

From: kerry LaPlante <kerrylaplante@gmail.com>
Sent: Tuesday, January 27, 2026 7:58 PM
To: House Health and Human Services Committee; Rep. Donovan, Susan R
Cc: Rep. Giraldo, Joshua J.; Rep. Potter, Brandon C.; Rep. Ackerman, Mia A.; Rep. Bennett, David A.; Rep. Boylan, Jennifer; Rep. Fogarty, Kathleen A.; Rep. Cotter, Megan L.; Rep. Handy, Arthur; Rep. Hopkins, Marie A.; Rep. Kislak, Rebecca M.; Rep. McGaw, Michelle E.; Rep. Place, David J.; Rep. Speakman, June; Rep. Stewart, Jennifer A.; Rep. Shekarchi, K Joseph; Lynne Urbani; Sen. Lauria, Pamela J.; Chris Federico; info@ripharmacists.org
Subject: SUPPORT - H7075 - Matt Federico Diabetic Safety Act - Glucagon

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January 27, 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: RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Donovan and Members of the Committee:

I am writing in strong support of the above-referenced legislation, which would improve access to lifesaving glucagon medications for individuals living with diabetes. I also note that this bill has a companion bill introduced in the Senate, underscoring the broad recognition of this issue's importance.

This legislation is deeply personal to our pharmacy community. As you may know, this bill was originally introduced two years ago following the passage of the epinephrine legislation. Matt Federico, and an alumnus of the College, was instrumental in bringing this issue forward. Living with Type 1 diabetes, Matt shared firsthand information about the prior authorization process, the significant delays, and the high costs that he and many others faced simply to obtain more than one glucagon device, and in some cases even a single device. Matt passed away last year, but his advocacy and commitment to improving care for others living with diabetes continue to resonate.

Glucagon is an emergency medication, and timely access can mean the difference between a manageable event and a medical crisis. Unfortunately, barriers to access often lead to delayed treatment, emergency department visits, and avoidable hospitalizations. I have seen the consequences of these barriers firsthand. In one instance, for Matt,

involving a pump malfunction that resulted in a severe hypoglycemic event, the outcome included a fall, head injury, and an emergency department visit with charges of nearly \$3,000 billed to the patient and approximately \$17,000 billed to insurance costs that far exceed the price of ensuring appropriate preventive access to emergency medications like glucagon.

This bill would help prevent situations like this by ensuring patients can obtain **two glucagon** devices at no cost and that insurance coverage includes at least one device from each approved form of administration, such as subcutaneous injection and nasal spray. These options are critical, as different formulations are approved for different ages and circumstances, and ease of administration can significantly impact adherence and effective use during an emergency.

By improving access to glucagon, this legislation supports better adherence, reduces unnecessary emergency department utilization, lowers overall healthcare costs, and, most importantly, helps keep people safe. I respectfully urge the Committee to support this bill and its Senate companion.

Thank you for your time, your consideration, and your continued commitment to the health and well-being of Rhode Islanders.

Sincerely,

Kerry L. LaPlante, PharmD., FCCP, FIDSA, FIDP