

**COMMENTS ON PROPOSED RULES AND REGULATIONS PERTAINING TO
PHARMACISTS, PHARMACIES, AND MANUFACTURERS, WHOLESALERS, AND
DISTRIBUTORS [216-RICR-40-15-1]
November 2025**

The ACLU of Rhode Island appreciates the opportunity to offer comments on these proposed amendments to the Department’s regulations relating to pharmacists. We offer comments below on a few particular provisions that deal with the state’s new drug redistribution program and expanded access to pharmacist-prescribed medications and contraceptives.

1. §1.17(C)(2)(b) – Our organization’s most significant concern about these proposed regulations involves this subsection, which we find very troubling. It gives pharmacists the option to not participate in the prescribing of hormonal contraceptives, while requiring pharmacy owners to “make every reasonable effort to find a pharmacist to accommodate the patient’s needs.” We believe that this language has the potential to cause serious and harmful consequences. A pharmacist’s refusal to prescribe or assist with contraceptive prescriptions can cause unnecessary and sometimes critical delays in care, especially for those individuals who seek this care from pharmacists because they offer timely and accessible access to reproductive health services. We strongly urge that this subsection be amended.

Specifically, to better protect patients’ access to essential care, this provision should be strengthened to mirror the safeguards contained in proposed §1.5.2(C) [and currently codified in §1.16.2(C)]. Under that section, pharmacists may decline to administer a drug or device based on ethical, moral, or religious beliefs, but only after notifying the pharmacy owner who must then

ensure systems are in place so that patients will still receive the medication without interruption. Applying the same standard throughout these regulations is vital to ensure that patients do not suffer from gaps in care or access to contraception use. There is no compelling reason for the regulations to establish different and weaker safeguards for patients in accommodating pharmacists' moral objections when it involves contraceptives. We urge that §1.17(C)(2)(b) be revised to either directly reference §1.5.2(C) or incorporate that subsection's language.

2. §1.16(F) and §1.17(E) – Both of these sections concern recordkeeping when a pharmacist prescribes medications for human immunodeficiency virus preexposure and post-exposure prophylaxis, and contraceptives, respectively. While we are pleased that more people will have access to these vital medications through additional pharmacist prescribers, we believe that the recordkeeping requirements should be strengthened by explicitly including references to data protections established by the Health Insurance Portability and Accountability Act of 1996 and, to the extent they stronger, state confidentiality protections. We note that a HIPAA reference is included in the new section of the regulations addressing redistributed drugs. See §1.15.3(F)(3)(h). It seems especially vital to include this language in these sections, considering the attacks on access to these medications from the current presidential administration. Indeed, we believe the Department should consider whether, under the circumstances, additional explicit confidentiality protections for this particular type of prescription information should be included.

3. §1.15.3(C)(17) – Appropriately, R.I.G.L §23-25.6-4(a) establishes that all participation in the drug redistribution program is voluntary. In that vein, this subsection requires a redistributor to notify the recipient that they are receiving a donated drug. We support this notification, but the

regulation does not make clear how a person, upon receiving notice that a drug they are being given is donated, can refuse the donated drug. We believe the process for a patient to decline a donated drug and revoke their participation in the program should be addressed in the regulations.

We appreciate your attention to our views, and trust that you will give them your careful consideration. If the suggestions we have made are not adopted, we request, pursuant to R.I.G.L. §42-35-2.6(1), a statement of the reasons for not accepting them.

Submitted by:

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