

13 April 2026

[submitted electronically via: [slegislation@rilegislature.gov](mailto:slegislation@rilegislature.gov)]

The Honorable Melissa Murray Chair, Senate Committee on Health & Human Services  
State House  
82 Smith Street  
Providence, RI 02903

**RE: S2112 – AN ACT RELATING TO INSURANCE – ACCIDENT AND SICKNESS  
INSURANCE POLICIES**

Dear Chair and Members of the Committee:

My name is Connor Charbonneau, and I am a fourth-year Doctor of Pharmacy (Pharm.D.) candidate at the University of Rhode Island. I am writing in strong support of S2112, which requires insurance coverage of glucagon auto-injectors, nasal sprays, and other formulations that do not require reconstitution, without cost-sharing barriers.

Glucagon is a life-saving medication used in severe hypoglycemia, where timely administration is critical. These emergencies are often managed by caregivers or bystanders, making easy-to-use formulations essential. However, cost remains a significant barrier, leading to underutilization despite clear clinical need.

By eliminating copayments and deductibles, this legislation ensures that patients at risk for hypoglycemia have access to these essential medications when they need them most. Expanding access to ready-to-use glucagon will improve patient safety, reduce emergency department visits, and support better diabetes management.

S2112 is a practical, patient-centered policy that removes financial barriers to a critical rescue medication and helps prevent avoidable harm.



Connor Charbonneau  
Doctor of Pharmacy Candidate  
Pawtucket, Rhode Island