

January 29, 2026

The Honorable Susan Donovan
Chair, House Committee on Health & Human Services
Rhode Island State House
82 Smith Street
Providence, RI 02903

RE: Support for H7075 – The Matthew Federico Diabetic Safety Act and H7188

Dear Chair Donovan and Members of the Committee,

My name is E. Michael Murphy, PharmD, MBA. I am a licensed pharmacist in Ohio and currently serve as a state health policy advisor and faculty member focused on pharmacy practice, insurance design, and patient access to care. I am submitting this testimony in my personal capacity to express strong support for House Bill 7075 and House Bill 7188.

While I do not practice in Rhode Island, my work is centered on evaluating how state insurance policies directly affect patient safety, medication adherence, and health care costs. States across the country routinely look to one another when advancing patient-centered health policy, and the issues addressed in these bills are not unique to Rhode Island. As a pharmacist, I have seen firsthand how gaps in coverage for diabetes-related medications and supplies translate into preventable emergencies, avoidable hospitalizations, and tragic outcomes.

House Bill 7075, the Matthew Federico Diabetic Safety Act, addresses a critical and well-documented patient safety issue by ensuring access to modern, ready-to-use glucagon products without cost-sharing. Hypoglycemia emergencies often occur outside of clinical settings and are frequently managed by family members, caregivers, teachers, or bystanders who are not health professionals. Requiring coverage of glucagon formulations that do not require reconstitution, and eliminating copayments and deductibles, removes a major barrier to timely, life-saving treatment. From both a clinical and policy standpoint, this is a common-sense safeguard that prioritizes outcomes over administrative complexity.

House Bill 7188 similarly reflects sound health policy by capping out-of-pocket costs for insulin administration and glucose monitoring supplies at \$25 per month and removing deductibles for these essential items. Pharmacists routinely see patients ration testing supplies or delay replacing equipment due to cost, even when those tools are essential for safe disease management. Cost-sharing on foundational diabetes supplies does not reduce utilization of unnecessary care; instead, it increases the likelihood of complications that drive far higher downstream medical costs.

Together, these bills reflect an understanding that diabetes management depends not only on access to insulin, but on access to the full continuum of tools needed to prevent emergencies and maintain stability. They are targeted, evidence-based, and designed to improve adherence while reducing avoidable strain on the health care system.

I commend the sponsors and the Committee for advancing legislation that centers patient safety, affordability, and dignity for individuals and families living with diabetes. I respectfully urge you to support passage of H7075 and H7188.

Sincerely,

E. Michael Murphy, PharmD, MBA
Columbus, Ohio