

Dear Chair Murray and Members of the Senate HHS Committee:

My name is Eric Pohl. I am a fourth-year pharmacy student at the University of Rhode Island College of Pharmacy. I currently work in the community pharmacy setting at CVS in Charlestown, Rhode Island. I am writing in support of Senate Bill 2112.

Senate Bill 2112 proposes that all health insurance plans or policies provide coverage for at least one type of glucagon administration device, with patients receiving two of these devices every 12 months with no copay or deductible. Hypoglycemia can cause patients to become disoriented or even lose consciousness. In some cases, if identified early, hypoglycemia can be managed with carbohydrates. However, in severe situations, glucagon must be administered to restore blood glucose to a safe range. These formulations include injections and nasal sprays but can be prohibitively expensive, leading some patients to go without them.

I have witnessed firsthand patients in the pharmacy experiencing hypoglycemic crises. On one occasion, a patient came into the pharmacy and was reported by coworkers as appearing intoxicated. It was later determined that the patient was experiencing dangerously low blood sugar and received the necessary treatment. The patient returned the next day very embarrassed about the ordeal. After this encounter, I considered what might have happened if this had occurred at home if the patient did not have access to glucagon due to cost or unmet deductibles, or if no one had been present to call for emergency assistance. These scenarios are all too real for patients with diabetes. Senate Bill 2112 aims to provide patients with affordable glucagon administration devices to prevent the exacerbation of hypoglycemia, thereby reducing the burden on both patients and the healthcare system.

Eric Pohl,
Doctor of Pharmacy Candidate
South Kingstown, Rhode Island

A handwritten signature in cursive script that reads "Eric Pohl". The ink is dark and the signature is fluid and legible.