

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

I am writing to express my strong support for S2888, legislation regarding pharmacy prescribed tobacco cessation therapy. I offer this perspective as a licensed clinical pharmacist practicing in Rhode Island, where I routinely manage chronic disease states and provide patient-centered counseling that directly addresses modifiable risk factors, including tobacco use.

Tobacco use remains one of the leading preventable causes of morbidity and mortality, contributing significantly to cardiovascular disease, diabetes complications, chronic lung disease, and cancer. In my clinical practice, tobacco use is rarely an isolated issue-it worsens nearly every chronic condition I manage and frequently undermines the effectiveness of pharmacologic therapy.

As part of comprehensive patient care, I routinely assess readiness to quit, counsel patients on cessation strategies, recommend appropriate pharmacotherapy, monitor for adverse effects, and provide follow-up support. These interventions are evidence-based and highly effective when paired with frequent, accessible touchpoints-something pharmacists are uniquely positioned to provide.

Importantly, access to formal tobacco cessation services has become increasingly limited. Thundermist for example, funding cuts have reduced the availability of dedicated tobacco-cessation programs, leaving many patients without reasonable access to structured support. In this context, pharmacist-led tobacco cessation services are not simply a convenience-they are an increasingly essential access point for patients seeking help to quit smoking.

S2888 addresses this access gap in a thoughtful and responsible way. The bill requires pharmacists to complete Board-approved training, follow evidence-based guidelines, incorporate patient education and follow-up, and coordinate care with primary providers when appropriate. This ensures safety, continuity of care, and clinical accountability while expanding access where traditional services are no longer reliably available.

From a value-based care and public health perspective, tobacco cessation is among the highest-value interventions in healthcare. Successful cessation reduces hospitalizations, emergency department visits, medication burden, and long-term healthcare costs across multiple disease states. Enabling pharmacists-one of the most accessible healthcare professionals-to initiate and manage cessation therapy shifts care upstream, preventing downstream, high-cost complications.

In practice, many patients who use tobacco do not engage regularly with primary care but do interact with pharmacists frequently. Requiring a separate appointment with a prescriber often becomes an unnecessary barrier that delays or prevents cessation attempts altogether. Pharmacist prescriptive authority removes that friction and allows treatment to begin at the moment a patient is motivated to quit-when success is most likely.

The insurance coverage provisions within S2888 are equally critical. Expecting pharmacists to provide comprehensive assessment, counseling, and follow-up without appropriate reimbursement is not sustainable. Covering these services when provided by pharmacists-just as they would be covered if delivered by another provider-recognizes both the value of the service and the reality of modern team-based care.

Given the reduction in funding for traditional cessation programs and the continued burden of tobacco-related disease, S2888 represents a timely, pragmatic, and cost-effective solution to expand access, improve outcomes, and strengthen Rhode Island's public health infrastructure.

I respectfully urge the Committee to support S2888 and advance legislation that empowers pharmacists to help fill critical gaps in tobacco cessation care-particularly for patients who might otherwise go without support.

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

Sincerely,
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