

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

State House

82 Smith Street

Providence, RI 02903

RE: H7075, H7188

January 28, 2026

Dear Chair Donovan and members of the Committee:

My name is Signe Christensen, and I am a certified diabetes educator and a future Psychiatric Mental Health Nurse Practitioner (graduating in August 2026). I am writing to express my support for House Bill No. 7075 (The Matthew Federico Diabetic Safety Act) and House Bill No. 7188.

As a diabetes educator, I work with patients who are living with Type 1 Diabetes. I listen to their concerns and challenges inherent in living with a chronic illness, and together we dispel myths, problem-solve, and set goals for better diabetes management. I provide a lot of education on supplies and equipment, nutrition, and lifestyle. In my years of working with patients with diabetes, I've been astounded by how many of my patients have a co-diagnosis of anxiety, depression, or disordered eating.

Living with a chronic illness that relies so heavily on constant management, life-saving medications, and adequate supplies is very challenging. My patients cannot easily go on vacation, take a job outdoors in the cold, sleep in when they are ill, and save money on groceries by altering their diet. They have to take every measure to control their blood glucose levels at every moment of the day and often at night as well. With so many specific needs, daily life can be expensive for people living with Type 1 diabetes.

Most of my patients have a copay for their insulin delivery equipment and for their blood glucose monitors. The co-pay for some is nearly \$800/month. This means that they are under extreme financial pressure so they can manage their diabetes properly. If they miss a dose (one patient lost electricity for several days and had to throw out her insulin), they have to go into debt to replace it. Many patients will try to use the adhesive pumps and CGMs for longer than they should in order to save money, developing infections and scar tissue, which further

complicates their diabetes management. Others limit their insulin or forego checking their BG in order to make supplies last.

The DCCT trial clearly demonstrates that tight glycemic control significantly reduces the risk of long-term complications such as loss of limbs, blindness, neuropathy, kidney damage, etc. The people I work with who live with Type 1 diabetes are very invested in being active, contributing members of their communities. They are raising children, caring for their families, and working in critical jobs. They do not want their diabetes to limit what they can do now or down the road. Therefore, it is crucial that they have access to the supplies they need to manage their diabetes adequately.

Thank you very much for your time and for all the hard work you do for your constituents.

Warmly,

Signe Christensen, CDOE, BSN, PMHNP Student

Providence, Rhode Island