



Rhode Island Pharmacists Association

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[submitted electronically via: HouseHealthandHumanServices@rilegislature.gov]

The Honorable Susan Donovan Chair, House Committee on Health & Human Services
State House
82 Smith Street, Room 101
Providence, RI 02903

RE: H7364 (Kennedy)– AN ACT RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Dear Chair Donovan and members of the Committee:

Thank you for introducing bill which seeks to improve coverage and affordability for diabetes supplies for blood glucose testing, monitoring devices (ie.CGM) and insulin delivery (syringes, insulin pen needles etc.).

My name is Chris Federico, and I am the current President of the Rhode Island Pharmacists Association (RIPA), graduate of URI College of Pharmacy and practicing pharmacist here in RI.

Our Pharmacy Association is in support of this bill for numerous reasons, including access to high quality patient, reduction in complications due to uncontrolled diabetes, and patient satisfaction.

Personally, 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 glycemetic health. Expanding access to more novel means of monitoring, would be advantageous and outlined in [Section 7](#) of the [2024 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.

- **Glucagon coverage:** Include/improve coverage for these products which can reverse severe hypoglycemia, reduce hospitalizations and consequences associated with severe low-blood glucose. Often, patients require having multiple glucagon devices for family, friends, or school, and excessive costs, similar to epi-pens, can have extreme consequences. These life-saving medications can **cost several hundreds** of dollars per refill.
- **Covered services/providers:** Throughout the document, and starting on **page 1, 27-18-38. 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.

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National Community Pharmacists Association*

- **Explicit mention of devices:** A continuing glucose monitor and standard blood glucose monitor (finger stick) is designated as a device. To remove subjective interpretation whether this is a supply, or equipment. **In order to keep with the spirit of the bill, recommend amending to read:**
 - "...coverage for equipment, devices and supplies for insulin administration and glucose monitoring shall have a cap on the amount ..."

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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