Rhode Island Chapter

INCORPORATED IN RHODE ISLAND

American Academy of Pediatrics

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Testimony in support of House Bill 7613 House Finance

March 13, 2024

Dear Chair McNamara and members of the Committee,

The Rhode Island Chapter of the American Academy of Pediatrics supports H7613, which mandates that RIDE produce and distribute information to inform students and families about type I diabetes.

I have been a practicing pediatric endocrinologist in Rhode Island for the past 24 years. Over this time, I have seen the impact of this lifelong chronic disease on the children and families that it affects. H7613 will have an immediate impact on these families, but may more importantly impact children who have yet to be diagnosed.

In the short term, well crafted diabetes information distributed to students and families across Rhode Island can erase some of the stigma attached to this disease. Most people, even many in the medical community, don't know how that diabetes is an autoimmune disorder that has nothing to do with any lifestyle choices, or that children in school with diabetes can eat, play, and participate in sports the same as their peers. I will work with my other endocrine colleagues and RIDE to develop these education materials to be very sensitive to the needs of those already living with the disease.

Another potential benefit of this bill would be to inform children and families about presenting symptoms of type I diabetes, hopefully allowing new onset cases to be picked up early and treated before children get too sick. Each year there are approximately 80 new cases of type I diabetes in children, and 40% present with a condition called diabetic ketoacidosis (DKA), which is potentially life threatening, and requires an admission to the intensive care unit to manage. Children who are admitted in DKA are generally further along in their disease state, so are more difficult to manage, both in the short and long term.

Finally, education like that described in H7613 sets the table for potential large-scale screening programs that could identify children who are at imminent risk for developing type I diabetes. Identified early, these children and their families would have an opportunity to meet with an endocrinologist prior to the development of symptoms, thus minimizing the risk for DKA, and potentially giving them access to newer antibody treatments that may delay their need for insulin treatment.

I hope the you will report favorably on H7613, which will cost Rhode Island little in terms of cost and effort, but has the potential for impact of children with type I diabetes in our state both now, and into the future.

Sincerely,

Gregory Fox, MD, FAAP Advocacy Chair Rhode Island Chapter of the American Academy of Pediatrics

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