



Rhode Island Pharmacists Association

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[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 -Lauria)– AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Thank you for taking the opportunity to consider this bill for a third year in a row which will **provide 2 glucagon auto-injectors annually at no cost to patients with diabetes.**

An important discussion out of prior hearings for Rep. Kennedy/Sen. Murray's Diabetes Supply bill's was reducing **unintended consequences of hypoglycemia (low blood glucose), which if left untreated can lead to cardiovascular seizure, coma and even death.**

This bill has a companion bill sponsored by Rep. McGaw – H7075), and found to have no fiscal impact

- **H7075 Companion – Fiscal Note – No Impact**

<https://rilegislature.gov/housefiscalreport/2020/2026-H%207075.pdf>

Of note, during last year's testimony on 3/6/25, BCBS noted:

- ***"The language in Rep. McGaw's bill gives insurers at least the ability to negotiate between manufacturers....if you're going to pass legislation like this, please consider Rep. McGaw's language".***

Please see the video clip below, with the annotated time of this statement.

BCBS testimony on 3/6

1:28:09 <https://capitolvri.cablecast.tv/show/10908?site=1>

Glucagon, which is a hormone to help treat hypoglycemia, is expensive, short shelf-life, but needed for patients who cannot consume oral glucose, unconscious, or currently using insulin. [The American Diabetes Association Standards of Care \(ADA\) – 2026](#), emphasize achieving glycemic control, but also **minimizing hypoglycemia** and suggest alternative methods of achieving targets with novel agents. Given that GLP-1 injectable therapies are not routinely covered without a Prior Authorization or high-copay, patients with T2DM often resort to insulin or other meds which have a high risk of hypoglycemia. Patients with Type 1 DM, have no choice, but to administer insulin to live.. and risking hypoglycemia every day.

The ADA States: "Glucagon should be prescribed for all individuals taking insulin or at high risk for hypoglycemia. Family, caregivers, school personnel, and others providing support to these individuals should know its location and be educated on how to administer it. **Glucagon preparations that do not have to be reconstituted are preferred"**

Glucagon for patients with diabetes can be thought of in a similar light as to how we use naloxone, or EpiPen for emergency situations. In 2023 year, the General Assembly passed a bill to cover 2 EpiPens once a year, and feel this bill accomplishes a similar goal.

Allowing for 2 auto-injectors of glucagon, would allow a patient, friend, or family member to choose between keeping an extra lifesaving medication on hand, vs risking adverse consequences. Hypoglycemia can also be detrimental for others around a patient. Imagine a patient does not recognize the symptoms of low blood glucose,

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which is common, and worsens with age gets into a car, drives, and causes an accident... this can impact others negatively and the cost far outweighs the benefit to a patient and the public.

On page 2, please see the RIDOH 2023 reported breakdown of hypoglycemia events contributing to ED visits and hospitalizations. (Figures 1-4).

- **ED visits due to hypoglycemia in patients with diabetes:** $\frac{479 \text{ patients}}{1,965} = 24.4\%$
- **Hospital visits due to hypoglycemia in patients with diabetes:** $\frac{136}{1,896} = 7.17\%$

As a clinical pharmacist working with patients with diabetes and living with my own brother who has lived with Type 1 Diabetes for over 30 years, patients will commonly defer purchasing a glucagon due to cost. Auto-injectors are preferred to use due to ease of use, especially since the person administering the medication, is usually not the patient.

The shelf life of glucagon (a hormone), is much less than traditional medications, and temperature sensitive, requiring replacement at least once yearly. This means, if a patient experiences 1 event, they are required to spend hundreds of dollars to prevent something which is much worse to the health system.

As a healthcare provider, and person who has needed to administer this medication several times in their lifetime to a family member, I thank both Rep. McGaw and Sen. Lauria for introducing this piece of legislation. Please let me know if I can help in any way.

Chris Federico PharmD, BCACP, CDOE, CVDOE
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RIDOH Data - 2023

Figure 1. **Total ED and Hospitalizations**

Year	Total ED Visits	Total Hospitalizations
2016	393,442	119,028
2017	394,156	123,464
2018	371,714	120,047
2019	374,488	118,976
2020	287,714	106,331
2021	323,326	109,042
2022	333,593	103,054
2023	344,913	106,317

Emergency Department Visits: The ED visits in this report consist of encounters that do not result in admission (i.e., treat-and-release visits).

Hospitalizations: The hospitalizations in this report include patient admissions via ED and non-ED.

Figure 2. **Total ED and Hospitalizations - diabetes**

Summary Totals	
Discharge Type	Count
Emergency Department	1,965
Hospitalization	1,896

Figure 3. **Type 2 w/o coma**

Summary Totals	
Discharge Type	Count
Emergency Department	377
Hospitalization	117

Figure 4. **Type 2 w/ coma**

Summary Totals	
Discharge Type	Count
Emergency Department	102
Hospitalization	19