

January 28, 2026

[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

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

**RE: SUPPORT - H7075 - Matt Federico Diabetic Safety Act - Glucagon**

Dear Chair Donovan and members of the Committee:

I am submitting this letter to state my complete support of H7075, and the Senate's companion bill. This act would require group health plans and health insurance issuers to provide prescription benefits to cover at least one type of glucagon autoinjector, nasal spray, or formulation which does not require reconstitution to treat hypoglycemia with two (2) glucagon auto-injectors every plan year. Further, **no copayment or deductible** would be required to obtain prescribed glucagon medications.

According to the American Diabetes Association, glucagon is recommended to be prescribed for all patients at risk for hypoglycemia. It is well understood in the medical community that severe hypoglycemia can be fatal if left untreated but unfortunately the percentage of patients prescribed glucagon remains low. I suspect this is mostly due to costs incurred by patients and a lack of fully understanding the risks and complications associated with severe hypoglycemia, some studies refer to this as "optimism-bias".

As a diabetes outpatient educator, clinical pharmacist, and relative/friend of many individuals with diabetes, I am committed to the education piece but need legislative assistance in tackling the cost issue. I see firsthand the cost barriers that exist for medications that are recommended by guidelines. Lack of access to emergency medications like glucagon puts people living with diabetes at unnecessary risk. Guaranteeing two no-cost glucagon devices annually would remove a critical barrier to care and support evidence-based management for individuals using insulin. Ensuring patients have timely access to a life-saving medication is essential for safety, peace of mind, and survival.

Sincerely,

*Kelley D. Sanzen, PharmD*

**Kelley Doherty Sanzen, PharmD, PAHM, CDOE**

West Warwick, RI

**President, Rhode Island Pharmacists Association, 2010-2011**

**Practice Site/Employers (The views in this letter are my own and do not represent my employers.):**

**Brown University Health (Formerly Brown Medicine)- Division of Kidney Disease and Hypertension**

**Care Transformation Collaborative of Rhode Island**

### Reference Articles

1. [https://diabetesjournals.org/care/article/49/Supplement\\_1/S132/163927/6-Glycemic-Goals-Hypoglycemia-and-Hyperglycemic?searchresult=1](https://diabetesjournals.org/care/article/49/Supplement_1/S132/163927/6-Glycemic-Goals-Hypoglycemia-and-Hyperglycemic?searchresult=1)
2. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8054027/#T1>