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## Legislative Impact Statement

To: Representative Donovan, Chair  
House Health and Human Services Committee  
From: Emily Song, Legislative Fellow  
Re: 26 HOUSE 8182 AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- THE RHODE ISLAND MEDICAID REFORM ACT OF 2008

May 5, 2026

The Governor's Commission on Disabilities' Legislation Committee has developed a Legislative Impact Statement on the bill listed below. The Commission would be pleased to present testimony to the committee. Please contact me (462-0110) if testimony is desired or for additional information.

By Senator Mack

Establishes regulations for health insurance providing pregnancy-related benefits to cover expenses related to the diagnosis and treatment of infertility, as well as standard

fertility-preservation services. Includes services such as embryo transfers, preimplantation genetic testing, and counseling. Prohibits insurers from imposing cost-sharing and waiting periods based on pre-existing conditions or other arbitrary factors.

### Legislation Committee finds this bill Beneficial

In the U.S., an estimated 13% of women ages 18 to 49 report that they or their partner needed fertility-related services at some point, and the percentage continues to increase with age.<sup>1</sup> The causes of infertility are often difficult to identify and carry serious implications for the mental health of women.<sup>2</sup> Infertility treatments, in turn, have been proven to be effective, with assisted reproductive technologies recording a success rate of 70% globally.<sup>2</sup>

<sup>1</sup> <https://www.kff.org/womens-health-policy/access-to-fertility-care-findings-from-the-2024-kff-womens-health-survey/>

<sup>2</sup> <https://journals.publishing.umich.edu/ujph/article/id/7610/>

Despite the proven effectiveness of infertility treatments, only about 24% of needs in the U.S. are being met.<sup>3</sup> The biggest barrier to meeting these needs is cost. Studies have demonstrated that 83% of patients were concerned about cost, and 70% of women who underwent services like in vitro fertilization (IVF) went into debt.<sup>3</sup> Moreover, these struggles disproportionately affect women of lower income and have also been shown to be correlated with factors such as educational attainment, socioeconomic status, and the age of the woman.<sup>4</sup>

Other barriers to care include coverage, provider availability, and time constraints.<sup>2</sup> About 32% of reproductive age women reported difficulty accessing treatment in their states.<sup>1</sup> Lastly, whether their insurance covers fertility-related care was a big determinant for most women. Among women receiving IVF treatments, women without insurance coverage were three times more likely to discontinue treatment compared to women with insurance.<sup>3</sup> Even for women with insurance coverage, even slight cost-sharing requirements deter treatment by nearly 20%, demonstrating the importance of prohibiting cost-sharing in this legislation.<sup>5</sup> <sup>5</sup>

Regulating coverage requirements for treatment of infertility and standard fertility-preservation services, and limiting the scope of cost-sharing, are crucial to ensure the psychological and physical well-being of the patient. Access to these services without barriers significantly benefits the health of all patients and should be fully guaranteed for our community.

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<sup>3</sup> <https://www.asrm.org/practice-guidance/ethics-opinions/disparities-in-access-to-effective-treatment-for-infertility-in-the-united-states-an-ethics-committee-opinion-2021/>

<sup>4</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC3814221/#S11>

<sup>5</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC1446896/>