routinely a barrier to adherence, but also leads to several other stressors to patients and the healthcare system:

- Of an estimated **\$25 billion dollars** spent for inhalers annually, **\$5-7 billion dollars is wasted because of inhaler misuse**ⁱⁱ
- Several studies have reported that an average of 60% of patients with COPD do not adhere to prescribed therapy & up to 85% of patients use their inhaler ineffectivelyⁱⁱⁱ
- **In just 1-year, all-cause Health Care costs are significantly higher for patients even with a mild level of non-adherence.** This is driven by costs attributed to office, ED and hospital visits, and offsets any increase in pharmacy costs (Figure 3).²
- **Insurance formularies routinely switch coverage of inhalers, often changing to a new device.** This can increase the burden and risk on patients, particularly during times of the year when a seasonal trigger may occur.

¹ GOLD COPD report: 2024 update. Lancet Respir Med 2024;12(1):15-16

² Pulm Ther . 2021 Mar 12;7(1):189–201. doi: 10.1007/s41030-021-00147-8

³ Real-World Impact of Nonclinical Inhaler Regimen Switches on Asthma or COPD: A Systematic Review J Allergy Clin Immunol Pract. 2022 Oct;10 (10):2624

- Other costs that should be considered include: the cost of time spent demonstrating to the patient how to use the new device, the cost of additional visits to address patient concerns and the management costs if disease control is adversely affected, and the risk of an exacerbation requiring an ED/ or hospital visit
- **Cost-related nonadherence significantly worsens when out-of-pocket costs increase. This is apparent even when costs are as low as \$20 (Figure 2).**^{iv}
- **Holding chambers (spacers), have shown among children and adults to demonstrate improved delivery of inhaled medications, and reduce the risk of side effects, such as oropharyngeal candidiasis (thrush)**^v
- Asthma and COPD have historically been among the conditions associated with the highest rates of condition-specific and general cost-related nonadherence.^{vi}

Thank you again for supporting this important piece of legislation which impacts patients of all ages, and provides them with affordable options to prevent serious consequences of uncontrolled respiratory conditions.

Chris Federico PharmD, BCACP, CDOE
Rhode Island Pharmacist Association
Warwick, RI
Info@ripharmacists.org

Appendix

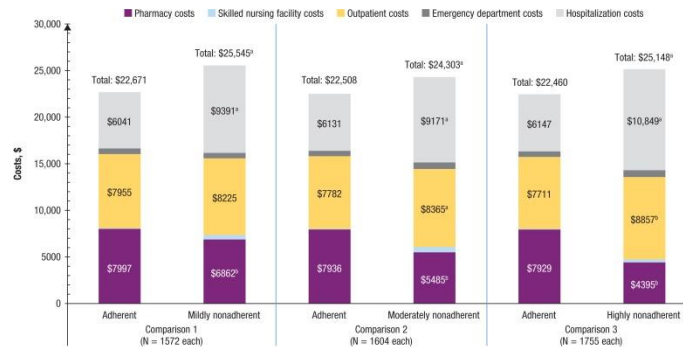


Figure 3. Postindex All-Cause Healthcare Costs Among Patients with COPD

NOTE: Values for emergency department costs and SNF costs are not shown in the figure because of their relatively small amount. Adherent, proportion of days covered (PDC) ≥ 0.8 ; mildly nonadherent, $0.5 \leq \text{PDC} < 0.8$; moderately nonadherent, $0.3 \leq \text{PDC} < 0.5$; highly nonadherent, $\text{PDC} < 0.3$.

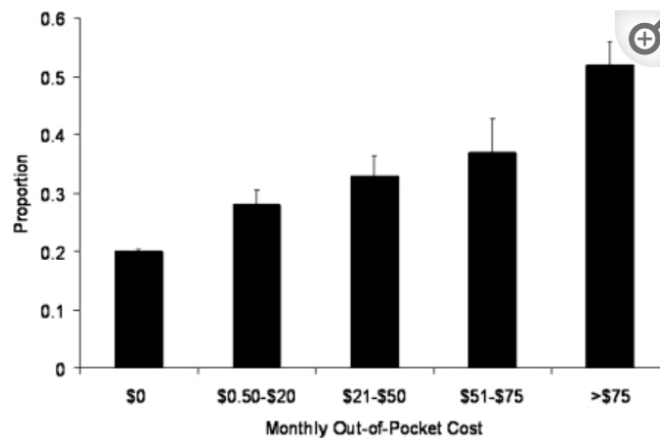


Figure 2. Rates of cost-related nonadherence (black bars) by monthly out-of-pocket inhaler costs in the Inhaler+/CPD+ group. There is a roughly linear increase in cost-related nonadherence as the out-of-pocket costs of inhalers increases (test for trend, $P < .0001$)

ⁱ Kimball BK, Tutalo RA, Minami T, Eaton CB. Evaluating an integrated chronic obstructive pulmonary disease management program implemented in a primary care setting. *J Am Coll Clin Pharm.* 2021; 4: 697–710.

ⁱⁱ Fink JB, Rubin BK. Problems with inhaler use: a call for improved clinician and patient education. *Respir Care.* 2005 Oct;50(10):1360-74; discussion 1374-5.

ⁱⁱⁱ Restrepo RD, Alvarez MT, Wittnebel LD, Sorenson H, Wettstein R, Vines DL, Sikkema-Ortiz J, Gardner DD, Wilkins RL. Medication adherence issues in patients treated for COPD. *Int J Chron Obstruct Pulmon Dis.* 2008;3(3):371-84

^{iv} Castaldi PJ, Rogers WH, Safran DG, Wilson IB. Inhaler costs and medication nonadherence among seniors with chronic pulmonary disease. *Chest.* 2010 Sep;138(3):614-20. Epub 2010 Apr 23.

^v Leach CL, Colice GL. A pilot study to assess lung deposition of HFA-beclomethasone and CFC-beclomethasone from a pressurized metered dose inhaler with and without add-on spacers and using varying breathhold times. *J Aerosol Med Pulm Drug Deliv.* 2010 Dec;23(6):355-61

^{vi} Piette JD, Heisler M, Wagner TH. Cost-related medication underuse among chronically ill adults: the treatments people forgo, how often, and who is at risk. *Am J Public Health.* 2004;94(10):1782–1787