



May 1, 2026

[submitted electronically via: [Slegislation@rilegislature.gov](mailto:Slegislation@rilegislature.gov)]

The Honorable Melissa A. Murray  
Chair, Rhode Island Senate Health and Human Services Committee  
82 Smith Street  
Providence, RI 02903

**SUPPORT – S2888 (Valverde), S2856 (Lauria), and S2851 (Lauria)**

Dear Chair Murray, Vice Chair Lauria, Secretary Urso, and members of the Senate Health and Human Services Committee:

The American Pharmacists Association (APhA) appreciates the opportunity to provide testimony in support of [Senate Bill \(S\) 2888](#) (Sen. Valverde), [S2856](#) (Vice Chair Lauria), and [S2851](#) (Vice Chair Lauria). Collectively, these bills represent a comprehensive and thoughtful approach to modernizing pharmacy practice, strengthening immunization infrastructure, and ensuring sustainable access to pharmacist-provided care in Rhode Island.

S2888 authorizes trained Rhode Island pharmacists to prescribe and dispense FDA-approved tobacco cessation therapies and ensures coverage of pharmacists' services under health insurance plans. Tobacco use remains one of the leading preventable causes of morbidity and mortality. Over 1,800 Rhode Islanders die annually from smoking, which increases family health care costs, state Medicaid costs, leads to productivity losses, and increases the tax burden per household.<sup>1</sup> Pharmacists are uniquely positioned as the most accessible health care professionals to support patients who are ready to quit. Pharmacist-led tobacco cessation services have consistently demonstrated improvements in quit rates and are aligned with national clinical practice guidelines.<sup>2</sup>

S2856 updates the current statute to allow pharmacists to administer routine, scheduled, or recommended immunizations to individuals between the ages of three and eighteen, while maintaining parental consent and reporting requirements. Expanding immunization authority improves access to vaccines, particularly during seasonal surges and public health emergencies. Pharmacists already report administered immunizations to the state registry and coordinate with primary care providers. This bill ensures continuity of care while strengthening Rhode Island's immunization infrastructure.

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<sup>1</sup> [https://www.tobaccofreekids.org/problem/toll-us/rhode\\_island](https://www.tobaccofreekids.org/problem/toll-us/rhode_island)

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/books/NBK549529/>

S2851 recognizes pharmacists' ability to initiate therapy for certain conditions, including influenza, COVID-19, group A streptococcal pharyngitis, HIV post-exposure prophylaxis, and additional conditions, as determined by the Rhode Island Board of Pharmacy based on science, evidence, and public health needs. Pharmacists are highly trained health care professionals, completing doctoral-level education focused on medication management, patient assessment, and clinical decision-making. S2851 appropriately recognizes pharmacist training and ensures Rhode Island pharmacists can provide care that meets the accepted standard of care.

Across the country, states that have adopted similar pharmacist practice authorities have seen improvements in access to care, patient satisfaction, and appropriate medication use, while maintaining high standards of safety and accountability and lowering costs by keeping patients out of expensive emergency rooms. For example, pharmacists can already test for and treat a range of health conditions in 14 states, via a statewide protocol, standing order, or independent prescriptive authority. Substantial published literature documents the proven and significant improvement in patient outcomes<sup>3</sup> and a reduction in health care expenditures<sup>4</sup> when pharmacists are optimally leveraged as the medication experts on patient-care teams.

Additionally, S2888 and S2851 make essential changes to allow health plans to reimburse services provided by pharmacists within their scope of practice. The increase in patient access to health care services provided by their pharmacist in Rhode Island is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, health plans are recognizing the value of the pharmacist and investing to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.<sup>5</sup>

As the most accessible health care professionals, pharmacists are vital providers of care, especially for those living in underserved communities. As you know, the U.S. Health Resources and Services Administration (HRSA) has determined that 100% of Rhode Island's population lives in a federally designated health professional shortage area.<sup>6</sup> Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Rhode Island's recognition of many other health care providers.

It is also important to note that these programs are not expected to raise health plan costs, as published literature has shown that pharmacist-provided care results in significant cost savings and healthier

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<sup>3</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

[https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>4</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>5</sup> CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

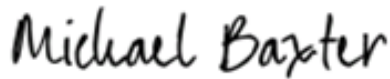
<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

<sup>6</sup> <https://plainhealthaccess.com/state/ri>

patients.<sup>7,8</sup> A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."<sup>9</sup> This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that creating a similar program permitting pharmacists to practice clinical pharmacy and provide patient care services would have "minimal expenditure impact on state or local government."<sup>10</sup>

For these reasons, APhA supports S2888, S2856, and S2851 and respectfully requests your "AYE" votes. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



Michael Baxter  
Vice President, Government Affairs

cc: Senator Pamela J. Lauria, Vice Chair  
Senator Lori Urso, Secretary  
Senator Peter A. Appollonio, Jr.  
Senator Gordon E. Rogers  
Senator Brian J. Thompson  
Senator Linda L. Ujifusa  
Senator Bridget Valverde

**About APhA:** APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. **In Rhode Island, with 1,170 licensed pharmacists and 1,590 pharmacy technicians, APhA represents the pharmacists and student pharmacists who practice in numerous settings and provide care to many of your constituents.** As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

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<sup>7</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: [https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>8</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>9</sup> Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. Research in Social and Administrative Pharmacy. 2025. Article in Press. DOI: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

<sup>10</sup> FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.