

January 29, 2026

The Honorable Susan Donovan, Chair, House Committee on Health and Human Services

Via email to: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)

Re: House Bills 7075 and 7188, relating to insurance (glucagon injectors and insulin admin/monitoring devices)

Dear Chairwoman Donovan and Members of the Committee:

Blue Cross & Blue Shield of Rhode Island (Blue Cross) shares the aim of the sponsors and the Committee in supporting the health care needs of people with diabetes but raises concerns with these proposals to mandate health plan benefit designs for the costs of equipment and supplies for insulin administration and glucose monitoring, and for glucagon injectors, which typically cost more than \$350 per unit.

Though we share the sponsors' important objective of addressing financial barriers to accessing care, setting limits on copayment amounts ("copay caps") does not protect members from the underlying prices of the drugs or supplies.

**Copay caps do not make the underlying cost disappear, they simply shift the expense into the premium or cost sharing for other treatments; meaning more costs for employers, employees, and individuals when they purchase insurance.** As the Governor stated: Rhode Islanders cannot afford to pay higher health insurance premiums. He called for a temporary moratorium on new unfunded health insurance mandates, giving time to assess the cumulative costs of exiting requirements and ensure future mandates do not unintentionally raise premiums.<sup>1</sup> The governor made these statements last year, after a new assessment on health insurers was created, adding \$30 million dollars to the cost of coverage. Meanwhile, families and employers face 20% higher rates for 2026 plans. The rising cost of coverage must be a central concern when contemplating mandating richer benefits.

Each new mandate encourages small and mid-sized employers to consider shifting to self-funded coverage that is not subject to state legislation. The Office of the Health Insurance Commissioner (OHIC) published data confirming an uninterrupted decline in the size of the state regulated insurance market overall.<sup>2</sup> The volume and costs of insurance mandates impact employers. As they struggle to provide health coverage for their employees, many will decide to leave the group market and either pick a self-funded plan, cut compensation or other spending or stop offering health coverage at all.<sup>3</sup>

**These mandates also raise medical and plan design concerns.** For example, the use of glucagon is not indicated for all people with diabetes but rather for those who have been

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<sup>1</sup> [Governor McKee letter to Office of the Health Insurance Commissioner, September 15, 2025](#)

<sup>2</sup> [OHIC "RI Market Summary" December 2025](#)

<sup>3</sup> [OHIC "As Health Care Costs Rise, Employee Wage Growth Declines"](#)

determined by a healthcare professional to be at high risk. This bill would add to the total cost of care but without rigorous analysis of the benefits to health or reduction in costs. It may not drive emergency department avoidance nor address the potential life-threatening causes of hypoglycemia. Hypoglycemia may be a warning sign of conditions including sepsis, heart attack, overdose of insulin, or other catastrophic metabolic diseases.

The cost-sharing cap for all insulin administration and glucose monitoring equipment and supplies handcuffs the health plan's ability to differentiate on the safety, quality, effectiveness, or the price of the products. Cost sharing tiers encourage members to use lower-cost equipment and supplies. With this bill, insurers would have less ability to negotiate for better pricing on behalf of their members because manufacturers could raise prices knowing that insurers must cover them.

**Mandating low cost-sharing for a specific disease sets a problematic precedent.** Individuals with other conditions, drug makers, and device manufacturers, will be incentivized to seek similar legislation. These bills, though well intentioned, essentially discriminate against other members with equally challenging health issues but no such copay cap

Blue Cross recognizes the immense challenge diabetes places on a person's health and finances. Blue Cross offers our members multiple ways to improve their health and save money. These programs include glucose meters, testing strips, and emergency outreach and live support from expert coaches, as well as integrated mental health support.

Please know we stand ready to work with the Committee and sponsors on the issue of affordability as well as the costs of care for people with diabetes. Though we understand and share the sponsors' objective of removing financial barriers to accessing care, we respectfully request the Committee consider the comprehensive premium impact of enacting these types of disease-specific plan design mandates.

We appreciate your consideration.

Sincerely,

*Richard Glucksman*

Assistant General Counsel