

From: [Sarah Thompson](#)
To: [SLegislation](#); [Chris Federico](#)
Cc: [Sen. Murray, Melissa A.](#); [Sen. Lauria, Pamela J.](#); [Sen. Urso, Lori](#); [Sen. Appollonio, Peter A. Jr.](#); [Sen. Rogers, Gordon E.](#); [Sen. Thompson, Brian J.](#); [Sen. Ujifusa, Linda L.](#); [Sen. Valverde, Bridget G.](#); [Sen. Lawson, Valarie J.](#); [Sen. Ciccone III, Frank A.](#); [Sen-tikpoian@rilegislature.gov](#); [Kristen Silvia](#); [Rhode Island Pharmacists Association](#)
Subject: S2112- Support Glucagon Access
Date: Tuesday, April 14, 2026 2:13:51 PM

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Dear RI Senate,

Please see my letter of support for S2112- support Glucagon Access

Thank you,
Sarah Thompson

April 14, 2026

Subject: Support for S2112: The Matthew Federico Diabetic Safety Act

Dear Members of the Rhode Island senate and Chair Sen. Melissa Murray

My name is Sarah Thompson, PharmD, MBA, and I am writing to you today in strong support of **S2112: The Matthew Federico Diabetic Safety Act**. I speak to you as a pharmacist, a Past President of the Rhode Island Pharmacists Association, and the former VP of Clinical Operations and Pharmacy at Brown University Health. Most importantly, I speak to you as the mother of Elliot, a brave young girl living with Type 1 Diabetes (T1D) and a proud member of the Camp Surefire community.

S2112 is more than just policy; it is a necessary safeguard for my daughter's life and for every Rhode Islander living with T1D.

The Professional Reality: Systemic Barriers to Care

As a pharmacist, I know that medication access and adherence are the cornerstones of public health. Unfortunately, our current Prior Authorization (PA) process has become a barrier rather than a benefit. Every year, my family and my clinical colleagues struggle through hours of redundant paperwork just to secure Elliot's access to life-saving medication. This results in:

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Unnecessary Stress: Families are left in limbo, often forced to switch formulations mid-treatment based solely on changing insurance preferences.

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Wasted Clinical Resources: Medical professionals are buried in "administrative red

tape" instead of focusing on direct patient care.

- **Dangerous Delays:** In the world of T1D, a gap in access to glucagon is a gap in basic safety.

The Personal Stakes

As Elliot's mother, I worry daily that she might find herself in a crisis without the emergency medication she needs. This bill was born from the lived experience of Matt Federico. Following the success of Rhode Island's epinephrine legislation, Matt championed the vision for S2112 after facing the systemic delays and high costs associated with obtaining glucagon.

The stakes are immediate. For those with T1D, an unexpected hypoglycemic event can happen at any time. Access to immediate, no-cost glucagon prevents trauma, avoids costly ER visits, and ensures peace of mind for families who already carry the 24/7 burden of managing this disease.

S2112 builds on our state's momentum in protecting vulnerable patients by ensuring:

- **Redundancy for Safety:** Patients can obtain **two glucagon devices at no cost**, allowing one for home and one for school or travel.
- **Formulation Equity:** It mandates coverage for at least one device from each administration form (e.g., SubQ, nasal spray), which is critical as different delivery methods have different age-specific approvals.

Glucagon is the "fire extinguisher" for a diabetic crisis. No Rhode Islander should be one insurance form or one paycheck away from a tragedy. I urge you to support the passage of **S2112** to protect Elliot, honor Matt's vision, and safeguard our T1D community.

Sincerely,

Sarah Thompson, PharmD, MBA
Pharmacist and Mother to Elliot