

14 April 2026

[submitted electronically via: slegislation@rilegislature.gov]

The Honorable Melissa Murray

Chair, Senate Committee on Health & Human Services

State House, 82 Smith Street

Providence, RI 02903

RE: SUPPORT _ S2112 (Lauria) and S2877 (Murray) - AN ACT RELATING TO INSURANCE -
- ACCIDENT AND SICKNESS INSURANCE POLICIES - Bratberg

Dear Chair Murray and members of the Committee:

Thank you for accepting testimony on S2112 (Lauria), which will provide 2 glucagon auto-injectors annually at no cost to patients with diabetes, and S2877 (Murray), which caps the cost of glucose and insulin monitoring/delivery devices. I am a licensed pharmacist and a professor at the URI College of Pharmacy, writing in my own name in full support of these bills.

S2112 has a companion bill in the House sponsored by Rep. McGaw (H7075), and S2877's companion bill is H7188 (Kennedy). Both were heard in the House HHS committee on Jan 29, 2026.

The goal of these bills is to reduce the unintended consequences of hypoglycemia (low blood glucose), which, if left untreated, can lead to cardiovascular seizure, coma, and even death.

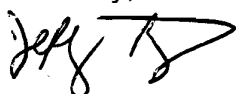
Glucagon is a hormone to help treat hypoglycemia in patients who cannot consume oral glucose, are unconscious, or are currently using insulin. However, it is expensive (**due to lack of insurance coverage**) and requires annual replacement, limiting uptake. Importantly, a [fiscal note](#) on H7075 from April 8th, 2026, shows \$0 fiscal impact.

The [American Diabetes Association Standards of Care \(ADA\) – 2026](#), emphasize achieving glycemic control while minimizing hypoglycemia and suggest alternative methods to achieve targets with other agents. Some GLP-1 injectable therapies (e.g., semaglutide, brand name Ozempic®) are not routinely covered without a prior authorization or high copay. This means that some patients with type 2 diabetes mellitus (DM) often use insulin or other medications, which have a higher risk of causing symptomatic hypoglycemia. Patients with Type 1 DM have no choice but to administer insulin to live, while risking the consequences of hypoglycemia.

The ADA recommends that glucagon 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. I supported other bills this session, S2855 (Lauria) and its companion bill in the House (H7896-Cotter), that would permit students to carry glucagon in K-12 schools and train school personnel in its administration.

In 2023, the General Assembly passed a bill requiring insurance to cover 2 epinephrine auto-injectors per year, and S2112 can achieve a similar goal for glucagon. People living with diabetes and their loved ones deserve the ability to manage their disease without financial limits. S2112 and S2877 will help.

Sincerely,



Jeffrey Bratberg, PharmD, FAPhA