

The Honorable Susan Donovan, Chair, House Committee on Health & Human Services  
State House  
82 Smith Street, Providence, RI 02903  
RE: SUPPORT H7075 – AN ACT RELATING TO INSURANCE – ACCIDENT AND  
SICKNESS INSURANCE POLICIES

27 January 2026

[submitted electronically via: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)]

Dear Chair Donovan and members of the Committee:

My name is Brianna Kimball, I am a constituent of East Providence, RI and practice as a clinical pharmacist at Care New England.

I am writing in **strong support** for bill **H7075**, which would ensure patients have access to two glucagon devices at no cost and require coverage of at least one device from each approved form of administration, including subcutaneous and intranasal options.

I offer this testimony not only as a healthcare professional, but as someone who has lived the consequences of inadequate access to glucagon, a life-saving medication. I am the child of a parent with type 1 diabetes. When I was just for years old, my mother experienced a severe hypoglycemic episode and lost consciousness. In that moment, I was tasked with drawing up and reconstituting glucose – a process that is complex even for a trained adult, let alone a young child. Fortunately, I was able to call 911 and emergency medical services arrived in time to save her life. No child or family member should ever be placed in that position.

Now, almost 30 years later, we have multiple glucagon formulations that are available, easier to administer, and appropriate for different age groups – including ready-to-use injectables and nasal sprays. These advances represent a major step forward in diabetes care. However, despite proven effectiveness, these glucagon products remain inaccessible for many patient due to cost and insurance coverage limitations.

Glucagon is not optional. It is an emergency medication, equivalent in importance to epinephrine to anaphylaxis or naloxone for an opioid overdose. Patients living with diabetes – especially children, older adults, and those at risk for severe hypoglycemia – must have immediate access to glucagon in multiple settings, including home, work, school, and travel. Cost barriers and requiring coverage of only a single device or formulation, fails to account for differences in age approvals and real-world emergency scenarios.

This bill address those gaps by ensuring patients can obtain two glucagon devices at no cost and by requiring coverage across different methods of administrations. These provisions reflect modern standards of care, reduce preventable hospital visits, and most importantly, saves lives!

Access to glucagon should not rely on financial means or insurance restrictions. This legislation is a critical step forward to equitable, evidence-based care.

Thank you for your consideration.

Sincerely,

Brianna Kimball, PharmD, BCACP, CDOE  
East Providence, RI