



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: (S2877 - Murray)– AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Murray and members of the HHS Committee:

Thank you for introducing bill **S2877**, which seeks to improve coverage and affordability of diabetes supplies for blood glucose testing, monitoring devices (ie.CGM) and insulin delivery (syringes, insulin pen needles etc.). **This bill has an identical companion bill in the House H7188.**

The Rhode Island Pharmacists Association is in support of this bill for numerous reasons, including access to high quality resources leading to reduction in complications due to uncontrolled diabetes, decrease in short- and long-term expenses to the healthcare system, and overall patient care.

On a personal level, I have experienced the challenges of diabetes for more than **30 years** growing up with an older brother with Type 1 Diabetes, along with managing patients with diabetes and pre-diabetes in clinical practice for more than a decade. Through my personal and professional career, I have witnessed the detriment caused when individuals ration their testing or monitoring supplies, leading to hypoglycemia (low blood glucose), and sustained hyperglycemia (high blood glucose), both of which can lead to **increased health care resources, frequent medical visits, hospitalizations, and complications** such as **vision loss, nerve damage, kidney decline, and cardiovascular complications.**

Benefits of testing and using CGM devices for patients with Type 1 and Type 2 Diabetes is well established, however often financially restrictive, thus causing patients and providers to make medical recommendations with less-than-optimal information or insight into a patient's true glycemic health. Expanding access to more novel means of monitoring, would be advantageous and outlined in **Section 7** of the [2026 American Diabetes Association \(ADA\) Standards of Care](#), **including a new emphasis on avoiding hypoglycemia (low blood glucose)**

This bill expands on legislature from 2021, [S 0170B](#), [H 5196A](#) which capped the insulin copay at \$40 per 30 days, however does have additional opportunity to improve patient care and outcomes, which I outlined below.

- **Covered services/providers:** Throughout the document, and starting on **page 1. Diabetes treatment, line 6, medical coverage reads “for physician services, in a physician’s office”**. This statement **excludes nurse practitioners, physician assistants, and potentially group visits** which may include a **pharmacist, nurse, dietician, or other applicable certified diabetes health care provider**.
 - **Recommend changing this to read: “for qualified healthcare providers, in appropriate health care settings.**
 - This minor change would reflect the current landscape of collaborative diabetes management, allow for services to be covered for non-physician providers, and reduce out of pocket costs for those wishing to improve their diabetes health through preventative and enhanced care.
 - **The Rural Health Transformation Grant** is also expected to expand the scope of pharmacists:
 - <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>
 - <https://eohhs.ri.gov/initiatives/rural-health-transformation-grant>
 - <https://www.cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states>
 - [RI Application Summary](#)
 - [RI Project Narrative](#)

*Affiliated with the American Pharmacists Association and the
National Community Pharmacists Association*

Thank you again for the opportunity to write in support of and offer amendments to improve the language and impact of the bill. If passed, this will improve access and care to diabetes management services, technology, and medications.

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