



May 4, 2026

Dear Chairman Abney, and members of the House Finance Committee,

I am writing today on behalf of the American College of Obstetricians and Gynecologists in **strong support of House Bill 8182** (Rep Alzate). ACOG represents more than 60,000 physicians and partners dedicated to advancing women's health and the health of individuals seeking obstetric and gynecologic care, including over 150 in the Rhode Island section. ACOG maintains the highest standards of clinical practice and continuing education of its members; strongly advocates for equitable, exceptional, and respectful care for all women and people in need of obstetric and gynecologic care; promotes patient education; and increases awareness among its members and the public of critical issues facing patients and their families and communities.

ACOG is a leading authority on reproductive health care and is committed to public policy based on facts and evidence-based medicine. ACOG believes that all people should have access to the full spectrum of comprehensive, evidence-based health care.

Rhode Island has long been a national leader in ensuring our patients have access and coverage for necessary fertility services and that is why it is critical that we continue to be out in front, showing other states what is necessary to provide equitable care. About 9% of men and about *7.4 million or 12.1% of women of reproductive age in the United States have experienced fertility problems*.<sup>[1]</sup> Additionally, this number does not include the many LGBTQ+ couples and those that choose to parent without a partner who may need assisted reproductive medical treatments to start and grow their families. Unfortunately, not all Rhode Islanders have access to medical treatment for infertility.

**American Society for Reproductive Medicine RECENTLY EXPANDED ITS DEFINITION OF INFERTILITY:**

"Infertility" is a disease, condition, or status characterized by **any** of the following:

- The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos to achieve a successful pregnancy

They clearly state that nothing in this definition should be used to deny or delay treatment to any individual, regardless of relationship status or sexual orientation.

We need this legislation to bring current RI law into agreement with these definitions to reflect this medical standard of care. Additionally, **our current state law also does not include coverage for fertility preservation or infertility care for patients covered by RI Medicaid. This is a huge equity**

**issue for a medical condition that people have no control over. House Bill 8182 will act to fix some of these inequities.**

The goal of health insurance is to ensure that an individual will not have to bear the entire burden of their health care expenses. But in the case of infertility, the cost of treatment for the majority of those affected by the condition, is borne exclusively by the patient. Infertility impacts one's general health, their marriage, job performance and social interactions. It generally brings a deep sense of grief and loss. A public opinion poll of over 1000 US adults revealed strong support for improved access to IVF. Asked if health insurance plans should be required to offer IVF coverage, 67% of respondents agreed. (34% strongly supported, 32% supported).[2]

There are many conditions that lead to or contribute to infertility, yet somehow, we expect families to find the money to pay for fertility treatments, which we would not do the same for other medical conditions. Receiving a new cancer diagnosis is devastating, but to learn that you could undergo fertility preservation to allow for potential pregnancy after chemotherapy treatment might allow for this diagnosis to be a tiny bit less bleak. However, fertility preservation is currently not an option for patients with Medicaid. This is a huge disparity that our state needs to fix.

Having medical conditions such as polycystic ovarian syndrome, endometriosis or decreased ovarian function is devastating for many. Currently none of my patients with Medicaid insurance are able to receive the full scope of treatment for these conditions, as they can not access fertility care through their insurance. This means that without finding financial resources to pay for IVF, they can not build their family through carrying a pregnancy as most of these patients will require fertility assistance to achieve a pregnancy.

I ask you to strongly consider this legislation in order to update our state law to be inclusive of all patients who need infertility care regardless of their insurer. This will ensure that all patients who need this medical treatment can access it without costly burdens and limitations.

**ACOG supports H8182 because access to family-building health care is an essential part of comprehensive health care. This is an urgent reproductive and economic justice issue because all people have the right to have children regardless of who they are or how much they earn.** Please, think about my patient, with a diagnosis of endometriosis leading to extensive scarring of her fallopian tubes, who I had to explain that she doesn't have access to get this essential health care treatment because she has the wrong type of insurance. This is inequitable. We need to do better by all Rhode Islanders. I urge the committee and legislature to vote in favor of H8182 to improve fertility health care coverage and update our state law, which is outdated and doesn't reflect the standard of health care, and excludes Medicaid coverage.

Sincerely,



Beth Cronin, MD

District 1 Legislative Chair, ACOG

1 Centers for Disease Control and Prevention. Key statistics from the National Survey of Family Growth. Available at: [https://www.cdc.gov/nchs/nsfg/key\\_statistics/i.htm#infertilityservices](https://www.cdc.gov/nchs/nsfg/key_statistics/i.htm#infertilityservices).

2<https://www.contemporaryobgyn.net/view/survey-shows-growing-support-for-ivf-coverage-in-us-health-care>