Dear Chair Murray and Honorable Members of the Senate Health & Human Services Committee,

I am writing to express my strong support for S2112, legislation requiring health plans to cover at least one formulation of ready-to-use glucagon, including auto-injectors and nasal sprays, without copayments or deductibles. I offer this perspective as a licensed clinical pharmacist practicing in Rhode Island, with direct experience managing diabetes under a collaborative practice agreement.

Through my work managing patients with diabetes, I have seen firsthand how critical access to glucagon is for patient safety. Hypoglycemia remains one of the most immediate and dangerous risks faced by individuals using insulin or insulin-secretagogues. Despite careful medication management and patient education, severe hypoglycemia can and does occur unexpectedly, and when it does, rapid access to glucagon can mean the difference between recovery at home and a preventable emergency department visit, hospitalization, or worse.

In my clinical interactions, I frequently encounter patients who either do not have glucagon available or are prescribed older formulations that require reconstitution. These formulations are difficult to use in high-stress emergency situations, particularly by caregivers or family members with no medical training. As a result, even when glucagon is technically prescribed, it may not be usable in practice.

S2112 directly addresses this gap by ensuring coverage for ready-to-use glucagon formulations, which are demonstrably easier to administer correctly and quickly during an emergency. Removing copayments and deductibles is especially important, as cost is a common reason patients decline or delay filling these prescriptions, even when the clinical need is clear.

From a value-based care and payer perspective, ensuring access to glucagon is a clear example of cost avoidance through preventive coverage. Severe hypoglycemia frequently results in ambulance transport, emergency department utilization, hospital admission, and lost productivity. These events carry significant costs that far exceed the cost of providing no-cost access to glucagon devices.

By covering ready-to-use glucagon without financial barriers, S2112 helps shift care away from high-cost, emergency settings toward prevention and self-management, an approach consistent with broader healthcare goals of improving outcomes while controlling total cost of care. This is not an expansion of unnecessary utilization; it is a targeted intervention to prevent predictable, high-cost adverse events.

Additionally, as someone who manages diabetes therapy longitudinally, I can attest that access to glucagon also enables safer optimization of treatment. Patients and clinicians are often forced to accept higher glucose targets out of fear of hypoglycemia. When patients have reliable access to glucagon, therapy can be individualized more effectively, improving both safety and long-term outcomes.

S2112 is a thoughtful, evidence-based policy that aligns clinical reality with insurance design. It recognizes glucagon for what it is: a life-saving, emergency medication that must be immediately accessible to be effective. Ensuring coverage without cost-sharing reflects the urgency and essential nature of this therapy.

I respectfully urge the Committee to support S2112 and advance this important legislation. Doing so will meaningfully improve safety for Rhode Islanders living with diabetes while promoting responsible, value-driven healthcare spending.

Thank you for your consideration and for your continued commitment to improving health outcomes across our state. I would be glad to serve as a clinical resource or answer any questions as you consider this bill.

Sincerely,
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