

Rhode Island Chapter

INCORPORATED IN RHODE ISLAND

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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2/29/2024

Testimony in Support of Bill H7364

Dear Chairman Donovan and Members of the Committee,

I am writing on the behalf of the Rhode Island Chapter of the American Academy of Pediatrics to express my support of H7364, a bill that would introduce a cap on the amount a covered person is required to pay for insulin administration and glucose monitoring supplies at twenty-five dollars.

For both children and adults with diabetes, managing the disease properly is of the utmost importance. Poorly managed diabetes can have many detrimental effects on health outcomes both in the short-term (such as dangerously low blood sugars resulting in seizure, coma, or death or dangerously high blood sugars resulting in a life-threatening condition called diabetic ketoacidosis) and in the long-term (kidney damage, permanent vision damage, nerve damage, and increased risk for heart attack and stroke). Blood sugars must be managed by those living with diabetes constantly, and access to the supplies needed to manage the disease is a major obstacle in proper management.

Insulin administration and glucose monitoring supplies are required indefinitely for those with diabetes, and these supplies are more numerous than one may think. People with Type 1 diabetes need to use two different kinds of insulin: a short-acting insulin used with every meal and to correct blood sugars if elevated (3+ injections per day) and a long-acting insulin taken daily as a basal or background dose. To inject insulin, needles, syringes, and disinfectant wipes are needed. Some use an insulin pump which requires pump supplies in addition to the insulin itself. To monitor blood sugars, either a continuous glucose monitor (replaced about every 10 days) or a glucometer (with associated lancing device, lancet needles, and test strips) is required. A medication called glucagon is also recommended for all patients using insulin. Glucagon is a potentially life-saving medication that can be administered to someone suffering from severe hypoglycemia in order to increase their blood glucose level rapidly. The list of needed supplies and medications is long, and the costs add up quickly.

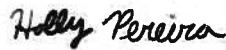
Well-controlled blood sugars require frequent insulin dosing, and the insulin and supplies to administer the insulin are expensive. Properly managed diabetes is thus expensive. As someone living with Type 1 diabetes, it is something I think about every day both personally and in regard to the children and families for which I provide care. It is difficult not to think of the

cost of every injection, and it is not uncommon for people with diabetes to try to minimize insulin use to save money which can have disastrous consequences. Nobody should have to put their health and ultimately life at risk due to being unable to afford their necessary medications.

As a pediatric physician, I also speak with many families struggling to make ends meet with the rising cost of living and having trouble affording food, housing, or both. Adding on the cost of insulin and supplies for a child with diabetes often is financially devastating and can lead to continued poor control and frequent hospital admissions for the child. In some cases, this can even lead to DCYF involvement due to concern for medical neglect, but often the basis of the issue is the inability to afford the supplies necessary to manage this disease properly.

Placing a cap on insulin and supplies will improve access to these life-saving supplies for all living with diabetes. Better access to needed supplies and medications will undoubtedly lead to better management of diabetes and ultimately to two important outcomes: improved health for those living with the disease and a decreased economic burden of diabetes on to better management of diabetes and ultimately to two important outcomes: improved health for those living with the disease and a decreased economic burden of diabetes on our healthcare system overall when thinking about the enormous cost of poorly controlled diabetes and its sequelae. Please vote in support of Bill H7364 to help all living with diabetes have the chance to live a healthy life without fear of the financial repercussions.

Sincerely,



Holly Pereira, MD

Pediatric Resident Physician



Gregory Fox, MD, FAAP

Advocacy Chair

Past President

Rhode Island Chapter of the American Academy of Pediatrics