

14 April 2026

[submitted electronically via: [slegislation@rilegislature.gov]

The Honorable Chair Melissa Murray, Senate Committee on Health & Human Services

State House

82 Smith Street

Providence, RI 02903

RE: (S2112 – MATTHEW FEDERICO DIABETIC SAFETY ACT)– AN ACT RELATING TO INSURANCE --
ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Murray, members of the Committee and Sponsor Lauria,

My name is Chris Federico and I am in strong support of S2112, in the House, referred to as the "*Matthew Federico Diabetic Safety Act*". This legislation is named after my brother who unexpectedly passed away in July due to complications of diabetes, only a few days after both his and his daughter's birthday. Matt was 42 years old and lived with Type 1 Diabetes for over 30 years.

This bill has a companion - H7075, and was found to have no fiscal impact (please reference attached House report)

In June, Matt's insulin pump, which is used to maintain tight glucose control, reduce diabetes complications, and simplify patient's lives, inadvertently delivered 3 units of rapid acting insulin, instead of 0.3 units (a **10-fold** difference in his dose). Rapid acting insulin works in less than 15 minutes, peaks in as soon as 30 min and can last over 4 hours in a person's body. Matt went to take a shower, then due to this sudden change in glucose, lost his balance, fell, hit his head, and was nearly unresponsive. His 7-year-old daughter was in the other room, knew to act quickly by calling our parents who fortunately lived next door. They rushed over, but by the time they arrived (~3 min) he had lost consciousness. His daughter was trained to use a glucagon, but the formulation he had available was too difficult for her to use. He was administered glucagon nearly 10 minutes later, disoriented and sitting with a bloody skull from the fall. Matt was rushed to the Emergency room (ER) where they worked him up extensively with labs, imaging and staples. Upon discharge, he was informed to return to the ER in a week to have his staples removed but would need to wait and check-in like a regular ER visit. He was cleared to leave after over 6 hours and discharged around 2am.

About 6 weeks later, Matt received a bill totaling nearly **\$3,000 for his visit**, but even more disturbing, over **\$17,000 was charged to the insurance** company. Matt was still waiting to receive approval for one of his glucagon devices, the one he requested so his daughter could administer it easier. It was approved in the past but suddenly needed a prior authorization from his prescriber. These devices typically cost between **\$300-\$600 for-2 pack**. It took over 3 weeks to have his issue resolved

Diabetes affects our families, our friends, and raises costs for our healthcare system when addressed reactively. This legislation would proactively reduce the physical and financial burden which patients like Matt struggle with their entire lives. It would reduce danger from insulin, which patients with Type 1 Diabetes need to live. Medications such as naloxone, epinephrine and glucagon can save lives when they are accessible.

Matt spent his life as patient with diabetes, a pharmacist, a diabetes educator, brother, son, and father. He dedicated his professional life to helping others navigate the challenges of their conditions and improve affordability in any way possible.

This legislation supports all patients with diabetes (and their families), by reducing or avoiding life-threatening situations, decreases costs, and removes challenges with obtaining timely access to glucagon.

Thank you for considering this legislation which exemplifies the spirit of Matt's commitment to patient care.

On behalf of the entire Federico family,

Chris

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