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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACISTS TEST-AND-TREAT
AUTHORITY ACT

Introduced By: Senators Lauria, DiMario, Valverde, Murray, Vargas, Mack, Kallman,
Urso, Pearson, and DiPalma

Date Introduced: March 04, 2026

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. The general assembly hereby finds that:

2 (1) Timely access to testing and treatment for common, self-limiting, and communicable
3 conditions is essential to protecting public health.

4 (2) Licensed pharmacists are among the most accessible health care professionals and are
5 trained in medication therapy management, clinical assessment, and patient counseling.

6 (3) Expanding pharmacist authority to test for and treat certain conditions improves access
7 to care, reduces unnecessary emergency department and urgent care utilization, and supports health
8 system capacity.

9 (4) Pharmacist-provided test-and-treat services have been demonstrated to be safe,
10 effective, and acceptable to patients when conducted pursuant to evidence-based protocols.

11 SECTION 2. Title 5 of the General Laws entitled "BUSINESSES AND PROFESSIONS"
12 is hereby amended by adding thereto the following chapter:

13 CHAPTER 19.4

14 PHARMACISTS TEST-AND-TREAT AUTHORITY ACT

15 5-19.4-1. Short title.

16 This chapter shall be known and may be cited as the "Pharmacists Test-and-Treat Authority
17 Act".

18 5-19.4-2. Purpose.

1 The purpose of this chapter is to authorize licensed pharmacists to independently test for
2 and initiate treatment of certain conditions.

3 **5-19.4-3. Definitions.**

4 As used in this chapter, the following terms shall have the following meanings:

5 (1) “Board” means the board of pharmacy established pursuant to §§ 5-19.1-3 through 5-
6 19.1-6.

7 (2) “CLIA-waived test” means a laboratory test categorized as waived under 42 CFR §
8 493.15

9 (3) “Department” means the department of health.

10 (4) “Pharmacist” means an individual licensed under chapter 19.1 of title 5 (“pharmacies”).

11 (5) “Test-and-treat service” means the performance of a clinical assessment, the ordering
12 or administration of a clinical laboratory improvement amendments (CLIA)-waived test, the
13 interpretation of test results, and the initiation, modification, or discontinuation of drug therapy
14 pursuant to a statewide protocol.

15 **5-19.4-4. Authority to provide test-and-treat services.**

16 (a) Notwithstanding any provision of law to the contrary, a pharmacist may independently
17 provide test-and-treat services for conditions authorized by statewide protocol adopted by the board
18 pursuant to §§ 5-19.4-5 and 5-19.4-10.

19 (b) A pharmacist acting pursuant to this chapter may:

20 (1) Order, perform, and interpret CLIA-waived tests;

21 (2) Initiate, dispense, administer, or prescribe medications; and

22 (3) Provide patient counseling, education, and referral as clinically indicated.

23 (c) A pharmacist shall not provide test-and-treat services for any condition not expressly
24 authorized by statewide protocol.

25 **5-19.4-5. Authorized conditions.**

26 (a) The board, in consultation with the department, shall adopt statewide protocols
27 authorizing pharmacist test-and-treat services for conditions including, but not limited to:

28 (1) Influenza;

29 (2) COVID-19;

30 (3) Group A streptococcal pharyngitis;

31 (4) Post exposure prophylaxis (PEP) for sexually transmitted infections for which CLIA-
32 waived testing is available, unless testing is not readily available and delay in treatment may
33 increase risk of infection; and

34 (5) Any additional condition determined by the board to be appropriate based on safety.

1 evidence, and public health needs.

2 (b) In adopting or amending protocols, the board shall consider:

3 (1) Evidence-based clinical guidelines;

4 (2) Diagnostic reliability of available tests;

5 (3) Medication safety and appropriateness; and

6 (4) Referral criteria and exclusion conditions.

7 **5-19.4-6. Training and competency.**

8 (a) Prior to providing test-and-treat services, a pharmacist shall complete education
9 requirements established by the board, which may include:

10 (1) Disease-specific education;

11 (2) Use and interpretation of CLIA-waived tests;

12 (3) Patient assessment and referral; and

13 (4) Documentation and reporting requirements.

14 (b) The board may require ongoing continuing education as a condition of continued
15 authority for a pharmacist to provide test-and-treat services pursuant to the provisions of this
16 chapter.

17 **5-19.4-7. Documentation and communication.**

18 (a) A pharmacist shall document each test-and-treat encounter in a patient record consistent
19 with board rules and regulations adopted pursuant to § 5-19.4-10.

20 (b) Upon patient consent, the pharmacist shall make reasonable efforts to notify the
21 patient's primary care provider, if one exists, of the service provided within seven (7) business
22 days.

23 (c) Pharmacists shall comply with all applicable public health reporting requirements.

24 **5-19.4-8. Liability and standard of care.**

25 (a) A pharmacist providing services pursuant to the provisions of this chapter shall be held
26 to the standard of care applicable to pharmacists practicing within their scope of licensure.

27 (b) Nothing in this chapter shall be construed to create a higher standard of care or to
28 expand civil liability beyond existing law.

29 **5-19.4-9. Reimbursement.**

30 (a) Test-and-treat services provided pursuant to this chapter shall constitute covered health
31 care services for purposes of reimbursement under state-regulated health insurance plans and
32 Medicaid, subject to applicable billing requirements.

33 (b) The office of the health insurance commissioner and the executive office of health and
34 human services shall take actions necessary to implement this section.

1 **5-19.4-10. Rulemaking authority.**

2 The board of pharmacy, in consultation with the department of health, shall promulgate
3 rules and regulations necessary to implement and enforce the provisions of this chapter. The rules
4 and regulations shall be promulgated no later than six (6) months after the effective date of this
5 chapter.

6 **5-19.4-11. Severability.**

7 If any provision of this chapter or its application is held invalid, the invalidity shall not
8 affect other provisions or applications of the chapter that can be given effect without the invalid
9 provision or application.

10 SECTION 3. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
11 Policies" is hereby amended by adding thereto the following section:

12 **27-18-96. Coverage for pharmacists' services.**

13 (a) Every group health insurance contract, or every group hospital or medical expense
14 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
15 any health insurance carrier, on or after January 1, 2027, shall provide coverage for the services
16 within the lawful scope of practice of pharmacists as defined in § 5-19.1-2 if the plan would have
17 provided coverage if the service had been performed by a physician, advanced practice nurse, or
18 physician assistant. No nonprofit medical service corporation may require supervision, signature,
19 or referral by any other healthcare provider as a condition of reimbursement to a pharmacist;
20 provided that, no nonprofit medical service corporation may be required to pay for duplicative
21 services actually rendered by both a pharmacist and any other healthcare provider.

22 (b) The health plan shall include an adequate number of pharmacists in its network of
23 participating medical providers. The participation of pharmacies in the plan network's drug benefit
24 does not satisfy the requirement that plans include pharmacists in their networks of participating
25 medical providers.

26 (c) The healthcare benefits outlined in this section shall apply only to services delivered
27 within the health insurer's provider network; provided that, all health insurers shall be required to
28 provide coverage for those benefits mandated by this section outside of the health insurer's provider
29 network where it can be established that the required services are not available from a provider in
30 the health insurer's network.

31 SECTION 4. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
32 Corporations" is hereby amended by adding thereto the following section:

33 **27-19-88. Coverage for pharmacists' services.**

34 (a) Every group health insurance contract, or every group hospital or medical expense

1 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
2 any health insurance carrier, on or after January 1, 2027, shall provide coverage for the services
3 within the lawful scope of practice of pharmacists as defined in § 5-19.1-2 if the plan would have
4 provided coverage if the service had been performed by a physician, advanced practice nurse, or
5 physician assistant. No nonprofit medical service corporation may require supervision, signature,
6 or referral by any other healthcare provider as a condition of reimbursement to a pharmacist;
7 provided that, no nonprofit medical service corporation may be required to pay for duplicative
8 services actually rendered by both a pharmacist and any other healthcare provider.

9 (b) The health plan shall include an adequate number of pharmacists in its network of
10 participating medical providers. The participation of pharmacies in the plan network's drug benefit
11 does not satisfy the requirement that plans include pharmacists in their networks of participating
12 medical providers.

13 (c) The healthcare benefits outlined in this section shall apply only to services delivered
14 within the health insurer's provider network; provided that, all health insurers shall be required to
15 provide coverage for those benefits mandated by this section outside of the health insurer's provider
16 network where it can be established that the required services are not available from a provider in
17 the health insurer's network.

18 SECTION 5. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service
19 Corporations" is hereby amended by adding thereto the following section:

20 **27-20-84. Coverage for pharmacists' services.**

21 (a) Every group health insurance contract, or every group hospital or medical expense
22 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
23 any health insurance carrier, on or after January 1, 2027, shall provide coverage for the services
24 within the lawful scope of practice of pharmacists as defined in § 5-19.1-2 if the plan would have
25 provided coverage if the service had been performed by a physician, advanced practice nurse, or
26 physician assistant. No nonprofit medical service corporation may require supervision, signature,
27 or referral by any other healthcare provider as a condition of reimbursement to a pharmacist;
28 provided that, no nonprofit medical service corporation may be required to pay for duplicative
29 services actually rendered by both a pharmacist and any other healthcare provider.

30 (b) The health plan shall include an adequate number of pharmacists in its network of
31 participating medical providers. The participation of pharmacies in the plan network's drug benefit
32 does not satisfy the requirement that plans include pharmacists in their networks of participating
33 medical providers.

34 (c) The healthcare benefits outlined in this section shall apply only to services delivered

1 within the health insurer's provider network; provided that, all health insurers shall be required to
2 provide coverage for those benefits mandated by this section outside of the health insurer's provider
3 network where it can be established that the required services are not available from a provider in
4 the health insurer's network.

5 SECTION 6. Chapter 27-41 of the General Laws entitled "Health Maintenance
6 Organizations" is hereby amended by adding thereto the following section:

7 **27-41-101. Coverage for pharmacists' services.**

8 (a) Every group health insurance contract, or every group hospital or medical expense
9 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by
10 any health insurance carrier, on or after January 1, 2027, shall provide coverage for the services
11 within the lawful scope of practice of pharmacists as defined in § 5-19.1-2 if the plan would have
12 provided coverage if the service had been performed by a physician, advanced practice nurse, or
13 physician assistant. No nonprofit medical service corporation may require supervision, signature,
14 or referral by any other healthcare provider as a condition of reimbursement to a pharmacist;
15 provided that, no nonprofit medical service corporation may be required to pay for duplicative
16 services actually rendered by both a pharmacist and any other healthcare provider.

17 (b) The health plan shall include an adequate number of pharmacists in its network of
18 participating medical providers. The participation of pharmacies in the plan network's drug benefit
19 does not satisfy the requirement that plans include pharmacists in their networks of participating
20 medical providers.

21 (c) The healthcare benefits outlined in this section shall apply only to services delivered
22 within the health insurer's provider network; provided that, all health insurers shall be required to
23 provide coverage for those benefits mandated by this section outside of the health insurer's provider
24 network where it can be established that the required services are not available from a provider in
25 the health insurer's network.

26 SECTION 7. This act shall take effect on January 1, 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

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RELATING TO BUSINESSES AND PROFESSIONS -- PHARMACISTS TEST-AND-TREAT
AUTHORITY ACT

1 This act would authorize pharmacists to order, perform and interpret CLIA-waived tests
2 authorized by statewide protocol and prescribe medications. This act would further permit for such
3 test-and-treat authority to be covered by all health insurance carriers.

4 This act would take effect on January 1, 2027.

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