

28 January 2026

[Submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

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

Re: H7075 – Matt Federico Diabetic Safety Act – Glucagon

Dear Chair Donovan and Members of the Committee:

My name is Dr. Daniel Hawkins. I am the transitions of care clinical pharmacist and a diabetes educator at Kent Hospital in Warwick, Rhode Island. I am also a resident of East Greenwich, RI, and a friend of the Federico family. I am writing in strong support of H7075, the Matt Federico Diabetic Safety Act – Glucagon, which has also been introduced as a companion bill in the Senate.

In my role at Kent Hospital, I far too often encounter the following tragic and preventable scenario. A person with diabetes who is treated with insulin experiences a severe episode of hypoglycemia. Typically, individuals are able to correct low blood sugar by drinking juice or consuming glucose tablets. However, in these situations, the hypoglycemia develops too rapidly, leaving the individual confused or unconscious and unable to safely eat or drink. Their loved one attempts to help but fears causing choking or aspiration. In a moment of panic, 911 is called, and the individual is transported to the hospital. Had an easy-to-administer form of glucagon been readily available and affordable, it is likely that this frightening situation and subsequent hospitalization could have been avoided.

The American Diabetes Association's Standards of Care recommend the following:

9.28 "Glucagon should be prescribed for all individuals requiring intensive insulin therapy or at high risk for hypoglycemia. Family, caregivers, school personnel, and others providing support to these individuals should know its location and be educated on how to administer it. Glucagon preparations that do not require reconstitution are preferred."

While I am committed to following these expert recommendations and doing what is best for my patients prior to hospital discharge, the decision to prescribe glucagon is too often dictated by a patient's ability to afford the medication rather than by clinical necessity. As a result, many of our most vulnerable patients with diabetes remain at risk for severe hypoglycemia, hospitalization, serious complications, and even death.

The passage of H7075 would remove the largest barrier to accessing life-saving glucagon therapy. This legislation would likely lead to improved patient outcomes while reducing preventable emergency department visits and the associated healthcare costs and strain on families.

Thank you for your time and thoughtful consideration of this important legislation.

Respectfully submitted,

Daniel Hawkins, PharmD, Certified Diabetes Outpatient Educator
Clinical Pharmacist Specialist – Kent Hospital, Warwick, RI
Resident of East Greenwich, RI